

## Background

- Limited-English proficiency (LEP) patients make up 9% of the U.S. population—**25 million people**.
- LEP patients have worse health outcomes than English-speaking patients.
- Professional medical interpreters help address this health disparity.

**However, interpreter access is only half the battle.**



## Objective

We sought to answer 4 questions.

- Do Michigan Medicine surgical providers underutilize professional interpreters?
- What are the major barriers to interpreter use?
- Do multilingual surgeons use interpreters at a different rate than their colleagues?
- Do surgeons-in-training (residents, fellows) use interpreters at a different rate than faculty surgeons?

## Methods

### Data collection:

- Survey of surgical faculty and trainees from a single academic center
- Sent to all general surgery and surgical subspecialty providers
- Web-based survey

### Survey content:

- Language proficiency
- Estimated need and use of medical interpreters
- Major barriers to interpreter use

### Analysis:

- SPSS and Excel

## Demographics

N=109

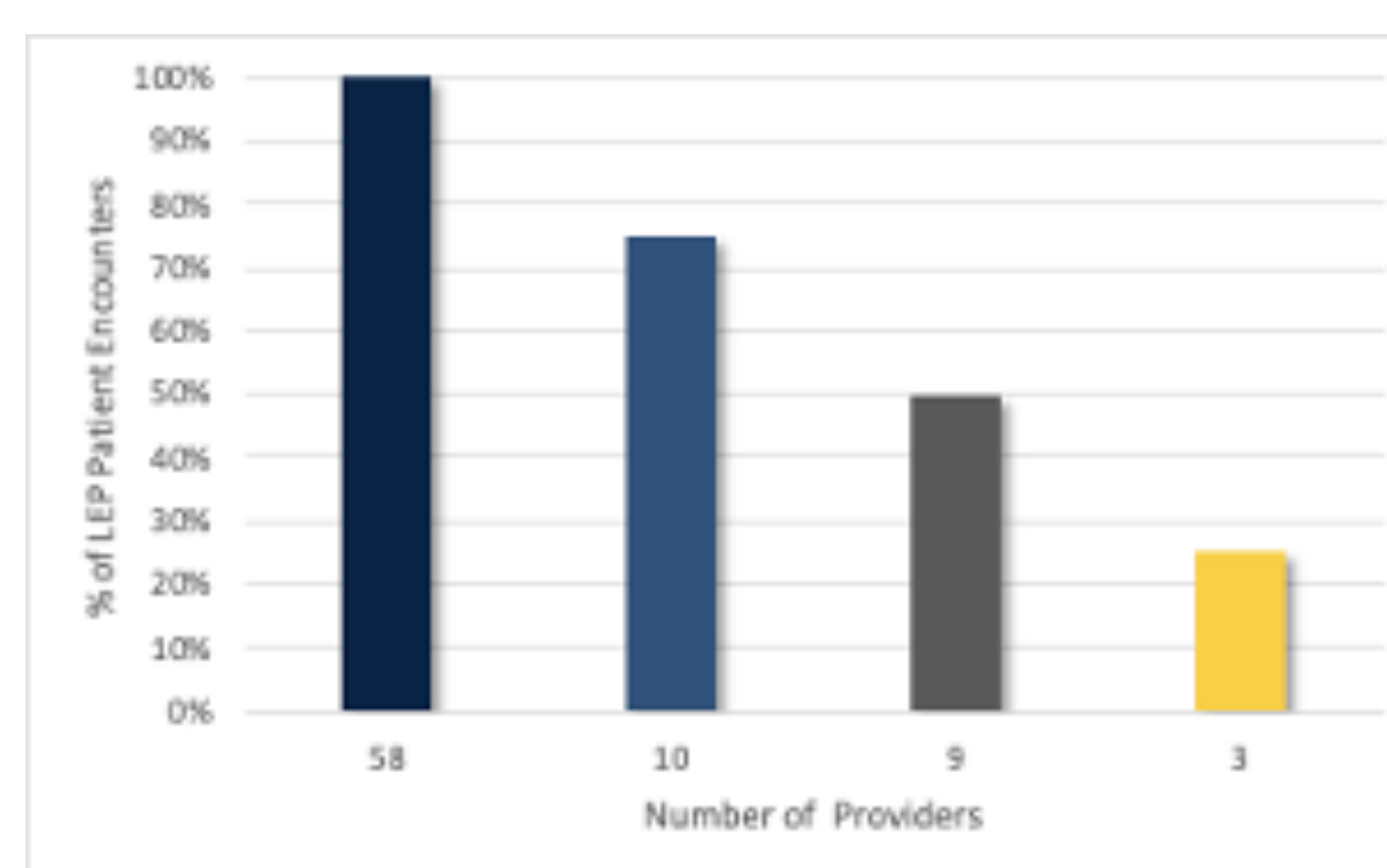
	55% female
	59% faculty
	41% English only

