

# **Challenges that Limited English Proficient Women Face in Receiving Breast Cancer Health Care in the United States**

Changing Middlesex County, NJ hospitals' automated calling service policy by introducing more language options in scheduling an appointment

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## **Summary**

Foreign born population in the United States is increasing significantly and the language diversity is increasing as well creating a language barrier between limit English proficient (LEP) resident and the health care system. According to the 2010 census, 18.4% of the Unites States population does not speak English well and the other 10.7 % does not speak English at all. It is true that LEP residents do not have the same health care access and quality as people who speak English. As a consequence of the language barrier, LEP patients do not have access to health prevention programs, have poor communication with doctors, are unable to follow up appointments, and face disparities in treatment cost and duration. The availability of medical interpreters and translated information are essential to combat language barrier in the United States and to provide a better health care service to LEP residents. Another advantage of providing information in different languages is that LEP patients can be health educated and they will have the knowledge to prevent diseases such as breast cancer. To prevent breast cancer, it is important to provide information about low cost clinics for regular checkups and places that offer free mammograms and breast ultrasounds in various languages such as Spanish, Hindi and Mandarin Chinese. Mammograms are the main resource to detect breast cancer at an early stage; thus, LEP women must have access to this service. However, LEP patient face an initial language barrier when they call to schedule a mammogram appointment because the automated calling service of the leading hospitals of Middlesex County, NJ only offer the English language. For this reason, it is essential for hospitals to add more language options in their automated calling service to improve the access of LEP patients to preventive care. (GC/EM/PWT)

## **Video Link**

<http://www.youtube.com/watch?v=WPftfOdRvfg>

## **Language Barrier: Introduction**

(PWT) The health care system in the United States (US) has many problems, ranging from over-priced health insurance to reduced Medicare funding. However, without a doubt one of the main problems of the health care system is language barrier. United States is a big ethnicity melting pot due to the influx of immigrants that has increased over the last few decades, causing foreign-born population grow rapidly. According to US Census 2010, nearly 40 million non-native residents have been living in the US since 1980, of which 50% are originated from Latin America region, 25% from Asia, 6% from Europe, and the rest from other areas.

Rapid increase in foreign-born population causes expansion of language diversity in the US. Nearly 20% of 5 years and older US population speaks a language other than English of which 62.3% speaks Spanish or Spanish Creole. Within the group, 18.4% of people do not speak well in English and 10.7% of people do not speak English at all. Other Indo-European languages, which makes up of 18.6%, are the second languages use in that group, followed by 15% of Asian and Pacific Island languages. Among other Indo-European languages, 10.4% of people do not speak well in English and 2.8% of people do not speak English at all. 17% and 5.4% of people who speaks Asian and Pacific Island languages respectively do not speak well in English and do not speak English at all. Total of 13 million of the US population do not speak well in English or do not speak English at all. Limited English proficiency (LEP) leads to language barrier for this particular population in obtaining proper health care from English language dominant system.

Numerous papers illustrate the general problem of language barrier in healthcare, which ultimately cause limit English proficient (LEP) patient less access to proper healthcare. According to Millman's report in the Institute of Medicine, language barrier were one of the top three barriers in healthcare, which prohibit the minorities and poor that are mostly LEP from getting proper treatment. There are two types of language barrier in health care – primary and acute care settings. LEP patients under primary care settings are less likely to receive equality in consultation time and adequate information from physician, when compared to English proficient patient. Language barrier in accessing preventive care among LEP patients can be lowered with professional language interpreter's aid. Nevertheless, the costly professional interpreter services and the limited funding in community-based clinics allow the existence of language barrier in this setting. Under acute care settings, LEP patients have more obstacles in obtaining care and diagnostic testing, results in spending more money and time, and eventually expressing dissatisfaction with the services.

To further emphasize the language barrier problem in health care the case of Gricelda is described. A thirteen years old girl, Gricelda, was rushed into the emergency department in Phoenix, Arizona, by her parents because the kid was complaining about a severe stomach pain. The family spoke no English and the hospital staff spoke no Spanish; no interpreter was around. The treatments she had were a pregnancy test and gastritis diagnostic. After that she was discharged from the hospital. The doctor scheduled an appointment and requested the kid for follow up within three days but the parents came back on the second day as the kid's condition worsens. Even though the family was accompanied by a bilingual friend, Gricelda still did not receive proper treatment for her sickness. It was revealed that she had appendicitis, few hours

before she died! This tragedy is clearly a consequence of poor communication between the patient and doctor that resulted in the loss of an innocent life and a lawsuit against the improper medical care of the hospital.

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## **Language barriers and Access to Prevention Programs**

(EM) Preventative care is an important part of the health care system as it spreads the knowledge about diseases. It enables the early detection of disease and thus helps to decrease the cost of health care as well as lower the mortality rate. Language differences hold back effective communication which is the key to successful practice of medicine. As a consequence, irregularities in the use of health care and poor health outcomes have been observed. Several researchers have shown that language barrier is an important contributor to the differences in breast cancer among Asian and Hispanic women. Among this population, it has been observed that the risk of diagnosing breast cancer at later stages and mortality from breast cancer are four times and 200 times higher respectively compared to Caucasian women.

In 2010, the disease prevention and national health promotion department of Healthy People set a target of increasing the ratio of women with LEP aged 40 years or above receiving clinical breast examination (CBE) or mammogram to 70%. However, according to the current study by Dang and group on Asian and Pacific Islander women, it was found that 55.7% women received mammograms and 68.9% received CBEs. This study shows that the rate of preventive care is far below the national objectives targeted for LEP women.

One of the major issues behind this poor health outcome among LEP or Non-English Proficient (NEP) women is the lack of knowledge and awareness of breast cancer. In the United States, most hospitals provide educational materials for spreading knowledge about diseases. However, those materials are mostly in English and Spanish. Provision of educational health-related material in other non-official languages is an initial way to address problems caused by certain types of language barriers. Research by Stevens and Peinkofer showed that people who do not speak English have a significantly lower rate of understanding diseases such as AIDS and therefore are less likely to protect themselves against AIDS. There are two ways to provide material in non-official languages – either by translating the English material or creating new material based on the needs of the community. However, the drawbacks in such a process are limited funding by government and lack of resources.

