Census data over the last few decades shows a powerful trend in the growth of the Hispanic population in the United States. In the previous decade, the Hispanic population increased by 46.3% rising to a population of 50.5 million people according to Census data (Passel et al. 2011). Following suite, the state of Arkansas also shows rapid growth increasing to 155,000 or 5% of the population. Perhaps of particular local interest is the growth of the Hispanic population in Washington and Benton Counties. Over the past two decades Washington and Benton Counties experienced growth rates bordering on the exponential. From 1990 to 2000 the counties experienced 747% and 891% growth respectively, while in the period from 2000 to 2010, the trend continued with increases in the population of Hispanics of 107% and 129% in each county. Washington County is now 14% Hispanic by population, with similarities in Benton County, where Hispanics compose 15% of the population (Passel et al. 2011). With such rapid growth of a minority population, new demands are placed on healthcare systems. One of the most fundamental and important of these demands is the availability of language services. A strong argument, strong majority, 74% of the Hispanic population of Arkansas, speaks Spanish in the home (Passel et al. 2011). Highlighting the importance of language services in health care on the national and local level is the finding of the American Community Survey Reports that 47% of Hispanics living in the United States qualify as having Limited English Proficiency (Shin, & Kominski, 2010). Limited English Proficiency has been shown to negatively impact several aspects of health status, and failing to provide adequate language services has been used to decide cases of discrimination in U.S. legal system arousing both moral and legal implications for health care providers (Chen, Yudelman, & Brooks, 2007, Ulmer, McFadden, Nerenz, & Institute of Medicine (U.S.)). Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement, 2009). With Spanish speaking population increasing and becoming more prevalent in the United States and over 34 million Spanish speaking individuals who will require health care services, the urgency of providing language services to our Hispanic population has never been greater (Shin, & Kominski, 2010).

Description of Population: Limited English Proficiency is defined by the National Academies through a process of self identification as, “speaking English less than very well” (Shin, Bruno, & Bureau of the Census (DOCC), Washington DC Economics and, Statistics Administration, 2003). It is important to acknowledge that Limited English Proficient Hispanics are a specific subgroup of the Hispanic minority that have been shown to exhibit disparities in many aspects of health status as compared to their English proficient Hispanic counterparts and the White Majority (Brach, & Chevarley, 2008). LEP Hispanics are less likely than EP Hispanics to be insured, live above the poverty line, access preventative care (Brach, & Chevarley, 2008). Following the national average for LEP Hispanics as determined by Shin and Kominski of 47% and the Census 2010 data for national, state, and local Hispanic population we arrive at an estimate of over 23 million LEP Hispanics nationally, 72 thousand LEP Hispanics in the state of Arkansas, and 26 thousand in Washington and Benton counties. Other important challenges relating to health care within the LEP Hispanic minority that have remained relatively undocumented by the literature are the challenges of basic literacy at the elementary level and also basic health literacy. Lack of basic health literacy has been shown to result in lower use of health care services and poorer health outcomes (Berkman et al., 2011). Thus written language materials in the patient’s primary language may be a step in the right direction but can by no means be considered a definitive solution in improving the overall quality of treatment for LEP Hispanic patients.

Scope of the Issue Language barriers correlate strongly with negative determinants of health status. Language discordance between patient and provider has been found to impact both the patient and the provider. The second most prevalent language in the United States is Spanish giving the following summary:

- Decreased Access to Health Care
- Decreased likelihood of having usual source of care
- Increased likelihood of receiving unnecessary diagnostic tests
- More serious adverse outcomes from medical errors
- Increased likelihood of medication complications
- Increased likelihood to miss appointments and use preventative care

Data and Illustrations

Language as a Health Care Disparity

Scope of the Issue

Advocacy Plan

Overcoming the language barriers and disparities for the LEP Hispanic population will require a multipronged approach. This approach can be summarized into long and short term goals focused on three primary themes. Namely, Increased language services in Spanish, increased community education of LEP Hispanics, and with research and advocacy.

Increasing Language Services:

- Increase the number of language concordant physicians and nurses. This could be achieved by collaborating with entities in the Hispanic community to organize Health Literacy campaigns.
- Create awareness about opportunities in NWA for LEP Hispanics as a Health Care Disparity.
- Develop trainings in the UAMS Center for Diversity Affairs geared toward community education of LEP Hispanics, and work with research and advocacy.
- Increase the number of language concordant physicians and nurses. This could be achieved by collaborating with entities in the Hispanic community to organize Health Literacy campaigns.
- Create awareness about opportunities in NWA for LEP Hispanics as a Health Care Disparity.
- Develop trainings in the UAMS Center for Diversity Affairs geared toward community education of LEP Hispanics, and work with research and advocacy.

Advocacy Plan

- Create awareness about opportunities in NWA for LEP Hispanics
  - Basic Education Courses: “Plaza Comunitaria” (Volunteer Tutors and increased student enrollment)
  - Collaborate with entities in the Hispanic community to organize Health Literacy campaigns
  - Grant writing by Arkansas health organizations to investigate the needs of LEP Hispanics in Arkansas
  - Write to state and national representatives making them aware of the issue
- Plan events during Hispanic Heritage Month in September 15 to October 15
- Focus on legislation on more defined expectations of health care provider’s responsibilities in language services

References