## Results

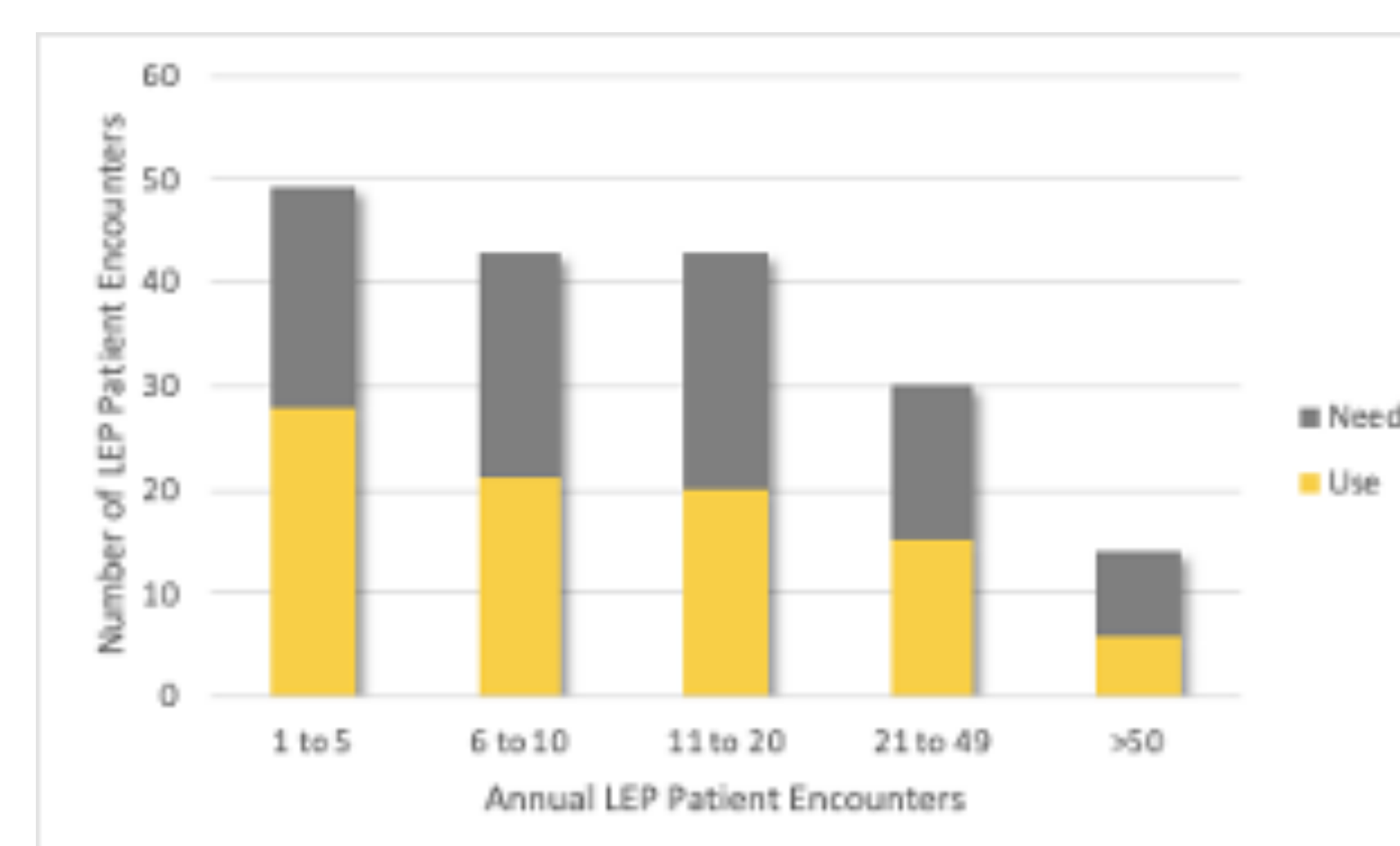
### LEP Patient Encounters

- 16.33 encounters ( $\pm 16.6$ ) per year
- Two-thirds report consistent interpreter usage
- Remaining one-third reports **eight “missed” encounters** per year
- No difference based on language proficiency ( $p=.26$ )
- Trend suggests faculty use interpreters more consistently than trainees ( $p=.0502$ )

