

My Son, My Interpreter Response



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I thank the author for their thoughtful feedback on my experience supporting my family as an ad hoc interpreter. As a heritage speaker, I value the opportunity to communicate with my patients in Spanish and to help them navigate the healthcare system. I agree with the author that multilingual clinicians would benefit from further support in the academic and clinical setting. There is an opportunity to more clearly acknowledge the added skillset brought by multilingual clinicians. During the pandemic, there have been examples of initiatives which harnessed a multilingual workforce to improve communication with patients with limited English proficiency (LEP). For example, Mass General Brigham established the Spanish Language Care Group to facilitate communication for hospitalized patients.¹ This approach ensured healthcare staff met appropriate language proficiency standards and provided a centralized way to extend multilingual staff to broad range of patient interactions (e.g., daily rounds, informed consent).

Furthermore, there are broader opportunities to address the inequities faced by LEP patients. First, the pandemic has made evident the importance of multilingual health communication. Efforts like the COVID-19 Health Literacy Project have provided an example of how multilingual clinicians, students, and community members can collaborate to ensure our patients are well informed in their preferred language.² Second, English as Second Language classes offer an opportunity to engage LEP patients beyond the healthcare setting and address the

language barriers they face in the context of other social determinants of health, like employment and education.³ Third, as care increasingly transitions to the digital space, we can leverage tools, like telehealth, to extend the reach of interpreters and multilingual staff to truly meet patients where they are. Through a collaborative and community-engaged approach, we can transform our healthcare system to harness our multilingual workforce to overcome the language barriers faced by our patients and achieve health equity.

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REFERENCES

1. Betsy Lehman Center | Leveraging a bilingual clinical workforce for COVID-19 patients. Accessed August 2, 2021. <https://betsylehmancenterma.gov/news/leveraging-a-bilingual-clinical-workforce-for-covid-19-patients>
2. COVID-19 Health Literacy Project. Accessed August 2, 2021. <https://covid19healthliteracyproject.com/>
3. Velasquez DE, Beckman AL, Rodriguez JA. The missing strategy in addressing language barriers. *American Journal of Managed Care*. 2021;27(3). <https://doi.org/10.37765/ajmc.2021.88594>

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