

LANGUAGE ACCESS DEPRIVATION IN HEALTHCARE

Zainab Salami Opeyemi¹, Ghassan Salibi², Nikolaos Tzenios³

¹ Kursk State Medical. University

¹²³ Charisma University

Abstract

Background: Language access deprivation is a critical public health and ethical issue that affects the quality, safety, and equity of healthcare delivery, particularly among Limited English Proficiency (LEP) populations. In linguistically diverse regions such as Los Angeles County, inadequate access to professional interpretation services contributes to communication breakdowns, delayed care, reduced patient trust, and poorer health outcomes. Despite federal mandates requiring language access services, significant gaps persist in implementation across healthcare institutions.

Methods and Materials: This project utilized a mixed-methods approach combining literature review, structured surveys, and semi-structured interviews. Surveys were administered to healthcare providers and staff to assess interpreter use, communication confidence, and perceived barriers. Additionally, interviews were conducted with healthcare providers, certified medical interpreters, and administrators to explore institutional practices and challenges. Data were analyzed using descriptive statistics for quantitative findings and thematic analysis for qualitative insights.

Results: Findings revealed that language access deprivation stems from multiple systemic barriers, including interpreter shortages, insufficient training, delayed service availability, and weak institutional accountability. Although interpreter services were technically available, they were often inaccessible in real time, leading providers to rely on informal communication methods. High workloads among interpreters and limited integration into clinical workflows further reduced service effectiveness. These challenges negatively impacted patient safety, satisfaction, and quality of care.

Conclusion: The study demonstrates that language barriers in healthcare are deeply rooted in structural and operational deficiencies rather than isolated issues. Addressing these challenges requires comprehensive institutional strategies, including workforce expansion, mandatory provider training, improved technology integration, and stronger policy enforcement. Enhancing

language access services is essential for reducing health disparities, improving patient outcomes, and ensuring equitable healthcare delivery for diverse populations.

Keywords: *Language access; Limited English proficiency; Health disparities; Medical interpretation; Healthcare communication*

LINGUISTIC BARRIERS IN LOS ANGELES COUNTY

Project Definition:

Effective communication is integral to the provision of safe, ethical and quality health care. Language access deprivation occurs when translation services are inadequate for patients who cannot communicate in the prevailing language of care. There is limited proficiency, which affects choices made, correct diagnoses, compliance, trust, cooperation, and credibility between caregivers and patients. The United States of America, which uses English as its predominant language, can adversely impact those who are unable to speak or have communication difficulties, leading patients to most likely defer necessary care. Overall, inferior health outcomes are becoming prevalent.

Los Angeles County, being my main focus for this research, is one of the most linguistically diverse regions in the United States. The deprivation caused by a language barrier is significant and of pronounced concern in this region. There are significant numbers of Spanish, French, Mandarin, Chinese, Korean, Arabic, and Tagalog-speaking communities, to name a few, and a great number of people who are limited English proficient. During my research, I realized that there are no clearly defined appropriate cultural and linguistic services in the health care system. Federal mandates, including Title VI of the Civil Rights Act of 1964, require that institutions receiving federal funds provide meaningful access to Limited English Proficiency (LEP) populations, yet there is no strong implementation to serve these communities.

The project defines the problem as an institutional and systemic failure due to a lack of consistent, high-quality interpreter and translation services, and cites this as a main source of health care disparities in the region.

Final Project Overview:

This focal point executes the action of a previously approved proposal, which addressed language access deprivation in Los Angeles County. This top-priority project moves beyond theoretical analysis and focuses on strategies aligned with public health practices. The questions guiding this project included:

1. What are the primary barriers to language access services in health care settings serving LEP patients in Los Angeles County?
2. How do health care providers, interpreters, and administrators perceive the current interpreter utilization and institutional capacity for language support?