## **Factors that Impact Quality of Health Care due to Language Barrier**

### *Medical error in Diagnosis and Patient Informed Consent*

A Spanish-speaking patient in California, Francisco Torres, was not provided with an interpreter during his treatment. This resulted in the removal of the wrong kidney during surgery.

The above example is one of the many cases which prove that clear communication is an inevitable part of medical practice, and medical error can be easily avoided by arranging an interpreter. The rates of error are high when patient and physician speak different languages. Several studies describe the association between language barriers and delayed or misdiagnosis of the disease.

The inability of a physician to communicate in the same language as the patient results in failure in explaining the patient's condition and obtaining the informed consent. Because of the language barrier, a physician cannot explain the condition, choices available, and possible complications from surgical procedures to the patient. In one documented case, it was found that a refugee woman was sterilized after she gave her consent to what she thought was a surgery to cure an infection that developed after childbirth. Some cases were also reported in which women agreed to be sterilized, not realizing the permanence of the procedure, or were scheduled for an unwanted abortion. These cases show that taking a signature on a consent form is not legal unless the physician ensures that the patient understands the information regarding the procedure and treatment. Also, in some cases, patients have to share the information with the interpreter in order to communicate with a physician. This can result in a loss of confidentiality, and studies show that women feel insecure about sharing information. This issue is more substantial in the women's health care field as the medical procedures are very personal and sensitive in nature.

#### *Disparities in Treatment Cost and Duration*

An observational study was done in 1998 by Lee and group to determine whether language difference between patient and primary care provider would increase the chances of admission to the hospital after discharge from the emergency department (ED). The results from the study showed that patient who were unable to communicate in English were 70% more likely to be admitted to the hospital from ED as a precautionary measure. It was also found that the rate of hospital admission from ED decreased by several fold if an interpreter was used. Hamper and group designed a study to determine the relationship between language barriers and length of staying in ED. It was found that a physician over-treats the LEP or NEP patients with no interpreter by sending them for additional diagnostic tests and procedures. This results in overall increases in cost of care and the duration of hospital stays.

#### *Follow-up Appointments*

Language barrier is also responsible for patients' inability to follow physicians' instructions and adhere to treatment. The association between language differences and rate of follow-up appointments was studied by Sarver and Baker. According to the data, it was found that the likelihood of LEP or NEP patients (with or without interpreter) to follow up after an appointment is lower than other patient populations. Also in some instances, LEP or NEP patients do not understand the side effects of the medicine, and interpreters also fail to explain that. This inadequate explanation of side effects and dosages might present an increased risk to patient health.

#### *Health Outcomes*

There are only a few studies done in the past decade to investigate the difference in health outcomes of LEP or NEP patients. The studies were based on investigating how language barriers could affect health outcomes. In this study, several variables responsible for poor health

outcomes such as misdiagnosis, delay in seeking care, malpractice, medical error etc. were considered. A study by Gandhi and group has reported that the rate of problems due to drug complications in NEP and LEP patients are significantly higher compared to English speaking patients. This may be because of the inability of health care providers to explain the side effects of drugs. Another study by Perez and Stable showed that poor health outcomes among patients with hypertension and diabetes were also related to language differences.

Since LEP and NEP women are less likely to be aware of reproductive health care options, they are more likely to experience negative reproductive health outcomes including delay in cancer screening and detection, higher infant mortality rates, and higher probability of STDs such as HIV/AIDS. However, negative outcomes in women's reproductive health are also associated with cultural behavior along with language barrier. Heilemann and colleagues have analyzed perinatal outcomes of 773 LEP or NEP Mexican women in rural Northern California hospitals. The results showed that the perinatal complications are independent of the language differences but are strongly associated with the culturally determined health behaviors.

#### *Patient Satisfaction, Understanding and Compliance towards treatment*

The success of physician-patient communication is often measured by the patients' satisfaction level. It is strongly associated with the quality of care. Most studies have established that patients are less satisfied with their treatment when they experience language differences with the physician. In a survey by Carrasquillo and group, it was found that only 52% of the total LEP or NEP patients who required care in ED were satisfied with the treatment. The less satisfied patients experienced problems with communication and were less willing to be treated by the same ED. Other studies by Baker, Hayes and Frontier have showed that patient satisfaction was increased when an interpreter was used. According to the studies, 90% of the LEP or NEP patients who were not provided with an interpreter were not satisfied with the treatment. The result also showed that besides interpreters, several other factors such as the perceived level of physician concern, patient comfort, and adequate time during examinations are associated with patient satisfaction.

Patient understanding and compliance toward medical condition and treatment is also affected by the language barrier. According to the research by Kaplan, it was found that good communication is essential in clarifying doubts and expectations as well as in motivating and supporting patients. The patients are more likely to adhere to the treatment directions if they understand them properly. In a study by David and Rhee, it was found that out of 273 LEP or NEP patients, 144 were unable to understand the side effects of the medicines that were explained by the provider. This result suggests that language barrier and not cultural behavior was responsible for noncompliance with treatment directions.

Statistics shows that women are noncompliant toward breast cancer screenings and mammograms. In one study by Harlan and colleagues showed that for Hispanic women, the rate of cervical cancer screening is low due to poor communication by the physician in explaining the importance of preventive measures. Similarly, Fox and Stein studied the issue of noncompliance with mammogram screening among Hispanic women. It was found that physicians failed to discuss mammography with LEP/NEP Hispanic women. Interestingly, it was also found that despite the language barrier, women were interested in mammography and agreed to screening if the physician had discussed it.

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## Language Barrier: Breast Cancer

(PWT) Hispanic and Asian women have greater risk of being diagnosed with breast cancer at final stage, which usually leads to greater risk in cancer mortality, compared with white women. It is speculated that language barrier is the reason for such phenomena. According to Jacobs et al. in the study of LEP and breast cancer, women are less likely to receive preventative care in breast cancer, such as clinical breast examination and mammography. They are less educated and have low income. In a total of 278 participants who does not speak English, only 10% of them receive preventative care; 40% less compared to English speaking participants. Surprisingly, there was least correlation observed between mammography received by patient and English proficiency. This suggests that mammography requires less communication because of the ease of using screening tools. In contrast, clinical breast examination received by patients is greatly associated with English proficiency. The examination requires more instructions and involves more information given by the doctor in detecting possible lumps. It is not surprise to learn that LEP women are less likely to perform such examination; standing naked in front of a physician who does not speak the same language and not understanding about the procedure can be frightening! Providing an interpreter may turn away LEP woman from getting the examination because the patient might not feel comfortable by having a third person around when doctor performs the examination, as privacy issue arises.

