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Children in non-English-speaking households face many health disparities, researcher concludes

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Children in U.S. households where English is not the primary language experience multiple disparities in health care, a UT Southwestern Medical Center researcher has found.

In a study available in June's online issue of *Pediatrics*, Dr. Glenn Flores, professor of pediatrics at UT Southwestern and lead author, used statistics from the National Survey of Children's Health to examine whether disparities exist for non-English primary language (NEPL) children in medical and dental health compared to households where English is the primary language.

"Although 55 million Americans speak a language other than English at home, there has been little research on health disparities and NEPL children," said Dr. Flores, who holds the Judith and Charles Ginsburg Chair in Pediatrics at UT Southwestern. "To my knowledge this is the first analysis to examine the impact of NEPL on medical and dental health, access to care and use of services in a nationally representative sample of U.S. children."

Conducted by the National Center for Health Statistics, the survey used nationwide random sampling of households with children ages 18 and under. One child from each household was selected as the survey subject with 102,353 interviews of household caregivers completed in 2003 and 2004 in both English and Spanish. The survey is the largest and most

diverse containing data on the primary languages spoken at home.

The researchers found that children in households where English is not the primary language are significantly more likely than children in English-speaking households to be poor and Latino or Asian/Pacific Islander. The NEPL children are also more likely to be overweight, have only fair or poor dental health, and be uninsured or sporadically insured. These children also made no medical or preventive dental visits during the previous year and had problems attaining specialty care.

"These children are more likely to live in low-income households," said Dr. Flores, who also serves as director of the division of general pediatrics at Children's Medical Center Dallas. "Clinicians providing care for them should make sure caregivers are aware of programs documented to benefit poor children. Providing all children with health and dental insurance could significantly reduce barriers to health and dental care for NEPL children."

Nonfinancial-related barriers appeared also to hamper NEPL children's access to care. The survey showed that caregivers in NEPL households were often dissatisfied with physicians and health care providers who did not spend enough time with a child or explain things in an understandable way.

To identify, monitor and eliminate health care disparities, Dr. Flores recommends health care institutions and systems routinely collect data on the primary language spoken at home for all patients. He says improved access to medical interpreters, better cultural competency training and more family-centered health care systems could eliminate barriers to care.

In a previous study, Dr. Flores surveyed hospitals in New Jersey to assess current language services and identify policy recommendations on

meeting the needs of patients with limited English proficiency.

He found that most New Jersey hospitals had no full-time interpreters, multilingual hospital signage or translation services. A substantial majority of the hospitals' representatives surveyed stated that third-party reimbursements for interpreter services would benefit their hospitals.

"In Texas alone, 7.3 million families speak languages other than English at home," Dr. Flores said. "It's imperative that our health care system recognizes on a nationwide scale how language is affecting health care for NEPL children."

Source: UT Southwestern Medical Center

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