### Interpreter Use Consistency



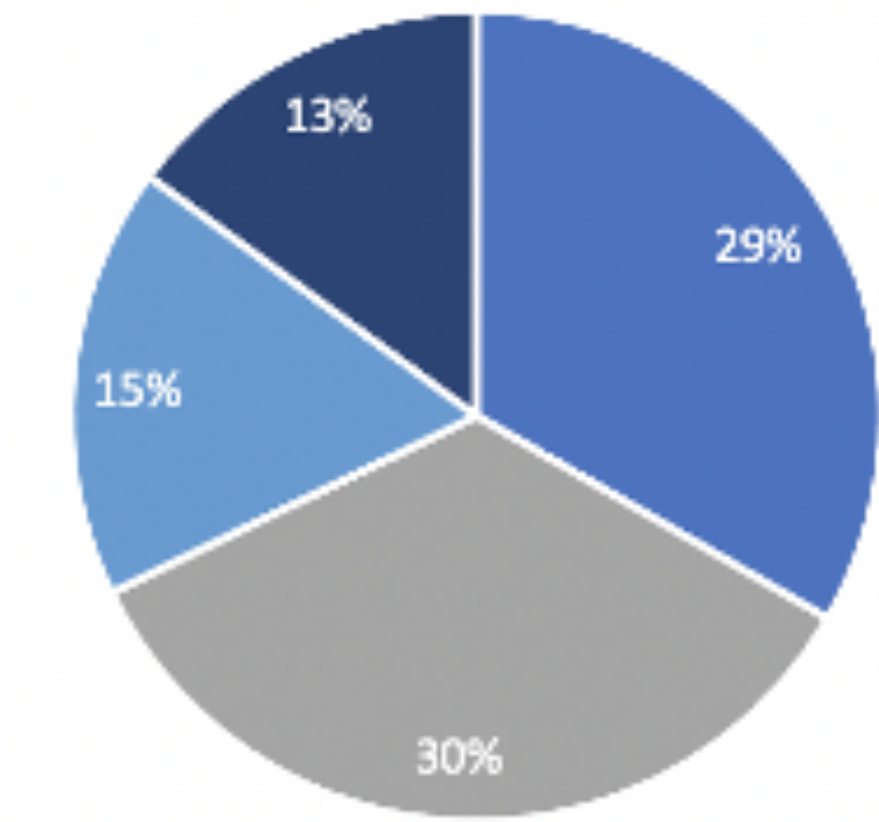
### Interpreter Use/Need Discrepancy



## Results (continued)

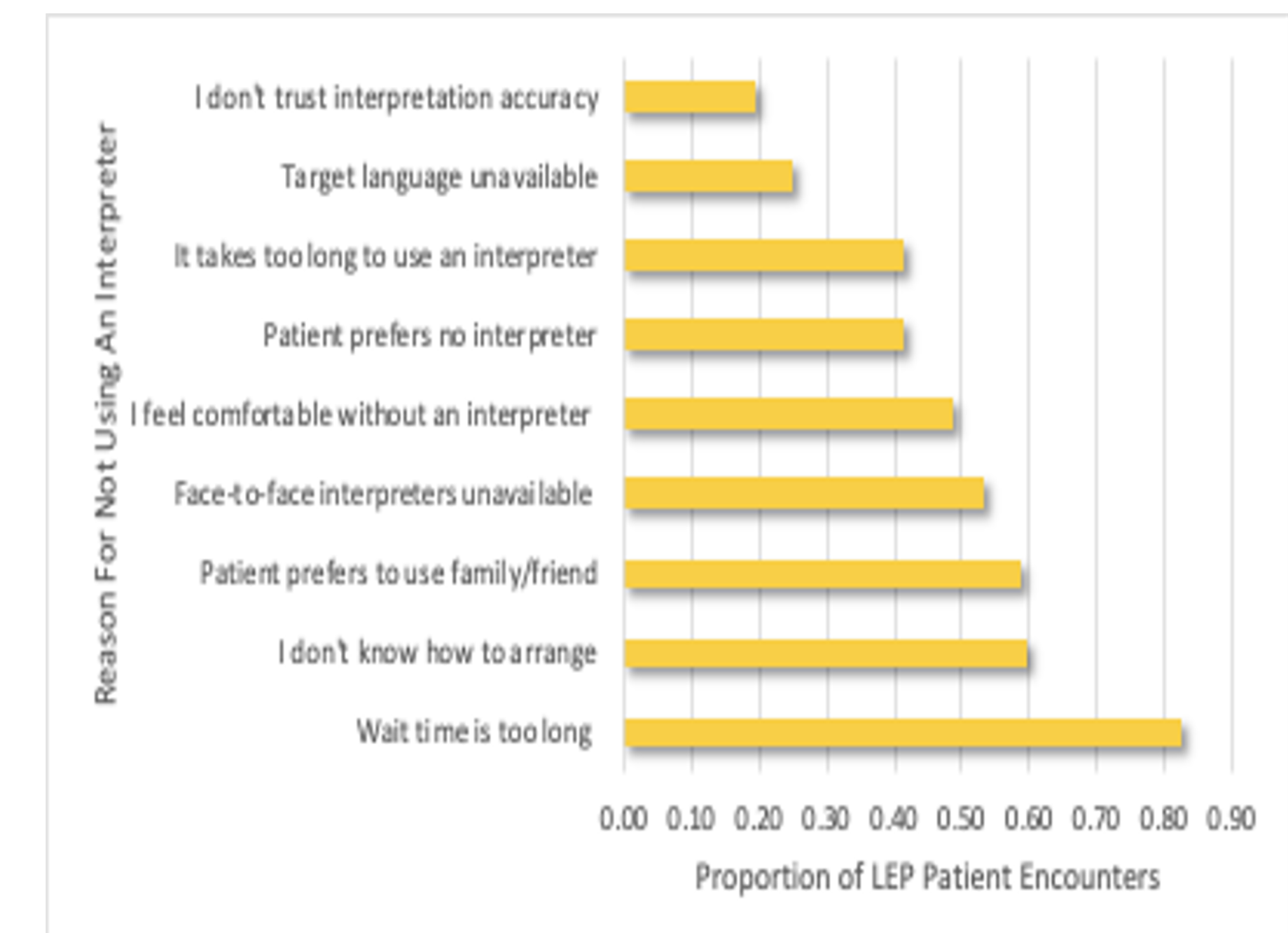
### Barriers

#### #1 Rated Barriers to Interpreter Use



- Time constraints
- Patient preference
- Logistical problems
- Language proficiency

#### Most Frequently Cited Deterrents to Interpreter Use



## Major Takeaways



**1 in 3** providers underutilize interpreters.



**Time** is a major constraint.



**Patient preference** also influences decision-making.