Another interesting research was done by Karliner et al. in inspecting the language barrier from the physician aspect. Most research have been done based on the experience of LEP patients, but none of them have focused on how doctors communicate with LEP breast cancer patients and the challenges they face while communicating. Among 301 doctors participated in the survey, 60% of them have rarely or never hired professional interpreters when LEP patients

visit. 72% of the doctors allow patient's family or friend to serve as interpreter. Nearly 50% of doctors rely on staff members to understand the condition of LEP patient when the patient is not accompanied by family members. While diagnosing LEP patients, 50% of the doctors have to spend more time in explaining to ensure that the patient understood properly. Due to the language gap between patients and doctors, nearly 60% of the latter group expressed difficulty in discussing treatment options and prognosis with the former group. The difficulties causes 56% of doctors to simplify their discussion regarding the possible risks in treatment and its benefits, and to lean more toward a specific treatment rather than alternative options. This phenomenon is known as less-patient-centered treatment. After consulted doctor for the first time, LEP patients might not follow up the treatment as limited options were given to them for treating disease and they did not even understand the treatment. This may be the reason why Hispanic and Asian women have a higher rate in discovering final stage of breast cancer which ultimately results in higher cancer mortality, compared to white women.

A patient with an abnormal mammogram test requires a short period of follow-up imaging that ranges from 3 to 6 months. However, the abnormal test does not conclude that the patient is diagnosed with breast cancer. Nevertheless, 0.5% to 3% of these cases give positive result of breast cancer. Therefore, a follow-up diagnostic for patients is greatly dependent on their health condition and doctor must be able to deliver the implication of the test and the reasons for repeating imaging. This is why Poon et al. postulate that the communication between patient and doctor plays an important role in influencing the quality of the follow-up abnormal mammogram test. Among 126 patients in the study, 45 of them had inadequate follow-up and the population has lower percentage of patient-doctor communication factors when compared to the group of patient that receive adequate follow-up. The factors include patient is new to the doctor, the patient is allowed to keep the results, the result is receive by the patient within a week of mammogram test, patient meet with doctor after mammogram, doctor documented discussion about result with patient and documented follow-up plan in record, doctor explanations of further tests in way patient understand, and notification of patient in follow-up tests. 17 patients from the population have no appropriate follow-up because the doctor did not document follow-up plan in their health record. Another 20 patients have no appropriate follow-up because they were told that they did not need further tests in abnormal mammogram. Although the paper did not mention whether the participated group contains LEP patients, we believe that LEP patients will face more problems in the follow-up abnormal mammogram tests because of their language barrier. It is clear that language barrier affects health care access and quality in the United States.

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## **Language Barrier: Poor Health Care Access**

(GC) According to the 2011 survey done by the American cancer society, it has been estimated 774,570 new cases of cancer were in women and 230, 480 of those correspondents had breast cancer .This number clearly states that there is a problem on cancer awareness, and that many deaths can be avoided if all the people in the United States has the same health education as educated whites. It has to be emphasized that people who do not speak English have low health

care access including preventive health care. One of the main causes of low health care access for LEP people is the inability to get preventive information in their language. Thus, it is well documented that people who do not speak English have poor health care access.

*Inadequate translation and interpreting services limit health care access*

Language barriers limit people to get information about medical insurance and preventive health care. In the United States, 83% of the population has health insurance and 16.3% of the population does not have any kind of health insurance. On March 23, 2010 President Barack Obama signed the affordable care act whose main goal is to decrease the injustices of insurance industries, and to provide information and options that people can use to make wise choices about their health. A webpage called "HealthCare.gov" was created to provide all the information stated on the affordable act. This webpage advises people on how to find an insurance option, get help using insurance, and compare health care providers. Although the information presented in the HealthCare.gov webpage is very useful, it is only available in English and Spanish and the rest of the community who does not speak these languages or does not have internet access does not get the information. As a consequence, even though some LEP people have medical insurance, they do not get all the benefits they deserve.

On a survey conducted from January 27 to February 9, 2011, it was clearly identified that there is a digital divide in the United States which has also affected the access to health information online. According to this survey, 77% of whites and only 56% of Hispanic have a high speed internet connection, and 65% of whites and 43% of Hispanics said they have used the internet to access health information. All hospitals, organizations and health care providers have web pages in which they provide important information regarding health care. However, both the 56% of Hispanics who do not have internet connection and the 34 % of Hispanics that do have internet connection do not have access to health care information if they are LEP residents. People who have access to the internet connection but do not speak English also face a poor health care access because the majority of health care provider web pages are limited to English. As an example of an informative health care webpage is the RWJH Cancer center of Excellence. In this webpage patient with cancer can find programs, physicians and services offered by the hospital. However, the webpage is only in English which means that non- English speaker patients do not have access to this information. Moreover, in this page there is a link that connects to the Breast care connection webpage which is a breast health program that guides women through the breast health processes, and as expected this webpage is only design in English. As it is well known, breast cancer is one of the main types of cancer affecting women in the United States, and it does not discriminate between English and non- English speakers. By looking at these web pages which belong to one of the main hospital of the Middlesex County in New Jersey, we can identify a limited health care access due to language barrier. Thus, it can be assumed that people who do not speak English do not have the same opportunity and access to health care programs and services in New Jersey.

Moreover, to prevent breast cancer, information about breast cancer awareness should be provided to the community in various languages spoken in that community. According to the 2010 census in the Middlesex county the nativity by language spoken at home by the ability to speak English for the population 5 years and over(some other race alone) is 21, 257. Out of

those 51% is foreign born and 31.8% speak English less than very well. In a visit to the Cancer Center and Oncology unit of Saint Peter's University Hospital, it was found that there are not breast cancer brochures in other languages but English. Furthermore, on our visit to a breast cancer screening and family practice unit of JFK Hospital, Edison NJ, to inquire about facilities for the people with language differences, it was found that getting a flyer in English and Spanish was difficult. They were not located in the waiting room and were only given to people who asked for it. Since people with LEP will hesitate to speak, they have no access to those sources. People who cannot speak English are less like to receive information of the sources such as website and local television.

