Overcoming low-income and language barriers to access

Legislatures across the country are voting on Medicaid expansion, which is an important step in expanding access to healthcare. Though this and other aspects of the Patient Protection and Affordable Care Act are positive strides toward ensuring all people have access they need, navigating an already complex system can be daunting.

Many soon-to-be healthcare consumers have been left out of the system because of poverty, living in rural areas and limited English language ability. According to 2011 U.S. Census Bureau data, 1 in 5 Americans speaks a language other than English at home.

There are specific strategies that will improve access and ease the transition into the healthcare system by people facing these challenges. The goal is to communicate well to all consumers, of course, but it is especially important for residents who are hard to reach if we are to ensure they are not left behind.

First, messages need to be disseminated at the community level. It’s critically important that accurate healthcare messages for members of underserved communities are communicated in ways that are recognizable and will resonate locally.

While there are several organizations at the governmental and private-sector levels already at work creating good resources that people will need to navigate the system, these messages, if distributed uniformly, will not resonate with everyone. Community-level organizations have impact because they are trusted and credible; they have an important role to play in disseminating the messages created at the national level. They can do so successfully through partnerships with respected local figures.

Alternatively, national organizations can tailor the information to specific communities. One organization doing this well is AARP, which recently launched an online portal in English and Spanish to help consumers generate customized, localized information about how the new laws will impact them.

Second, make a special effort to reach populations with limited English skills. Messages will resonate best if they are presented in a manner that is familiar and in a language other than English. In fact, many providers and hospitals are currently taking steps to become “Latino ready,” meaning they are able to provide care in patients’ native languages and incorporate the cultural nuances of the Latino population.

In addition to commitment to linguistic and cultural competency by many community and health organizations, the U.S. Department of Education is also ensuring future providers are prepared through its language immersion programs as part of Undergraduate International Studies and Foreign Language grants. One such grant is being used at the University of Michigan School of Nursing to show clinical case studies on the experiences of Spanish-speaking patients. Culturally appropriate materials will be provided to consumers before they enter the system, and they will receive culturally and linguistically competent care when they become an active part of it.

Third, train community-based organizations to conduct effective outreach and care navigation. These organizations have the strongest connection to the populations they serve and are trusted messengers because of their ability to tailor messages with attention to cultural and linguistic variations.

It is critical that these agencies and providers be trained to deliver accurate information about the ACA and health insurance exchanges. One successful example of this training is a recent session conducted by the Arizona chapter of Hispanic nurses, which was trained by AARP to deliver accurate information about the ACA and the exchanges.

While these types of training are happening in some places, and funds exist to conduct them, consistent training across community agencies will ensure that the largest percentage of underserved community members gain access and move through the system efficiently.

The landscape is changing rapidly and the country is grappling with how to ensure all residents receive adequate, cost-effective care. While these new changes are overwhelming, they are less about insurance and more about getting patients engaged and responsible for care.

Extra effort is required to reach underserved populations. Ensuring that messages are accurate and resonate with the community and are disseminated consistently by an organization they trust will move us in the right direction. We all have a role to play in the effort.