Language Access and Access to Care: A Closer Look at How Language Access Can Impact Access to Care for LGBTQIA+ Latinx and Latinx living with HIV in Alabama

INTRODUCTION

Executive Summary

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BACKGROUND

The lack of access to language support services is a critical barrier for Latinx individuals, particularly LGBTQIA+ Latinx people and those living with HIV/AIDS, in accessing healthcare. This is specifically true in Alabama, where the Latinx population is experiencing rapid growth within the state. These communities face systemic inequities due to a lack of interpreters and translation services, in addition to insufficient resources in Spanish in healthcare settings. This results in missed appointments, decreased treatment adherence, and increased health risks.

The Centro de Acceso Para Latinos de Alabama (CALA), an AIDS Alabama program, conducted a survey to examine how language barriers affect healthcare access among LGBTQ+ Latinx individuals and Latinx people living with HIV to determine improvements needed at the provider level as well as across the entire system. This survey was inspired by a language justice initiative led by the University of Houston. We also want to acknowledge ViiV Healthcare for their support for our work and capacity.

OBJECTIVE

The primary objectives of this evaluation were to explore the impact of access to language support services on Latinx and LGBTQIA+ Latinx individuals and to identify barriers to healthcare communication and services in Alabama. By exploring the impacts on access, we can gain a deeper understanding of the current gaps in interpretation, translation, and culturally competent communication. These objectives are crucial for developing recommendations that would enable providers and systems to serve Spanish-speaking clients more equitably throughout Alabama. Completing these objectives is the first step in shifting healthcare in a more equitable direction.

EVALUATION METHODS

DESIGN

This evaluation was an outcome-focused needs assessment that utilized a convergent parallel mixed-methods approach. As an outcome-focused needs assessment, we focused on the outcome rather than the means to assess the need. In this instance, the focus was on the health outcomes rather than the medical care provided. The quantitative component included analysis of survey data from Spanish-speaking individuals about their experiences with language access in healthcare. The qualitative component included open-ended responses regarding perceived barriers and suggestions for improvement. The questions capture any clinical settings and healthcare experiences in any county in Alabama.

DATA COLLECTION

Prior to initiating this project, CALA had already collected the data we analyzed and utilized. Data were collected through an online survey via SurveyMonkey and via a telephone survey. The survey took approximately 10–15 minutes for respondents to complete. In total, CALA collected data from 32 participants who were informed about the purpose of the research and who participated voluntarily.

Of the 32 participants, the majority were between 25 and 44 years old, with 37.5% aged 35–44 and 28.1% aged 25–34. Most identified as male (68.8%), followed by female (28.1%) and non-binary (3.1%), and 9.4% of respondents identified as transgender men or women. About 37.5% of respondents identified as heterosexual, 28.1% as gay or lesbian, and 3.1% as bisexual. Respondents primarily resided in northern and central Alabama, with the most notable locations being Birmingham (34.4%) and Huntsville (15.6%). In terms of country of origin, more than half were born in Mexico, with others being from Guatemala, El Salvador, Venezuela, and Peru.

Management of secondary data for this evaluation included reviewing the raw data, removing duplicate questions, and checking for missing or incomplete responses. Additionally, the most valuable questions were selected, standardized responses were included where applicable, and the overall data was enhanced by ensuring its quality and relevance. The coding process involved creating different categories to assign each final qualitative

question selected and clarifying the meaning of what each number in the raw data represents. This categorization made analyzing the qualitative and quantitative data efficient and easily accessible. Once the data were cleaned and coded, a structured format (e.g., spreadsheet, database) was created for further analysis.

DATA ANALYSIS

A thematic analysis was performed on the qualitative data from the survey. Then a Chi-Square test was used to determine if there was a significant association between language access and healthcare access or appointment attendance. Frequencies were also computed to better understand the need for Spanish-language access and to inform policy recommendations.

KEY FINDINGS

This survey highlights significant language barriers faced by Spanish-speaking individuals in accessing healthcare. An overwhelming 97% stated that they preferred to receive care in Spanish, while 58% always need interpretation services and 66% consistently require translation of medical documents. Alarmingly, 62% have missed medical appointments due to lack of interpretation services, and 34% felt their health was at risk because of language barriers. While 69% have had to rely on friends or family to interpret, less than 13% report consistent access to Spanish-language forms, signage, or brochures. Nearly three quarters (72%) of the respondents have not received appointment notifications in Spanish, and 47% have experienced discrimination for not speaking English.

Almost half (48%) of respondents reported that they have felt unsafe during their appointments. Additionally, 49% of participants have faced language-barriers surrounding COVID-19, underscoring the continued impact of language -related issues when accessing testing, vaccines, and information about the pandemic. Regarding access to medical information outside of the hospital or clinic, 38% never use health-related apps, with 70% relying on text messages, indicating a need for more inclusive and accessible digital health tools. These findings stress the urgent need for more inclusive and accessible digital health tools and the urgent need for healthcare systems to improve language access and culturally responsive care for Spanish-speaking communities.