It is clear that translation and interpretation of health care information will help Limit English proficient people to have a better health care access. The need of language services have been identified in the United States for decades. At federal level many actions have been taken to improve the health care and avoid discrimination against limit English proficient (LEP) residents. One of these actions is the Title VI of the Civil Rights Acts of 1964 which states that the entities receiving federal funds should provide language services to LEP residents who are consider to have a disability; and in 2000 president Clinton's reaffirmed this Title VI. Moreover some organizations such as the Health Research and Education Trust (HRET) and the National Committee for Quality Assurance have created award programs and toolkits to improve language services.

Medical interpreters are an essential aspect to improve health care access. The cross cultural health care program defined medical interpreter as a person who is fluent in two languages , has the ability to render a message from one language to other and has receive a training. According to the National board of Certification for Medical Interpreters webpage there are 206 certified medical interpreters in the United States. Of those 200 are Spanish interpreters, 2 Mandarin, 1 Russian, 1 Portuguese, 1 Japanese and 1 Cantonese. 3 out of 200 Spanish interpreters serve the New Jersey community. The 2010 census describes that the Asian population in NJ increased by 48.9% and the Hispanic or Latino increased by 39.2% which means that more than 3 medical interpreters are needed to improve health care access in this state. Interpreters play an important role in the active communication between LEP patients and health care providers. Interpreters assist LEP patients to improve interaction with doctors, understand diagnosis and treatment and provide financial information.

The intervention of interpreters is essential for a medical quality but the interpreter's assistance not always has a positive outcome. In the impact of medical interpreter services on the quality of health care: a systematic review, it was establish that the use of interpreters sometimes have a bad outcome. In this review

*Interpreter services* were defined as any intervention involving an interpreter that was intended to enhance language access for an LEP patient, including the use of any type of medical interpreter (from trained professional interpreters to ad hoc interpreters, including family members, friends, and untrained medical or nonmedical staff), and telephone interpreter services (Flores, 257)

The results state that the service offer by an interpreter is better when professional interpreters rather than ad hoc interpreters (family members) or untrained medical office assistance are used. Interpreter errors cause misdiagnosis, erroneous prescription direction, and wrong patient

treatment that at the end increases the health care cost. Ad hoc interpreters omitted 23 to 52 percent of the questions asked by physicians and sometimes this kind of interpreters often independently questioned the patient.

As an example to prove the necessity of medical interpreters in hospitals is the case of Willie Ramirez who became quadriplegic as a consequence of a misdiagnosed intracerebellar hemorrhage that could be prevented by a neurosurgeon revision. Unfortunately, he received a treatment for drug overdose because the doctors heard the word “intoxicado” in Spanish and they translated it as “intoxicated”. That misinterpretation cost thousands of dollars to the hospital in law suit. In New Jersey the leading hospitals do offer interpreter service, the interpreters are professional, medical staff or telephone interpreter. In the majority of hospitals ad hoc interpreters are not permitted. The cancer center and oncologist department of Saint Peter’s University Hospital only offer telephone interpreters. In the oncology: breast cancer department of JFK hospital the LEP patients need to make an appointment specifying that they need an interpreter who speaks a specific language and the hospital provide the interpreter. Some medical facilities are using technology to offer interpretation services to LEP patients. One of the services provided to improve doctor-patient interaction in some hospitals is the video interpreting called the Health Care Interpreter Network (HCIN). This program allows patients to see and hear the interpreters at a real time which is an advantage over the telephone interpretation system. Interpreters are also needed in pharmacies to explain LEP patients the correct dose of the prescribed medication. In 2009 a bill that require all pharmacies to provide translation services of any language spoken in 1% of the population was introduced in the New York City Council, and in September 3, 2009 this bill became the Law No. 2009/055.

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## **Initial language barrier in scheduling an appointment**

(GC/EM/PWT) Women are more likely to be victims of language barrier in healthcare when compared with men because women require more preventive healthcare services. According to the American cancer society, 39, 520 breast cancer related deaths were among women in 2011. Furthermore, it was determine that New Jersey has the highest mortality rate of breast cancer (27.8) in the United States and one out of 4 women diagnose with breast cancer within Middlesex County die. It has been establish that 77, 920 deaths could be avoided by eliminating educational and racial disparities. In order to decrease mortality rates, every woman in the United States should have the same opportunity to receive a mammogram no matter ethnicity or economic level. Mammogram detects 90% breast cancer and has ability to identify cancer before the visible symptoms appear. Economic problems are not a barrier to get a mammogram because foundations such as Susan G. Komen and the American cancer society provide funds to some clinics and hospitals to pay for mammograms. The initial barrier that women face to receive a mammogram is not the lack of knowledge but the difficulty to make an appointment. In the majority of the hospitals of Middlesex County, NJ there is only the English language option in the automated calling service; thus, LEP patients are more reluctant to call for appointment because of the limited options on the phone. According to the statistics, in New Jersey the rate of obtaining mammogram among Hispanic and Asian American women is low compared to some other states. Also, N.J. breast cancer rate is 7<sup>th</sup> highest in the nation. Demographically, NJ is one of the most diversely populated states with a large group of non-English speaking communities. Language diversity in this community and lack of language options while scheduling an appointment impair non-English speaking females to get a mammogram.

Cancer Facts & Figures 2011. American Cancer Society inc. 2011  
Middlesex County, New Jersey Cancer Burden Profile, 2008. American Cancer Society. Retrieve November 2, 2011 [http://community.acsevents.org/site/DocServer/Middlesex\\_County\\_NJ\\_Cancer\\_Burden\\_Profile\\_2008.pdf?docID=80993](http://community.acsevents.org/site/DocServer/Middlesex_County_NJ_Cancer_Burden_Profile_2008.pdf?docID=80993)  
Mammography: The Importance of Early Detection. BJC Healthcare 1997-2011. Retrieve November 2, 2011 <http://www.bjc.org/?id=2131&sid=1>  
Facts for Life Racial & Ethnic Differences Susan G. Komen for the Cure 2010. Retrieve November 2, 2011 [http://ww5.komen.org/uploadedFiles/Content\\_Binaries/806-373a.pdf](http://ww5.komen.org/uploadedFiles/Content_Binaries/806-373a.pdf)

## **Conclusion**

(GC/EM) Most of the studies done in the past focused mainly on the factors that impact LEP women in accessing health care, but none of them have focused on the actual barrier that discourages women from getting a quality health care. By visiting and calling the various leading hospital of Middlesex County, NJ, we found that the dominant barrier for LEP patient is to schedule an appointment. The lack of language options on hospitals automated calling service discourages many LEP women from getting a mammogram. In the United States, the multi-ethnic population speaking different languages is increasing rapidly. Thus, it is essential to conduct a survey among LEP people which focuses on the problems encounter by these people when scheduling an appointment in the leading hospitals of the area. Also hospitals should take an initiative to overcome the language barriers within the community by adding more language option to the automated calling service. The languages added should be prevalent in the area near

to the hospitals. If such changes were considered, then we can improve the LEP patient's access to preventative care.

