

Tennessean.

THE AMERICAN SOUTH

Push for medical interpreters grows as COVID-19 amplifies language barriers



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The American South

Published 9:00 p.m. CT March 14, 2022

The need for qualified medical interpreters in healthcare settings to reduce language barriers and health disparities became more urgent and apparent during the coronavirus pandemic, experts say.

The language experts are trained to communicate health information accurately between providers and patients. Commonly confused with translators who deal with written language, interpreters are trained to communicate between languages through spoken word.

In Nashville, Diana Sanchez-Vega, a certified medical interpreter and founder of Sanchez-Vega Communications, identified the need for this skilled workforce and began offering training last fall for bilingual individuals interested in working as qualified medical interpreters.

"Communication in some cases was already inefficient. It was like we were seeing the tip of the iceberg and the Titanic hits," she said.

The training is in collaboration with Delaware Technical Community College and covers ethics, protocols, and an overview of terminology commonly used in healthcare settings. A 120-hour virtual training for individuals interested in becoming qualified medical interpreters will start in October.

COVID cases: COVID-19 infections continue to fall across Tennessee and Nashville

Hours: COVID testing, vaccination sites in Nashville announce spring hours

Finding trained individuals who can accurately interpret information in healthcare

settings is essential to reduce language access barriers, especially as the LEP (Limited English Proficiency) population in the United States grows, she said.

Approximately 67 million people in the U.S. spoke a language other than English at home, nearly triple the amount since 1980, according to an analysis by the Center for Immigration Studies based on 2018 census data.

Of those, about 25.6 million (38%) said they spoke English with less proficiency. Tennessee was among the top 10 states that saw the largest population increase (up 459 percent) of people speaking a foreign language at home since 1980, according to the analysis.

Sanchez-Vega said a shortage of qualified interpreters was exacerbated by the pandemic.

Some employers will ask bilingual staff to interpret because they have the language skills, but aren't actually trained as interpreters, she said. Or in some cases, family members or friends are asked to interpret for patients.

"The pandemic put this issue at the forefront. Instead of having two LEPs showing up to the emergency department, now you have 12," she said.

Dr. Pilar Ortega, an emergency medicine physician and the president of the National Association of Medical Spanish, has studied how language access issues in healthcare settings create health disparities. It's an issue that long pre-dates the pandemic, she said.

During the pandemic, she noted many on-site medical interpreters were switched to virtual positions to reduce the number of people in hospital rooms.

While many healthcare settings already used telephonic or video tools to conference in medical interpreters, many saw their jobs temporarily suspended or lost, Ortega said.

On-site interpreters in hospitals are part of an established workflow, but when that work went remote during the pandemic, the workflow was disrupted and people might forgo using an interpreter without someone on-site, Ortega said.

More health systems embraced telehealth tools early in the pandemic and received federal funding through the CARES Act to expand virtual medical and behavioral care options.

"A lot of telehealth systems were not built thinking about three-way conversations. So having an interpreter present during a telehealth encounter may not have been feasible for

all telehealth systems initially. That has been an issue," said Ortega.

Even safety precautions such as masks and goggles could constrain in-person communication, she said, limiting the ability to interpret expressions.

Guadalupe Alvarado and Jani Sousa, interpreters with Martti Interpretation by UpHealth, observed remotely during the early days of the pandemic as patients flooded emergency rooms and hospitals struggled.

Through subsequent waves of the pandemic, Alvarado, a Spanish-language interpreter, said more providers have adopted video and telephonic options to aid communication.

"I noticed that there was more flexibility and more resources than before. Some hospitals integrated microphones to their suits to improve communication, there was a quick evolution to integrate interpretation when it wasn't available on site," said Alvarado, a nationally certified medical interpreter.

The Martti telehealth platform connects providers to a variety of interpreters in 250 languages. Interpretation over video is available in 57 of those languages. Andrew Panos, the founder of the Martti platform and chief operations officer at UpHealth, said he wanted to create an option to help reduce patients' anxieties and create more equitable access.

"The patient is injured, they don't understand the language, the fear is there. But then suddenly someone comes on the screen, they speak the same language. Clear communication starts to happen. So many things result from that, a reduction in defensive medicine and a much better encounter for the patient," he said.

Monserrat Skinner, a staff medical interpreter for Lee Health in southwest Florida, continued working in person throughout the pandemic.

She sees her role as more than just a communication bridge. She says it is adding another layer of human contact -- often something as simple as a smile or a pat on the shoulder.

"When families were not allowed to come into the hospital room, we were the only connection the patient had. Sometimes we were the only ones to hold the hand of the patient because we speak the same language. This is a very human profession and critical," she said.

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