The planned chi-square test could not be completed because of lack of variation in responses. Nearly all (97%) of respondents preferred to be offered services in Spanish.

Figure 1. A Visual of Disparity

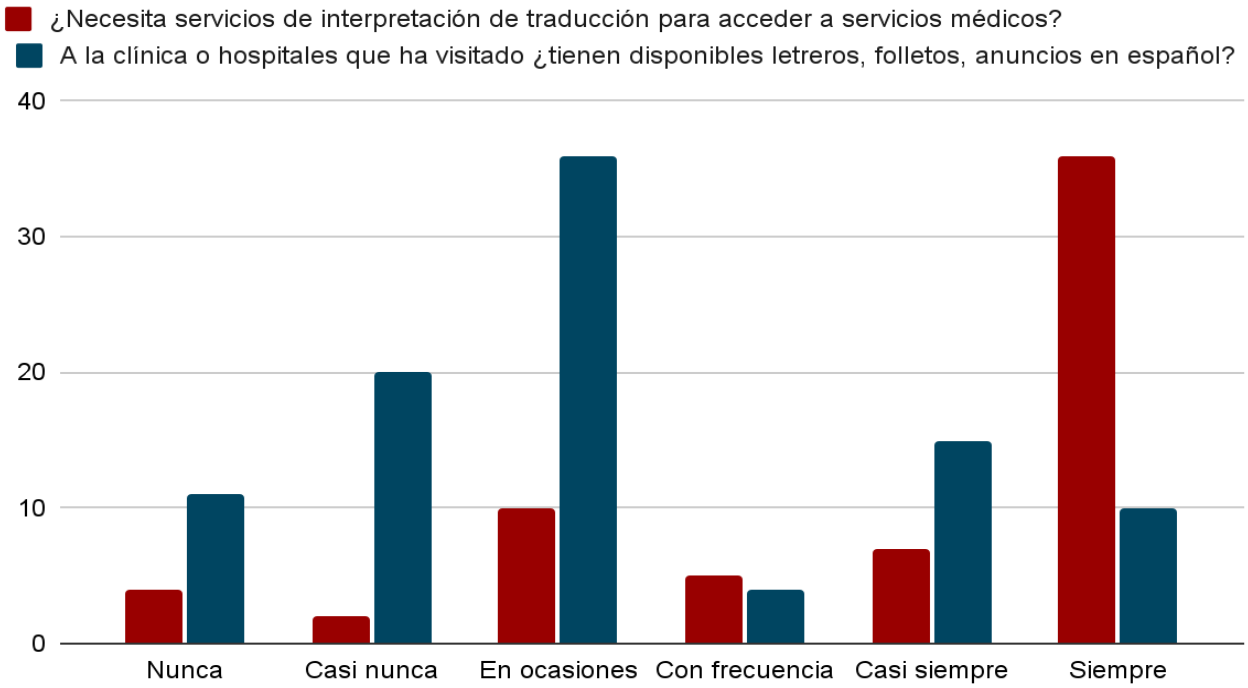
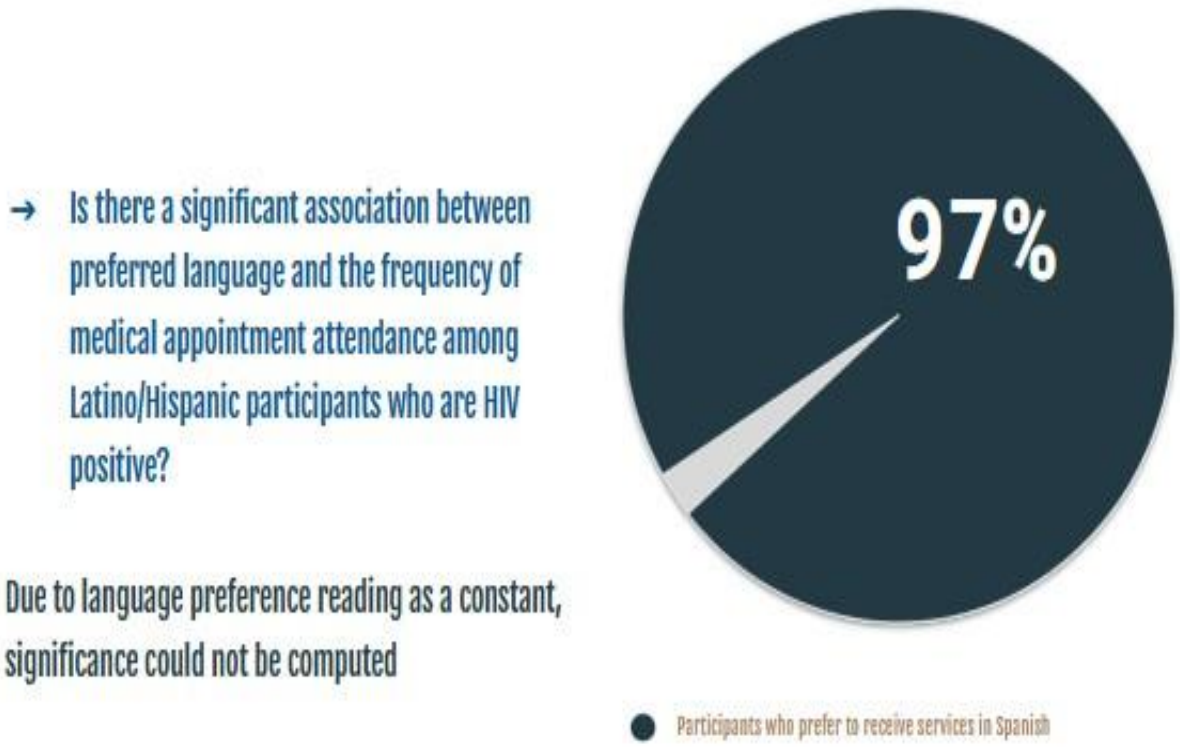