## **Service Project**

Our service project focused on two main things first to convince hospitals to add more language options in their automated calling service for scheduling an appointment, and second to aware LEP women in Middlesex County about free mammograms through the blog (<http://care4-breast.blogspot.com/>). The blog is designed in the top three languages spoken in Middlesex County i.e. Spanish, Gujarati and Mandarin Chinese. The blog provides information about low-cost clinics where people without medical insurance can access to the health care provider. Moreover, the blog also provides specific information about getting a free mammogram at Robert Wood Johnson University Hospital. We have spread the information that is in the blog among various community places such as temple, churches and we found that the information is very helpful to the community. Most interestingly, some of the women without insurance were reluctant to go to doctor but the information about low-cost clinic and mammogram opens a new possibility to them and they were happy to get a mammogram.

To change the policy of hospitals in Middlesex County, we wrote letters to JFK, Robert Wood Johnson University Hospital, Saint Peter's University Hospital and Raritan Bay medical center. In this letter, it was suggested the introduction of the top three languages spoken in Middlesex County, NJ in the automated calling service. We thank Mr. Praful Raja, the board of director of JFK to help us on passing the letter to the chief operative department of JFK in order to be further considered. The letter focused on the demographics and the languages spoken in the Middlesex County.

Before adding the information about the availability of free mammogram at the Robert Wood Johnson Hospital on our blog in various languages, we called the number (1-800-758-5545) given on the voucher for scheduling an appointment. We found out that the automated calling service had only an English option available. We thought that the information about health care services will be useless to the people if they cannot schedule an appointment by themselves!

We called four major hospitals in the Middlesex County, NJ hoping that the automated calling service offer an option for various languages. We found out which language options were available for scheduling an appointment in each hospital and what other services they provide to the patients facing language barrier.

At JFK Hospital, we called the diagnostic imaging center (732-205-1417) and it was found that the English was only the option available to schedule an appointment. Then we called the Raritan Bay mammography center and the automated calling service only offers the English and Spanish option. We called the Saint peter's University Hospital women's imaging center and the only language available to schedule an appointment was English. All the hospitals mention before provide interpreters to the patient while having biopsy or mammogram. Although

interpreters are provided by the hospitals, LEP patients cannot benefit of the service because they cannot schedule an appointment.

To solve this issue, we found the demographics of languages, death by breast cancer among female in NJ as well as in the Middlesex County. We have also visited the hospitals to inquire about whom to send the letter for adding language options in automated calling service. In JFK Hospital, we send letter to Mr. Praful Raja (Chairman, Board of Directors, JFK and President of Diagnostic Specialties, Inc) and he kindly helped us to forward it to chief operative department of JFK.

The second issue that we found out while visiting the hospitals was the availability of educational material resources in various languages. Guadalupe contacted Mary an Online Cancer Information Specialist from the American Cancer Society and asked about free cancer brochures in Spanish, Mandarin Chinese and Gujarati. The American Cancer Society only has brochures in Spanish available. Thus, Guadalupe ordered 50 brochures of ABCs of Breast Health and 50 brochures of Breast Cancer Awareness Information Packet which were placed in a south river church and handed to Spanish spoken women.

Also we found the educational material in Mandarin Chinese and Gujarati and posted it on our blog. On the blog, we have also posted the information about the free or low cost clinics in NJ, where people without insurance can access to health care. We have created a flyer in three languages Spanish, Gujarati and Mandarin Chinese.

Ekta had posted the flyers in temples and local grocery stores at Oaktree Road and got many positive reviews from people in temple. Guadalupe had posted the flyers in churches and Spanish stores at Main Street in South River. Peng Wai had posted flyers at Edison Asian markets' information board. We plan to post more flyers at New Brunswick, East Brunswick and Rutgers libraries; thus, more women can have the information.

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## Letters to the Editor

(EM)

Sent to Star Ledger (11/12/11)

### Have we really created breast cancer awareness?

Last month, we celebrated National Breast Cancer Awareness Month to increase awareness of the disease by educating the public about early detection, cause, diagnosis and treatment. Does this effort reached to all the women? Did we really able to understand the real hurdle that some women face just to get an early preventative care? For the most part, the answer is "No". According to the statistics, in New Jersey the rate of obtaining mammogram among

Hispanic and Asian American women is low compared to some other states. Also, N.J. breast cancer rate is 7<sup>th</sup> highest in the nation. Demographically, NJ is one of the most diversely populated states with a large group of non-English speaking communities. Women with limited English proficiency (LEP) in such communities often face difficulty in making appointments for preventative screening. Although all hospitals in NJ provide medical interpreter services for LEP patients, none of them provides interpreter on phone for scheduling appointments. Our research found that in most hospitals of NJ, the automated calling service for scheduling an appointment has only two options-English and Spanish. Because of the limited options, LEP women are more reluctant to call and held back from the preventative measures. The initial barrier is not the lack of knowledge but the difficulty to make an appointment. If the hospitals can provide such facility, we will be really able to create awareness in true sense.

(PWT)

Sent to Trenton Time (11/07/11)

### **Language Barrier in Healthcare**

“Press 1 for English, presione 2 para espanol” These two phrases are the most common automated calling service before any representative take over the call. Can we have more language options other than those two? Such options will help the limited English proficiency (LEP) patient to obtain proper healthcare. New Jersey is one of the most populated states and it holds massive non-English speaking communities. Many people within the communities do not speak English well or do not speak English at all. Without common language background, it would be difficult for them to communicate with healthcare provider. Typically, LEP patients have to spend more time and money in getting equal treatment, when compared with the Americans. Although medical interpreters are available for bridging LEP patients with physicians, the service is expensive and government limited funding is insufficient to distribute among the smaller scale healthcare provider.

