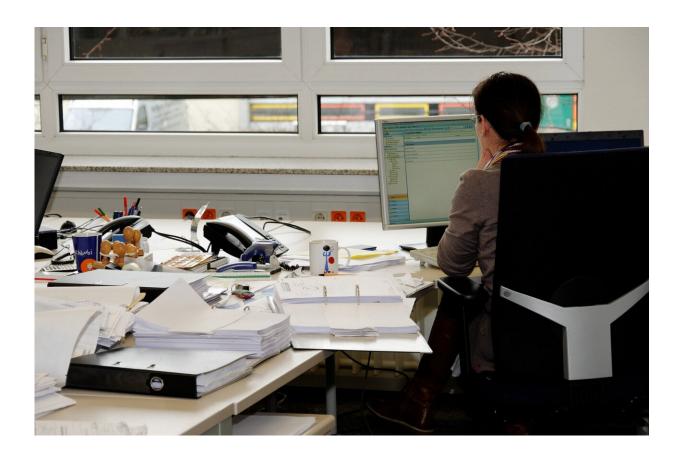# Most non-English speakers in the US are turned away before their first cancer visit, according to new research

September 6 2023

Credit: Pixabay/CC0 Public Domain

New research in the September 2023 issue of *JNCCN—Journal of the National Comprehensive Cancer Network* reveals an alarming lack of

access for non-English speakers who called hospitals across the United States looking for information on cancer care services.

The researchers from University of Michigan set up a series of simulated patient calls to various hospital general information lines, speaking in English, Spanish, and Mandarin. Nearly all of the English-speaking callers were provided with next steps to access cancer care—such as a telephone number for presumed clinic or transfer to the department that was presumed to provide the requested care—while just over a third of the Spanish speakers had the same experience, and even fewer for Mandarin-speaking callers.

"Our study found significant language-based disparities in patients' access to cancer care well before they are seen by a physician," said lead researcher Debbie W. Chen, MD, University of Michigan. "If patients with cancer cannot access information on where to obtain the appropriate cancer care, what other critical information and services are they not able to access in our health care system?"

Dr. Chen continued, referencing a 2005 audit study in which simulated Spanish-speaking callers contacted the hospital general information line of New York City hospitals and requested the telephone number for one of the hospital's out-patient clinics, "Even though our study takes place 16 years later, during a time when more than 25 million individuals with limited English proficiency live in the United States, our study found even lower success rates for non-English-speaking persons seeking to access cancer care services. Most of the barriers that the simulated non-English-speaking callers encountered were systems-level issues, including being told 'no' or being hung up on by hospital staff, or being disconnected because the hospital's automated message required input but did not provide language-concordant instructions, plus issues at the level of Interpreter Services."

The simulated calls were made to a [random selection](#) of 144 hospitals evenly distributed across 12 demographically diverse U.S. states, including California, Florida, New York, Texas, Arizona, Illinois, Massachusetts, New Jersey, Michigan, Missouri, Oregon, and Pennsylvania. The calls were made Monday through Friday between 8:00 am and 5:00 pm local time, between November 8, 2021 and June 23, 2022. A total of 1,296 calls were completed; 432 in each language.

Overall, 53% resulted in callers being provided with next steps to access [cancer](#) care. However, the Mandarin-speaking callers received that information only 28% of the time; Spanish-speakers were slightly higher at 38%, while English-speakers were connected to next steps 94% of the time. The researchers anticipate that patients who speak other, less commonly spoken, non-English languages may face even greater barriers to care.

Dr. Chen and colleagues have proposed several potential interventions based on the different reasons for incomplete calls. They suggest that automatic messaging should be sure to include instructions for accessing the message in different languages and should default to a live person instead of disconnecting in instances where no input is made.

They also recommend that general information personnel remain on the line when connecting callers to a language interpreter in order to help provide the sought-after information through the translator, who may not be able to answer questions about care on their own.

"The results of this important study highlight what we see every day on the [ground level](#)," commented Darcie Green, Executive Director, Latinas Contra Cancer, who was not involved in this research. "Spanish-speaking patients, as well as others who are not English-proficient, face preventable barriers in access to care starting at one of the most basic expectations we have when calling our [health care provider](#)—the ability

to call in for an appointment or advice. This health inequity from the very start can lead to late detection, erosion of trust, disengagement from the health care system, and many other adverse health outcomes that serve to only deepen cancer care disparities."

Green will be among the speakers at an upcoming NCCN Oncology Policy Summit taking place in Washington D.C. on Tuesday, September 12 on Measuring and Addressing Health-Related Social Needs in Cancer .

She continued, "Additionally, as we lean into greater investment in community health workers and patient navigation to reduce disparities in detection, treatment, and survivorship, it is crucial that the patients who need these services the most do not face unnecessary barriers to accessing them. This study should serve as an affirming but urgent call to action for accountability and to support and invest in the strategies and infrastructure needed to eliminate language-based health inequity in access to care."

  More information: Hidden Disparities: How Language Influences Patients' Access to Cancer Care, *Journal of the National Comprehensive Cancer Network* (2023). DOI: 10.6004/jnccn.2023.7037

Provided by National Comprehensive Cancer Network