Figure 2. An Association so Significant it Could Not be Computed



RECOMMENDATIONS

The lack of trained interpreters in clinics is both dangerous and costly. Utilizing certified, HIPAA-trained, interpreters in clinics and hospitals increases treatment adherence, reduces readmission and use of emergency services, and helps mitigate risks surrounding privacy and informed consent. Similarly, ensuring all forms, signage, and brochures are available in Spanish could decrease missed appointments, reduce costly adherence issues, help to streamline operations, and improve management of chronic conditions. Training staff on culturally competent care and language justice can help improve patient trust in providers and healthcare systems which can improve the accuracy of patient histories, encourage return visits, and word of mouth referrals. Hospitals and clinics should utilize health apps and notification systems with Spanish-language options. This could further decrease missed appointments, increase treatment adherence, as well as enabling more accurate data collection on health outcomes and barriers.

Language access is a right, not a privilege. Providers and institutions can improve health outcomes and provide enhanced quality of care for all of their clients by implementing these recommendations. By removing the language access barriers, providers will be able to spend their time more efficiently, their expertise will be more trusted, and their treatments will be more adhered to which allows them more time and attention for all patients. This would also preserve financial resources of institutions by preventing misdiagnosis, readmissions, inappropriate emergency services, scheduling efficiency. Institutions would also benefit by building their reputation and gaining their communities' trust, as more patients would want to be seen there.

Medical providers are strongly encouraged to establish a comprehensive Language Access Plan supported by clear policies and procedures that promote language justice and equitable care. This plan should outline the provider's

commitment to ensuring meaningful access to services for individuals with limited English proficiency and diverse communication needs.

Providers should implement a standardized language assessment at intake that identifies each patient's preferred language and specific communication needs, including reading, writing, and verbal comprehension. The results of this assessment should be formally documented and incorporated into the patient's care or case plan to guide service delivery and communication strategies.

To ensure sustainability, organizations should proactively anticipate and budget for language access resources as part of their annual planning process. This includes investments in qualified interpretation services, translation of materials, assistive technologies, and adequate staffing to support effective communication.

Finally, medical settings should intentionally reflect a welcoming and linguistically inclusive environment. This can be achieved through culturally appropriate signage, multilingual written materials, clear instructions, and consistent messaging that visibly demonstrate respect for linguistic diversity and reinforce a culture of language access and inclusion.

Toolkits and guides for medical providers:

Language Services Resource Guide for Health Care Providers-National Health Law Program-2013

https://healthlaw.org/resource/language-services-resource-guide-for-health-care-providers/

Language Access Toolkit- New Hampshire Department of Health and Human Services-Updated 2025

https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/nhdhhs_toolkit_oct21-remediated.pdf

COVIAN Consulting, the Center for Community Learning, Inc. and University of South Florida for the Technical Assistance Network for Children's Behavioral Health-2015

https://www.covianconsulting.com/wp-content/uploads/2015/04/2015-01-Language-Toolkit.pdf

Language Access Toolkit for Health Care Professionals-Family Voices- 2024

https://familyvoices.org/wp-content/uploads/2024/02/Language-Access-Info-Sheets-or-Providers-en-PEALS.pdf

Guide to Developing a Language Access Plan-Centers for Medicare& Medicaid Services-2023

https://www.cms.gov/about-cms/agency-information/omh/downloads/language-access-plan.pdf

NCFH is committed to increasing language access for farmworker communities, who often face barriers in finding healthcare resources and information in their native languages-2025

https://www.ncfh.org/language-access-resources/

REFERENCES

Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of Language Barriers for Healthcare: A Systematic Review. Oman medical journal, 35(2), e122. https://doi.org/10.5001/omj.2020.40

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