Women are more likely to be victims of language barrier in healthcare when compared with men because women require more preventive healthcare services. Breast cancer is one of the deadliest diseases among women but statistic shows that, with early preventative measurement, the mortality rate dropped significantly in these years. Nevertheless, mortality rate remains high for the LEP patients. We believe such trend happened due to language barrier between physician and patient. In fact, the first barrier would be scheduling an appointment for a preventative healthcare such as mammogram. With the two languages in the automated calling service, LEP patients are more reluctant to call for appointment because of the limited options on the phone.

We also prepared letter to editor in other three languages to the local newspaper for those limited English proficiency residents.

(GC)

### **Win the Battle against Breast Cancer**

According to the American cancer society, it has been 39, 520 breast cancer related deaths among women in 2011. Women have the power to go from breast cancer victims to knowledgeable and conscious breast cancer fighters. As conscious women, we should examine our breast and have regular checkups and mammograms. Do not be afraid of going to the doctor and discover that you will have cancer because if detected on time cancer can be curable. You have to be involved in the fighting against cancer. Not speaking English or not having a medical insurance is not a valid excuse to miss a mammogram or regular checkups. Hospitals in Middlesex County provide interpreters for people who do not speak English. Moreover, foundations or organizations such as Susan G. Komen and the American cancer society provide funds to some clinics and hospitals to pay for your mammogram. There are many resources to fight breast cancer, but it is in your hands the opportunity to win the battle. Some low cost clinics as well as places that offer free mammograms are listed below:

- For a free mammogram find the clinic that is near to you in this link <http://breastcan.cr/FacilityFinder> or call to 1 (800) 328-3838
- To get your free mammogram pass go to <http://www.rwjuh.edu/breastcancer/free-mammo-english.pdf>

Below are some of the low cost clinics that you can visit

- **St. John Family Health Center - Catholic Charities Diocese of Metuchen** is located in New Brunswick NJ and the phone number is (732) 745 - 9800
- **Trinity Health Center** - Perth Amboy. Phone (732) 826 - 9160
- **Jewish Renaissance Foundation** The clinic is located in 149 Kearny Avenue Perth Amboy, NJ 08861. If you want to make an appointment you can call this number 732-324-2114 or visit in-person.

(GC)

Sent to El Especialito (09/11/11)

### **Gana la Batalla Contra el Cancer de Seno**

La Sociedad Americana del Cancer estima que han muerto 39,520 mujeres de cancer de seno en el 2011. Las mujeres tenemos el poder de dejar de ser victimas de esta enfermedad para convertirnos en mujeres informadas con capacidad de identificar los sintomas de este mal. Como personas interesadas en nuestra salud, debemos examinar nuestros senos frecuentemente y acudir al medico, si notamos algo raro. No tengas miedo de ir al doctor si detectas alguna bolita o tienes dolor en el seno, recuerda que el cancer de mama, si es detectado a tiempo puede ser curable. Tu tienes que ser una luchadora constante y observar los cambios que hay en tu cuerpo. El no hablar ingles o no tener seguro medico no es un obstaculo para hacerte tu mamografia. Ya que diversos hospitals en la comunidad de Middlesex ofrecen interpretes para personas que no hablan ingles. Ademas asociaciones como Susan G. Komen y la sociedad Americana del cancer dan fondos economicos a algunas clinicas y hospitales para pagar tu mamografia. Hay muchos recursos para combatir el cancer de seno, pero solo tu puedes ganar la batalla. Algunas clinicas de bajo costo y lugares que ofrecen mamografias gratuitas estan descritas a continuacion.

- Para encontrar una clinica que ofrezca mamografias gratuitas visita esta pagina en internet <http://breastcan.cr/FacilityFinder> o llama al 1 (800) 328-383
- Para obtener tu pase para una mamografia gratis ve a la siguiente pagina de internet <http://www.rwjuh.edu/breastcancer/free-mammo-spanish.pdf>

Acontinuasion hay algunas clinicas de bajo costo que puedes visitor

- **St. John Family Health Center - Catholic Charities Diocese of Metuchen** esta localizado en New Brunswick NJ . El numero de telefono es (732) 745 - 9800
- **Trinity Health Center** - Perth Amboy. Telefono (732) 826 - 9160
- **Jewish Renaissance Foundation** la clinica esta ubicada en 149 Kearny Avenue Perth Amboy, NJ 08861. Si usted quiere hacer una sita llame al 732-324-2114 .

(EM)

Sent to Divya Bhaskar and Gujarat Darpan (11/12/11)

આવો સ્તન કેન્સર ને પડકારીએ ...

2011 ના અમેરીકન કેન્સર સોસાયટી એકવાલ મુજબ, 39,520 મહિલાઓ નાં સ્તન કેન્સર સંબંધિત મૃત્યુ થયા હતા. આવી સ્ત્રી શકિત ને સ્તન કેન્સર ના પીડન માંથી જાળુતા અપાવી અને સ્તન કેન્સર ની સામે લડત આપીએ. એક જાળુત મહિલા તરીકે તમારા સ્તન ની આરોગ્યલક્ષી તપાસ અને મેમોગ્રામ નિયમિત કરાવવા જોઈએ. આ રોગ વિશે જો સમયસર જાણ થાય તો તેનું નિદાન શક્ય છે. તેથી તમારા દાકતર પાસે તેની તપાસ કરાવતા ગભરાવાની જરૂર નથી. આ સ્તન કેન્સર માટેની લડતમાં તમારા સાથ સહકાર અને યોગદાનની આવશ્યકતા છે. જો તમે અંગ્રેજી માં વાત ન કરી સકતા હોવ અથવા તમારી પાસે વિમો ન હોય તો પણ તમે મેમોગ્રામ કરાવી શકો છો. ન્યૂ જર્સી મીડલસેક્સ કાઉન્ટીના આરોગ્ય ચીકિત્સાલયમાં અંગ્રેજી ન જાણતા લોકો માટે દુભાશીયાની વ્યવસ્થા કરવામા આવેલ છે. તદઉપરાંત સુસન જી. ટ્રેમેન અને અમેરીકન કેન્સર સોસાયટી જેવી સામાજિક સંસ્થાઓ મેમોગ્રામ કરાવવા તમારાં વતી આરોગ્ય ચીકિત્સાલયનો ખર્ચ ઉપાડી લેશે. સ્તન કેન્સર સામે લડવા માટે ઘણા સાધનો ઉપલબ્ધ છે. પરંતુ એમા સફળ થવાની તક તમારા હાથમાં છે. અહીં આપેલ આરોગ્ય ચીકિત્સાલયની યાદીમાં નજીવા મુલ્યે અથવા નિશુલ્ક મેમોગ્રામ કરી આપવામા આવે છે.