3. What actionable strategies are needed to improve language access and reduce disparities?

To address these questions, this project adopted a mixed-methods approach that included in-depth professional interviews with clinicians and health providers, structured surveys for both doctors and patients, and a comprehensive literature review. The target for this work was health care providers with direct clinical experience serving Limited English Proficiency (LEP) patients, certified medical interpreters working within Los Angeles health care systems, and administrative leaders responsible for policy-making and resource allocation.

Updated Research Summary:

Impact of Limited English Proficiency on Health Outcomes. Multiple studies on my account show that patients with Limited English Proficiency (LEP) have reduced access and diminished quality of care compared to those who are English proficient. A recent report published by the United States Agency for Healthcare Research and Quality, which is based on national consensus, highlights that LEPs are exposed to lower ambulatory services, delayed utilization of prevention and a high increase in hospital admission rates, which then puts into perspective high disproportions among the proficient and non-proficient at different levels.

Further qualitative research indicates that a language barrier often affects communication, erodes trust, and ultimately disrupts the relationship between clinicians and patients. During interviews conducted throughout the region, in particular, it was revealed that unqualified interpreters and translators significantly exacerbated the situation.

Role and Impact of Interpreter Services:

Professional interpreters have shown positive outcomes, including improved patient adherence to the health care system, refined understanding, and increased satisfaction. Analysis of my research reveals improved informed consent, accurate clinical history-taking, safe and calm service experiences, and accessibility.

Cases of the use of non-professionals, be it family members, untrained staff or volunteers, can be prone to medical errors and concerns about confidentiality, with the resultant measurement and quality of the process potentially compromised. The duty of high-quality interpreters has long been established in the medical ethics literature, bridging the gap created by linguistic barriers and challenging the status quo, thereby contributing to health injustice and inequality.

Institutional Challenges and Implementation Barriers Despite the requirements that have been laid down in full view, research has shown that there are variability differences in compliance.

National and state audits reveal that health institutions lack the overall comprehension and perspective needed to improve their access to LEP patients. Providers report a lack of understanding of how to gain access to interpreter services. This leads to existing resource constraints, including funding shortages, translator shortages, and technological inadequacy.

Project Implementation Summary:

To deeply understand the problem in relation to linguistic barriers, several investigations were carried out using a mixed-methods approach, yielding three primary components.

1. Survey Methodology

Two structured survey instruments were developed as part of the implementation strategy. The first survey targeted health care providers, including physicians, nurses, and administrative personnel, while the second focused on clinical support staff, with an estimated 35 participants. The survey was conducted to assess the significance and to examine individual experiences regarding the quality of interpreter services, confidence in communication, support from the institution, and perceived language hurdles.

Survey questions are currently in vogue, validated instruments are used in recent health services, and instruments are in conformity with public health standards. Adaptation was also taken in accordance with the Los Angeles County context.

I. Survey Goals

- Obtain information on the frequency of interpreter utilization.
- Evaluate boldness when communicating with LEP patients.
- Identification of gaps at the statistical level
- Determine perceived training on protocols regarding LEP cases.

II. nSurvey Design

Studies used included response scales such as Likert-type items (strongly disagree to agree), multiple-choice questions, and open-ended prompts to capture qualitative understanding.

2. Professional Interviews

Semi-structured interviews were conducted among 12 professionals from Los Angeles County:

I. Healthcare Providers (6 participants)

Participants included doctors and nurses with high-level expertise who are accustomed to treating LEP patients during emergency or primary settings. The doctors cited in detail the challenges they face when in contact with LEP. In an emergency, a doctor recalled, there was a

delay in the interpreter's arrival, and, due to the language barrier, the patient's condition worsened significantly. However, the patients were stabilized in the end. Problems also occur when interpreters are absent, there is limited access to speakers of rare languages, and carrying out complex conversations is difficult, leading to mental health issues.

II. Certified Medical Interpreters (4 participants)

Interpreters during the interview reported that they were understaffed and overworked, and that they faced scheduling shortages, high caseloads, a lack of standardized certifications, and minimal integration into clinical workflows.

