

Language barriers are a major obstacle for millions of patients trying to get access to quality healthcare in the United States. They can cause miscommunications with providers, difficulty in scheduling appointments, and less opportunities for patient education, among other negative outcomes. Residents of Cincinnati are certainly affected by this barrier to healthcare. According to the United States census, 8.8% of Cincinnati residents aged 5+ speak a language other than English at home. This population of non-English speakers continues to grow in Cincinnati, so it is clear that this city needs to address the language barrier in the healthcare system to provide equitable access to healthcare for all.

The current city-wide policies and practices regarding language accommodation in healthcare facilities are adherent to federal requirements—to provide interpreter and translation services to patients and families with limited English proficiency (LEP). For instance, the Language Access policy at Cincinnati Children's Hospital Medical Center mandates that the hospital follows this federal regulation, which establishes a framework for providing the necessary resources to effectively care for LEP patients. However, these types of policies give rise to several issues including difficulty accessing interpreter services and miscommunication with LEP patients and family members. We believe that a more nuanced, locally mandated policy would help mitigate these challenges by making multilingual healthcare providers more accessible to LEP patients.

Dr. Taru Saigal, MD launched a new program at the Ohio State University Wexner Medical Center that aims to match bilingual physicians to patients with limited English proficiency. Dr. Saigal and 10 other primary care physicians are being matched with patients who speak a variety of languages, including Arabic, Gujarati, Nepali, along with many others. While the program at present is limited and cannot accommodate every patient, early implementation has been successful in streamlining care for many patients, and we think a similar approach might work in Cincinnati.

An important step in providing equitable healthcare for non-English speakers is creating a policy that mandates publicly available and easily accessible bilingual clinician information for those seeking medical care. By placing a list of bilingual physicians on the healthcare facility website in an easy to find location, bilingual patients can quickly search and choose which physicians they want to see. While these lists of bilingual physicians often already exist, they are used mostly internally. We propose making these lists available publicly to give non-English speakers the same freedoms and opportunities that many English speakers already benefit from.

A resource that is standardized and easily accessible for each hospital will reduce the time required to locate a provider who shares their language. This is a step toward equitable access by reducing the time it takes for an LEP patient to receive care, improving health outcomes overall and facilitating trust between a provider and their patients. Because language is such an essential part of good patient care and is an increasing concern as the population changes shape within Cincinnati, it should be a focus of policies within the city. Other places have demonstrated that it can be done, and so – why not here?

## References:

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