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Spanish-Speaking Immigrants' Access to Safety Net Providers and Translation Services

New York, New York, December 19, 2016—Recent demographic trends show that Latino immigrants are moving to “emerging destinations” outside traditional Latino enclaves, especially in the Southeast and Midwest. Many of these immigrants have limited English proficiency (LEP)—and this can challenge the health care system as translation services may not be readily available, according to a new [study](#) in *The Milbank Quarterly*.

In the study, trained auditors posed as family members of LEP patients seeking primary care in a safety net setting. Study authors—Robert A. Nathenson, The Wharton School, Brendan Saloner, Johns Hopkins Bloomberg School of Public Health, Michael R. Richards, Vanderbilt University, and Karin V. Rhodes, Northwell Health/Hofstra School of Medicine—found lower primary care appointments for LEP adults in emerging destinations compared to traditional destinations.

Background

About one-tenth of the US population ages 5 and over (about 25.3 million people) qualify as LEP. In recent years the geographic location of LEP Latino individuals has expanded to regions that lack long-standing Latino immigrant communities. Though much research has investigated the Latino experience across established and emerging destinations, there has been far less research comparing health care access and outcomes for Latinos across the two destination types. While a substantial evidence base demonstrates the existence of health disparities between LEP and non-LEP populations, there is comparatively little evidence about how much of this disparity might be attributable to health system factors.

Findings

The authors used an experimental audit design to directly compare the ability of uninsured Spanish-speaking LEP adults to access interpreter services and to obtain new patient primary care appointments at federally qualified health centers (FQHCs) in both traditional and emerging destinations. They found:

- In emerging destinations, LEP Spanish-speaking patients were 40 percentage points less likely to receive an appointment at an FQHC than at those in traditional destinations.
- 92% of FQHCs in traditional destinations offered appointments with either Spanish-speaking clinicians or translation services with non-clinical bilingual staff, while only 54% did so in emerging destinations.
- LEP patients denied care in emerging destinations had to travel farther distances than those in traditional destinations to reach the next available safety net provider.

Conclusion

The authors maintain that the larger US health care system risks a growing gap between the demand for and

supply of medical services that can adapt to LEP Spanish-speaking patient needs. The study underscores the need for policies to support interpreter services and language accommodation in communities where Latino populations may be relative newcomers. These policies are especially vital for FQHCs, due to their mission of serving low-income and underserved populations. Monitoring access for these populations is of critical importance.

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