“We often have to juggle multiple departments at once, and clinicians sometimes default to informal communication because the interpreter line is slow or unavailable . Usually, there are frustrations that brew underneath, but we have to be professionals, not in front of the many patients around,” said an interpreter. This mirrors a high index that interpreters are the core and needed in every aspect of health care and the improvement of life quality.

III. Healthcare Administrators (2 participants)

During the discussion, administrators acknowledged the challenges they face in recruiting interpreters into their system. Institutional policies were outlined, though several noted that, while the government has enacted laws that help LEP individuals, these laws exist only on paper, and the reality is far more ambiguous. There are gaps in operational demands and inadequate monitoring systems, but they are working closely to close these gaps and build a stronger bridge between the healthcare institution and LEP patients.

Data Analysis and Thematic Synthesis:

Interview data were examined using thematic analysis to identify recurring patterns related to training, incorporation, access, and accountability. Findings were triangulated with existing literary texts to enhance credibility and relevance.

Project Analysis, Evaluation and Recommendations:

Synthesis of Survey and Interview Insights:

On collating all the frameworks from the survey to professional interviews, findings reveal that language access deprivation in Los Angeles County health care systems is not the result of a single failure but a long-standing, ongoing convergence of institutional, operational, and policy-level gaps. Across professional groups, there was a strong consensus that long-standing language barriers persist even in facilities that technically comply with federal and state laws.

During the assessment, there was a high influx of reports from physicians that, although interpreter services were “available,” they were not accessible in real time, due to delays in the arrival of the translator, particularly in emergency departments and inpatient settings, which often led to reliance on limited personal language skills. This particular practice has been widely cited,⁷ documented in literary works as a common but problematic response due to pressure, clinical misunderstandings, and ethical concerns (Schenker et al., 2019).

Conversely, certified medical interpreters emphasized the high-intensity workload, exceeding safe capacity, especially in high-demand languages such as Spanish, Mandarin, and Korean. They also provided a detailed description that explained the swift rotation between departments, limiting their ability to provide thorough interpretation and cultural clarification. Information collected here also aligns with recent publications on interpreter shortages that contribute to burnout, stress, and reduced interpretation quality, ultimately affecting patient safety (Hudelson & Vilpert, 2019).

Administrators admitted that, while language access policies do exist, the law is not strictly enforced, resulting in a lack of care. Interpreter utilization metrics are rarely considered unless prompted by patient complaints or legal inquiries. This shows a huge gap between policy and reflects a larger, broader national trend in which compliance is reactive rather than proactive.

Evaluation of Project Objectives:

The primary objectives of this capstone project are to identify the problems associated with language and the loss of effective communication, understand them from professionals' perspectives, and develop actionable recommendations and implementation changes. The objectives outlined on the basis of my account are as follows:

1. Identification of Barriers

The research provides detailed information on shortages, inconsistent staff training, time constraints, and limited institutional accountability as the main barriers to effective language access.

2. Perspective Hindrances

Interviews provided clear, nuanced insight into how the deprivation of language manifested in provocations across different roles, reinforcing the importance of interdisciplinary solutions.

3. Action-Oriented Outcomes

Findings were translated into concrete recommendations addressing workforce development, policy-making, training, and technology integration.

Recommendations:

Based on the analysis and the above information, the following are proposed to improve the approach on language smoothness and the reduction of health disparities.

1. Strengthen Institutional Language Plans

Health organizations should develop comprehensive, standardized policies that clearly define progress and procedures to improve care for LEP patients. Interpreter services should be accessible, documentation of the most common spoken languages should be available, and there should be enough interpreters to reduce the workload. Research indicates that facilities with formalized plans demonstrate higher efficiency, progress, and better outcomes (Jacobs et al., 2016).

2. Expansion of the Interpreter Workforce

Adverse investment in recruiting, training, and retaining certified translators is highly critical. Competitive compensation, manageable caseloads, and opportunities for professional development can reduce burnout and improve service quality. Given the diversity of languages in Los Angeles County, there should be an immediate targeted recruitment for high-demand and emerging languages.

