

# Reflection from multilingual international students on limited English proficiency issues in public health



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Effective communication is crucial for understanding and addressing the needs of diverse populations through public health and research. In the United States, one in five people speak a language other than English at home, with 8% having Limited English Proficiency (LEP), indicating limited ability to read, talk, write, or understand English, and only 14% are considered to have proficient health literacy [1, 2]. Language barriers in public health have arisen from the inadequate integration of communication strategies in public health and healthcare systems. These barriers hinder people with LEP from understanding basic medical and public health information, exacerbating gaps in healthcare access and outcomes [3]. As public health students from minority communities who speak multiple languages, we recognize the significance of multilingual translation and interpreter services in public health and medical settings for delivering equitable and high-quality services. Additionally, we realize the impact of culturally sensitive care on health outcomes.

People from multilingual communities, especially individuals with LEP, face challenges because of technical jargon and complex terminology in today's globalized world. Complicated language can be easily misinterpreted due to diverse cultural references, further alienating these communities and leading to a lack of engagement and understanding of public health knowledge. This, in turn, reduces the effectiveness of public health measures. For example, during the COVID-19 pandemic, a lack of common language to follow standard public health practice impacted many minoritized communities [4]. It was reported that there were higher rates of COVID-19 spread and lower vaccination rates in marginalized and multilingual communities where English was not the predominant language [5]. Professionals in the field should receive guidance or training to understand cultural references and to become fully conscious of culturally sensitive issues when engaging culturally sensitive communities. Public health communication may vary in reception and acceptance due to differences in cultural practices related to housing, food, and language [6, 7].

As children of multilingual parents, we are familiar with situations where we acted as family spokespersons and

English interpreters, which required understanding complex subjects and translating nuance, despite not being professional translators. We have been our parents' primary point of contact when translating crucial health information, lab results, significant public health announcements during the pandemic, life-threatening allergies, and prescriptions. Telehealth is a crucial tool that became increasingly common during COVID-19, but families with multiple languages and LEP individuals did not gain much from the service. Although telehealth is a powerful platform to facilitate interaction and service in public health, individuals with LEP report using it substantially less frequently due to technological and linguistic challenges [8].

Policymakers and healthcare experts within public health are tasked with building a comprehensive approach to addressing the impact of language barriers on health inequities. The built environment, encompassing medical facilities and broader factors, such as the food landscape and the physical activity environment, serves as a crucial avenue for intervention [9]. Public health experts should be aware of the importance and benefits of translator settings to reach a wider group of audiences. It is also essential for researchers, translators, and health communicators to consider various contextual drivers when using language in public health settings. Many terms in public health may perpetuate stigma by holding individuals liable for adverse health consequences [10]. For instance, labeling those without immunizations as "non-compliant" or "resistant" may mistakenly blame those with LEP for non-compliance with health recommendations. Public health practitioners need to select narratives and vocabulary in research, policy, and practice that are inclusive, mindful of cultural variances, and reflect a wide range of experiences. Potential obstacles for people with LEP, like language barriers and systemic challenges, are often disregarded. It is crucial to consider these challenges while delivering public health information.

As multilingual public health students, we believe that public health students, researchers, and professionals can bridge communication gaps and facilitate understanding between people from various backgrounds by advocating

for solutions that create more inclusive language and use plain language [11]. This entails avoiding jargon, accepting cultural nuances, and integrating non-discriminatory terminology. In addition, we vouch for the use of innovative vocabulary from a multi-level, strategic framework that incorporates contextual components of minoritized communities to navigate these nuances and provide better services to diverse populations [12]. Translational services have significantly increased the receipt of preventive services, doctor visits, and medical drugs, indicating increased access to primary and preventive care [13]. Translational services work as a language link between the patient and the healthcare provider and have been demonstrated to enhance patient outcomes, decrease medical errors, and raise patient satisfaction [14]. Other practical solutions that could be incorporated into healthcare and public health settings include certified public health and medical interpreters and translators, the use of translated written materials, or the use of mobile language translator applications [15]. As students of public health, we believe that empowering minoritized groups and involving various community leaders and advocates in creating public health efforts should also be steps taken toward solving the language barrier. Reaching out to these diverse populations will allow people to remain comfortable while overcoming language obstacles and making critical health decisions confidently.

Finally, the language employed in public health significantly impacts the outcomes for minority and multilingual populations. We must have an inclusive strategy that considers cultural sensitivities, uses plain language, increases translators' use in built environments, and effectively and compassionately engages with these populations. As public health advocates, only then will we successfully provide equal healthcare to all people, regardless of their background, identity, or language.

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