નિશુલ્ક મેમોગ્રામ માટે આરોગ્ય ચીકિત્સાલયની યાદી શોધવા માટે આ વેબસાઈટ ની મુલાકાત લો. <http://www.imagesofhealth.com/pages/facility-locator.php> અથવા તેની માહિતી મેળવવા માટે સંપર્ક કરો: 1 (800) 328-3838

નિશુલ્ક મેમોગ્રામ કરાવવા માટેના પાસ પીન્ટ કારવાં નીચેની વેબસાઈટ ની મુલાકાત લો.  
<http://www.rwjah.edu/breastcancer/free-mammo-english.pdf>

લઘુનમ ખર્ચે અને વીમા વગર આરોગ્ય લક્ષી સારવાર મળી શકે તેવા ન્યૂ જર્સીના ચીકિત્સાલયોની યાદી :

આરોગ્ય કેન્દ્રનું નામ	સ્થાન	સંપર્ક નંબર
સેન્ટ જોહન કુરબ આરોગ્ય કેન્દ્ર	Metuchen	(732)- 745- 9800
રિન્ટી આરોગ્ય કેન્દ્ર	Perth Amboy	(732)- 826- 9160
એરિક ડો ચાન્ડલર આરોગ્ય કેન્દ્ર	277 George Street, New Brunswick, NJ 08901	(732)- 235- 6700
જેવીસ રેનેસસ કાઉન્ટીસન	149 Kearny Street, Perth Amboy, NJ 08861	(732)- 324- 2114
જોસેફ સ. પેવેસિસ ઓઉટ પેસ્ટ કેન્દ્ર	516 Lawrie Street Perth Amboy, NJ 08861	(732)- 324- 3300

ગુજરાતી ભાષા માં નિશુલ્ક મેમોગ્રામ વિષે વધુ માહિતી મેળવવા આ વેબસાઈટ ની મુલાકાત લો  
<http://care4-breast.blogspot.com/p/gujarati.html>

(PWT)

Sent to Ren Min Bao (11/16/2011)

### 战胜乳腺癌!

根据美国癌症协会, 在 2011 年期间, 有接近四万民妇女死于乳腺癌。作为爱爱惜生命女性, 我们应该审视我们的乳房, 并定期检查和乳房 X 光检查。不要因为害怕发现癌症而不去看医生; 如果早发现癌症, 治愈的机会就越高。你必须参与抗击癌症的战斗。不说英语或没有医疗保险不应该是一个借口而错过了乳房 X 光检查或定期检查。在密德薩克斯郡, 医院提供翻译员以协助有的病人。此外, 国际基金会或组织, 如苏珊科曼和美国癌症协会提供资金给予一些诊所和医院, 以支付您的乳房 X 光检查。虽然有很多的资源来对

抗乳腺癌，但决定权是在你的手中。以下列出一些低成本的诊所，以及提供免费的乳房 X 光检查的地方：

---对于一个免费乳房 X 光检查，发现在这个环节 <http://breastcan.cr/FacilityFinder> 附近的诊所或致电 1 (800) 328-3838

---要获得免费的乳房 X 光检查合格，去 <http://www.rwjuh.edu/breastcancer/free-mammo-english.pdf>

---圣约翰家庭健康中心 - Metuchen 教区天主教慈善机构是位于新不伦瑞克新泽西州的电话号码是 ( 732) 745 - 9800

---三位一体的卫生服务中心 - 珀斯 Amboy。电话：( 732) 826 - 9160

---犹太·兴基金会诊所位于 149 卡尼大街珀斯 Amboy，新泽西州 08861。如果你想预约，你可以打这个电话 732-324-2114 或亲临。

### **Letter to the Hospitals**

State Department of Health and Senior Services  
Complaint Program Division  
Health Facilities Evaluation  
Trenton, NJ 08625

To whom it may concern,

We are Rutgers University students currently working on language barrier in healthcare, more specifically in breast cancer. We focus in breast cancer because women are more likely to receive preventative healthcare than men. We found that women with limited English proficiency (LEP) have higher chances of getting breast cancer and their mortality rate is much higher compared to Americans. The reason for the phenomena is most likely due to reluctance of LEP patient to call and schedule an appointment. The language options offers by hospitals are limited – commonly English and Spanish only.

We found out that the Raritan Bay Medical Center offers free mammograms through. We called the mammography center to schedule an appointment for a mammogram and found that there is no language option other than English and Spanish. Since, Raritan Bay Medical Center is one of the major hospitals that serve the multi-ethnic community of the Middlesex County, we believe that every person within this community have the opportunity to receive the benefit of its services. According to 2010 US Census Bureau, 21.4% and 18.4% of the total population of the Middlesex County consists of Asian and Hispanic or Latino origin respectively. Also, 22.7% of residents in the county speak languages other than English at home. New Jersey has the highest death rates of breast cancer in the United States. According to the American Cancer Society, the incidence of female breast cancer in New Jersey is 129.7 per 100,000

persons and in Middlesex County the incidence is 127.2. This data suggest that there is a high prevalence of breast cancer in the Middlesex county community.

The language diversity in this community and the lack of language options while scheduling an appointment impair non-English speaking females to get a mammogram. In order to reduce the incidence of breast cancer at Middlesex County, we suggest to the Raritan Bay mammography center to take an initiative to introduce the three top languages speak in Middlesex County (Spanish, Hindi and Mandarin Chinese) in the automatic calling service to schedule an appointment.

The resources are there but it is the responsibility of the health care providers to educate and help the diverse, non-English speaking community to obtain proper healthcare. We really hope that this small change made by the hospital will save more women from the deadly breast cancer disease.

Thank you for your time and consideration.

