Evaluation of Language Accessibility of Community Resources to Address Pediatric Social Needs in 2 Large US Cities

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Objective: To assess language accessibility of selected community-based programs serving families who speak Spanish, Somali, or Vietnamese in 2 large US cities.

Methods: We conducted a cross-sectional evaluation of selected community-based programs identified using online directories used by health systems seeking to address unmet social needs among pediatric patients. We reviewed program websites and telephone menus for language accessibility and surveyed program staff about language access for service delivery.

Results: Out of 179 community-based programs identified, 126 had unique websites (40% were available in languages other than English). One hundred and seventy-eight had working telephone numbers, of which 57% directed callers to a telephone menu. More than half (58%) of telephone menus had an option for language selection, almost exclusively Spanish. Of 136 programs that completed the telephone-based survey, 65% reported bilingual staff, and 46% reported working with interpreters for service delivery in Spanish. For service delivery in Somali, 9% reported bilingual staff, and 57% reported interpreters. For service delivery in Vietnamese, 16% reported bilingual staff, and 57% reported interpreters. A subset of programs reported no ability to support service delivery in Spanish (20%), Somali (32%), or Vietnamese (32%).

Conclusions: Community-based programs may not have the language-related resources necessary to support families who speak Spanish, Somali, or Vietnamese. Health systems should consider confirming language access and/or providing language support when referring patients to community resources.

Keywords: Asian Americans; Hispanic or Latino; communication barriers; east African people; immigrants and emigrants; language; limited English proficiency; social determinants of health; social welfare.

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