3. Mandatory Provider Training

This is of utmost importance and highly significant when trying to bridge the gap. Health care providers should receive mandatory, recurring training on working effectively with interpreters, understanding their duties and obligations, and delivering culturally competent care. Studies show that provider education significantly increases appropriate interpreter use and reduces reliance on ad hoc interpreters (Karlner et al., 2017).

4. Technology Advancement Without Replacement of Human Interpretation

While video and telephone interpretation services improve access, they should complement, not replace, in-person interpreters. Health establishments should ensure that the technology is reliable, user-friendly, and integrated into clinical work to prevent delays that discourage its use.

5. Strengthening Community Partnerships

Health care facilities should actively engage in community-based functions that serve diverse populations to build strong bonds and connections. Community input can greatly increase

understanding, improve outreach efforts, and strengthen relationships among Limited English proficiency (LEP) populations. Engaging patients and communities in program design ensures that the initiatives reflect the lived experiences and address real-world needs. Participatory approaches also support the public health principle of inclusion and shared transparency.

6. Enhanced Oversight and Accountability

Regulatory agencies and health care systems should integrate routine audits of language access compliance, including utilization of interpreter rates and patient satisfaction metrics. Transparent reporting mechanisms can strengthen heightened responsibility and encourage continuous improvement.

Materials Delivered:

This capstone project resulted in the development of key aspects and deliverables designed to support practical assignments and advocacy.

1. Survey Instrument

A structured survey tool for providers and staff assessment:

- Frequency of Interpreter Use
- Confidence in communicating with LEP patients
- Perceived barriers to language access
- Training adequacy

The survey is adaptable for both electronic and paper distribution and can be translated into multiple languages.

2. Professional Guide

A semi-structured interview protocol for:

- Healthcare providers
- Certified medical interpreters
- Healthcare administrators

The guide includes questions on policies, challenges in day-to-day work activities and recommendations for improvement.

3. Educational Resource (Brochure)

Resource designed to summarize:

- Legal requirements

- Best practices for interpreters
- Evidence-based benefits of language services
- Practical steps for development

This resource is intended for distribution to healthcare administrators, department leaders and clinical staff.

4. Policy and Practice Recommendation

This emphasizes key findings and actionable outlines for language access systems. The brief highlights:

- Identified gaps in interpreter availability and training'
- Recommended strategies for workforce expansion
- Performance indicators for monitoring compliance
- Opportunities for collaboration with community organizations.

The purpose is to support decision-making and advocacy efforts by translating research findings into actions with health equity goals. Collectively, this research project highlights practical tools for assessing, implementing, and improving. These materials are to support sustainable, equity-driven improvements that enhance patient safety, quality and trust among diverse populations.

Ethical Considerations and Equity Implications:

Language access in health care is not solely a logistical or administrative concern; it is fundamentally an ethical issue that mixes with principles of justice and autonomy. Ethical practice should be observed by health workers, and patients should understand their medical information, including diagnoses, treatment options, and potential risks.

Conclusion

Language access deprivation remains a deeply embedded and widespread public health problem affecting diverse populations, particularly in large metropolitan regions such as Los Angeles County. Despite robust and longstanding mandates, a growing body of empirical evidence demonstrating the clinical, ethical, and economic benefits of professional language services, meaningful access to health care communication continues to fall short for many Limited English Proficient (LEP) individuals. Through the integration of contemporary literature, structured planning, and stakeholder engagement, this illustrates how blockades undermine the quality of care. This research brought to light systemic issues, from basic to top-level, including workforce reduction and insufficient adaptation to training and responsibility. Addressing the

main component requires sustained commitment from policymakers, health institutions and public health professionals. By striving to apply these methods, such as investing in interpreter services and strengthening oversight mechanisms, the wide-open gap can be closed, and patient safety improved, regardless of language proficiency.

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