Sincerely,

Guadalupe Cruz

Ekta Makwana

Peng Wai Tham

The flyers that we posted at different locations are presented below:

Informative flyer in Spanish language

# Dale a tus senos la importancia que merecen !



Hazte tu mamografía hoy y lucha contra el cancer de seno

No hablas Ingles o no tienes seguro medico? Entonces la information descrita a continuation es vital para ti

La foundation Susan G. Komen ofrece mamografias .Visita la siguiente pagina <http://www.rwjuh.edu/breastcancer/free-mammo-spanish.pdf> y obten tu pase



Tambien puedes visitar la siguiente pagina de internet para encontrar clinicas que ofrecen mamografias gratuitas <http://breastcan.cr/FacilityFinder>

Clinicas de bajo costo	Location	Telefono
St. John Family Health Center	Metuchen	(732)-745-9800
Trinity Health Center	Perth Amboy	(732)-826-9160
Eric B. Chandler Health Center	277 George Street, New Brunswick, NJ 08901	(732)-235-6700
Jewish Renaissance Foundation	149 Kearny street, Perth Amboy, NJ 08861	(732)324-2114
Joseph S. Yewaisis Outpatient Center	516 Lawrie Street Perth Amboy, NJ 08861	(732)324-3300

Para mas information visita <http://care4-breast.blogspot.com/>

Informative flyer in Gujarati language

# શું તમને ખરેખર સ્તન ની કાળજી રાખવાનું મહત્વ ખબર છે?

નિયમિત મેમોગ્રામ કરવો અને સ્તન કેન્સર સામે પ્રતિકાર કરો.

શું તમે ઇંગલિશમાં વાત નથી કરી સકતા કે સ્વાસ્થ્ય વિષયો નથી?  
અહિ આપેલી માહિતી ઉપરથી  
તમને વિના મુલ્યે સુસાન જી. કોમેન સંસ્થા તરફથી મેમોગ્રામ ની સેવા મળી રહેશે.

નીચે બતાવેલા ચાર સરળ પાગલાઓ અનુસરી  
અને રોબર્ટ વૂડ જોહન્સોન તરફ થી મફત મેમોગ્રામ કરવો

નિશુલ્ક મેમોગ્રામ કરાવવા માટેના પાસ પીન્ટ કારવા નીચેની આ કડી પર ક્લિક કરો  
<http://www.rwjuh.edu/breastcancer/free-mammo-english.pdf>



1. વાઉચર ઉપર તમારી માહિતી (નામ, સરનામું અને ડ્રોન નંબર) ભરો.
2. સ્થાનિક ડોક્ટર પાસે થી મેમોગ્રામ માટે પ્રિસ્ક્રિપ્શન મેળવો.
3. 1-800-758-5545 પર ડ્રોન કરો તમારી સ્ક્રીનિંગ માટે મુલાકાત નો સમય લો. આ સમયે ડ્રોન પ્રતિનિધિ ને જણાવો કે તમારી પાસે વીમો નથી જેથી એ એક સુસાન જી કોમેન ગ્રાન્ટ ફંડિંગ આવારી લેવામાં આવશે.
4. મુલાકાત ના સમયે વાઉચર ઉપર આપેલ સરનામા ઉપર વાઉચર અને પ્રિસ્ક્રિપ્શન લાવવું.

નેશનલ સ્તન અને ગર્ભાશયનાં મુખનાં કેન્સર પ્રારંભિક શોધ કાર્યક્રમ (NBCCEDP) ફંડિંગ મેમોગ્રામ માટે મફત અથવા નીચા ખર્ચે પૂરી પાડે છે. નીચેના નંબર પર ડ્રોન કરવા માટે વધુ વિગતો માટે વિનતી કરો. 1 (800) 328-3838

નિશુલ્ક મેમોગ્રામ માટે આરોગ્ય ચીકિત્સાલયની યાદી શોધવા માટે આ કડી પર ક્લિક કરો  
<http://www.imagesofhealth.com/pages/facility-locator.php> અથવા તેની માહિતી મેળવવા માટે સંપર્ક કરો : 1 (800) 328-3838

લઘુનમ ખર્ચે આરવાર મળીશકે તેવા ચીકિત્સાલયોની યાદી :

આરોગ્ય કેન્દ્રનું નામ	સરનામું	સંપર્ક નંબર
સેન્ટ જોહન કટુલ આરોગ્ય કેન્દ્ર	Metuchen	(732)- 745- 9800
રિહાન્ટી આરોગ્ય કેન્દ્ર	Perth Amboy	(732)- 826- 9160
એરિક બી ચાન્ડલર આરોગ્ય કેન્દ્ર	277 George Street, New Brunswick, NJ 08901	(732)- 235- 6700
જિવીશ રેનેસ્સાન્સ ફાઉન્ડેશન	149 Kearny Street, Perth Amboy, NJ 08861	(732)- 324- 2114
જોસેફ સ. લેવોલિસ ઓફિટ પેન્ટ કેન્દ્ર	516 Lawrie Street Perth Amboy, NJ 08861	(732)- 324- 3300

વધુ માહિતી માટે આ વેબસાઇટની મુલાકાત લો : <http://care4-breast.blogspot.com/p/gujarati.html>

# 你真的了解你的乳房吗？



立即做乳房X光检查以防乳癌的侵蚀！

即使您没有医疗保险或不会说英文，您还是可以得到一些机构的协助，得到免费的乳房X光检查。

全国乳腺癌基金会提供以下链接，以让您找到一个卫生保健提供者提供免费的乳房X光检查。在点击链接后，健康网页的图像将会出现，然后输入您的邮政编码或州属。最后单击将会出现“找到与您所在地区附近的诊所”的列表。如果您点击了诊所的名称，另一个页面将显示诊所的给定方向和电话号码。  
在预约之前，您必须有您的乳房X光检查或超音波处方。

<http://breastcan.cr/FacilityFinder>

苏珊科曼基金也提供拨款，以协助无保险的妇女得到免费的乳房X光检查。

只要您遵循四个简单的步骤，您就可以得到免费乳房X光检查！

点击以下链接，并打印罗伯特伍德约翰逊医院免费乳房X光检查的优惠券。

<http://www.rwjuh.edu/breastcancer/free-mammo-english.pdf>

在优惠券右的上角填写您的个人名字，地址以及联络号码。在预约之前，您必须有您的乳房X光检查或超音波处方。

拨打1-800-758-5545预约免费乳房X光检查(必须让医护人员知道您没有医疗保险)。

在预约当天，请携带添好的优惠券，乳房X光检查或超音波处方，以及任何之前所拍的乳房X光片，来到以下地址：

University Radiology at Robert Wood Johnson

10 Plum Street - 3rd Floor

New Brunswick, NJ