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From the Los Angeles Times

Study highlights language barriers faced in healthcare

Limited English skills of many in L.A. County can impede access to healthcare. Activists say delays, misdiagnoses and unnecessary procedures can result when patients are not provided interpreters.

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Edna Gutierrez said she was biopsied for cancer on the wrong breast.

Martha Castro recalled helplessly watching her daughter's uncontrollable seizures, unable to understand the doctor's English.

And Lian Zhen Li, suffering from excruciating abdominal pain that turned out to be ovarian cancer, said Los Angeles County hospital staff told her to come back with someone who could interpret for her.

The three Southern California immigrants reflect the widespread problem -- and the potentially devastating consequences -- of language barriers in healthcare. The problem's massive scope was illuminated Thursday, when the Asian Pacific American Legal Center in Los Angeles released a new study documenting the language barriers faced by nearly one in three Los Angeles County residents, or 2.5 million people.

The data, based on the 2000 census, show that most of residents in five of the county's eight service planning areas -- which are used to plan and deliver health and social services -- speak a language other than English at home. The top languages spoken are Spanish, Chinese, Tagalog, Korean, Armenian, Vietnamese, Persian, Japanese and Russian.

The largest number of limited-English speakers are in the San Gabriel Valley, totaling 482,310, including roughly 200,000 Mexicans and 100,000 Chinese. In the metro Los Angeles area, which includes downtown and other core areas of the city, the primary language spoken by 70% of residents is not English and 43% reported speaking limited English, the county's highest rate.

Despite the broad need -- and federal legal requirements for language assistance -- immigrant advocates said Thursday that scores of patients still fall through the cracks. The result is delayed care, misdiagnoses and unnecessary procedures leading in some cases to death, advocates said.

"We want to shine a spotlight on how large a problem this is," said Karin Wang, the Asian Pacific center's vice president of programs. "We don't want language to be the reason people don't get quality healthcare."

Miya Iwataki, director of diversity programs for the county Department of Health Services, said the language needs in the county's four public hospitals were "overwhelming." In 2006, 49% of the system's 3.9 million patient visits involved people with limited English skills who primarily spoke one of 98 languages. Spanish speakers accounted for 1.9 million visits, followed by 17,000 visits by Korean speakers.

But Iwataki said county language services have improved in the last year. This year, nine full-time healthcare interpreters will be hired for the first time for the hospitals.

In addition, the county expanded its video medical interpretation system to all four hospitals this year. The system, which was introduced at Rancho Los Amigos Rehabilitation Center in Downey last year, uses video-conferencing technology to connect doctors and patients with an interpreter network that offers assistance in Armenian, Russian, Korean, Spanish, Mandarin and Cantonese.

County hospitals also use a phone-in interpreter system. But that system is flawed, according to Wingshan Lo of the Asian Pacific center. Lo said she tested the system last year and was hooked up to a language assistance center whose staffer did not understand the Cantonese she was speaking.

In addition, immigrant advocates said many hospital staff are not aware that healthcare providers who receive federal funding are legally required to offer language assistance, regardless of the patients' immigration status. PALS for Health, a Los Angeles nonprofit organization that provides language assistance, gets several complaints every month about healthcare providers who tell patients they need to find their own interpreters, according to Marchela Iahdjian of the organization.

Iwataki agreed that more needs to be done but said impending budget cuts could make that difficult.

"We are struggling to do our best with very limited resources, but we're not giving up," she said.

The case of Li, the Chinese native with ovarian cancer, illustrates the plight faced by many immigrants. Li, 62, is a naturalized U.S. citizen but said she has long lived in an isolated ethnic enclave in Alhambra. Too busy to take English classes, she was an around-the-clock personal assistant to a Chinese senior citizen for several years, then worked 15-hour days at a Chinese restaurant. She watches Chinese TV and shops at Chinese stores.

Li said she never needed English -- until her abdomen suddenly began swelling painfully in June 2005 and her Chinese doctor referred her to County-USC Medical Center. There, she couldn't communicate with the doctors. "I was petrified by my inability to communicate," Li said. "I thought I was going to die. I wondered: Who is going to help me?"

Li said she wandered into the hospital waiting room and randomly asked an Asian-looking patient if she could speak Chinese. Luckily for her, the patient could -- and referred Li to the PALS for Health group, which sent a trained healthcare interpreter with her to future appointments. Although initially told that she had only a month to live, she said her cancer has stopped spreading after surgery and chemotherapy.

Immigrant advocates urged the county to provide more English-language classes and interpretation services.

"There's no excuse not to provide these services," said Doreena P. Wong, staff attorney with the National Health Law Program. "People's lives are at stake."

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