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## ***PRESS RELEASE***

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### ***National Report: Language Barriers to Healthcare May Prove Costly***

“I would tell the doctor ‘okay,’ but I didn’t understand anything.”

That is a quote from one of 4,161 people interviewed by the authors of a new national report released today.

The national survey of people without health insurance calls attention to the importance of interpreters in a medical setting. People who are not fluent in English reported on their experiences with health care institutions. The survey report, *What A Difference An Interpreter Can Make: Health Care Experiences of Uninsured with Limited English Proficiency*, is being released by The Access Project, a Brandeis University-affiliated national resource center for local groups working to improve access to healthcare.

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.

“A Hispanic man in Virginia was prescribed three medicines but mistakenly assumed he should take all three at once. He wound up in the emergency room with a severe reaction. An interpreter was then found who explained in Spanish that he was not supposed to take all three at once,” according to Access Project Director Mark Rukavina.

“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 be bad business for doctors and

hospitals,” according to Dennis Andrulis, PhD, a research professor at SUNY Downstate Medical Center in Brooklyn, New York, and lead author of the report.

Survey results strongly suggest that having an interpreter may help non-English speaking patients get information on financial assistance available to pay for medical care. More than half of the respondents who needed but did not receive interpreters said they were never asked if they needed help in paying for medical care, compared to just over one-third of those who needed and got an interpreter.

Improving communication about financial information and financial assistance programs may benefit hospitals as well as patients. It could expand hospitals’ ability to obtain payment for services when a patient can’t afford to pay for care.

The report found that patients who needed and received interpreter services were more likely to say the hospital was open and accepting than those who did not use interpreters and more inclined to say that they would use the hospital again if they become insured.

“It always amazes me, when I watch Spanish-language network TV, how many commercials for products and services have been produced in Spanish with Latino actors. You can tell that a corporate business strategy is in place that expends resources to communicate effectively with Spanish-speakers regarding cars, hamburgers and cosmetics. We need to think about this as we plan health care services that are accountable and responsive to the diverse populations in our communities,” according to Ed Martinez, Project Manager, National Association of Public Hospitals and Health Systems.

The finding on medications has serious implications for a US health system that is struggling to improve the quality of care for an increasingly diverse population. For patients not fluent in English, lack of an interpreter could lead to misdiagnosis and negative health outcomes. The lack of an interpreter could result in patients not complying with a prescribed treatment regimen. One survey respondent stated, “I didn’t buy my medicines because I didn’t understand the instructions.”

“This is a wake-up call for hospitals that are worried about malpractice suits. If they care about preventing medical errors, they’ll pay close attention to our finding strong association between interpreters and understanding medication instructions,” according to Rukavina.

“Medical interpreters should become recognized as allied health professionals who bill for this service, which should be reimbursable just like lab services,” Elena Rios, M.D., President of the National Hispanic Medical Association said.

The report raises concerns that the lack of proper communication in a health care setting can be both dangerous and costly. The findings are consistent with other research studies which have found that patients experiencing language barriers are less satisfied with their care, less likely to have a usual source of care, less likely to keep follow-up appointments, and less likely to receive preventive care.

The Access Project received a grant from the Robert Wood Johnson Foundation to conduct and disseminate this survey of uninsured people. The project’s goal was to hear directly from people without insurance about their experience accessing health care services.

The Access Project and Dr. Andrulis are distributing the report to state and federal policy officials to help them address the needs of the growing number of people needing language assistance in a medical setting.

Data was collected during the summer of 2000. This report is based on interviews with patients who had no health insurance and received care at one of 23 hospitals in 12 states: Arizona, California, Florida, Georgia, Idaho, Louisiana, Nevada, New York, North Carolina, Ohio, Tennessee, and Virginia.

Over 44 million people speak a language other than English at home, according to the US Census. In five states—California, New York, Texas, Hawaii, and New Mexico—more than 10 percent of the population has Limited English Proficiency.

Go to our website at [www.accessproject.org](http://www.accessproject.org) for the full report in both English and Spanish, personal stories, a list of national experts and local spokespeople, links to related immigration and health issues websites, and state-by-state information. Printed copies of the report are available from The Access Project, 30 Winter Street, Suite 930, Boston, MA 02108, (617) 654-9911.