TuSalud

Non-English Speakers With COVID-19 Susceptible to Worse Health Outcomes

Racial and ethnic minorities were disproportionately affected by COVID-19 during the first year of the pandemic.

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Non-English-speaking people hospitalized for COVID-19 had 35% greater odds of dying or requiring intensive care during the first year of the pandemic compared with English speakers, according to a new study by Mass General Brigham (MGB) published in the Journal of Racial and Ethnic Health Disparities.

The study found that despite the medical advances made since the start of the pandemic, sociodemographic disparities continue to disproportionately affect clinical outcomes for minorities.

“This is one of the first studies to demonstrate a direct relationship between language status and health outcomes during COVID-19 hospitalizations, and we hope these findings can serve as a cautionary reminder to hospitals everywhere to proactively address the communication needs of patients with limited English proficiency prior to future surges of the virus,” lead author Priscilla Wang, MD, a general internist at MGB and a population health specialist, said in a news release. “Fortunately, language-based inequities are correctable, and improvements are starting to take place.”

Researchers gathered information from nearly 10,000 primary care patients with COVID-19 admitted to MGB’s Health System between March 1, 2020, and March 1, 2021. This period was divided into two six-month “waves.”

The analysis found that although Latinos made up only 8.8% of total admissions in 2019, they constituted 30.3% of those admitted for COVID-19-related reasons during the first wave of the pandemic. The proportion of non-English speakers admitted rose from 7.7% of total admissions pre-pandemic to 29.7% during the first wave of the pandemic. During the second wave, these numbers remained greatly skewed toward minority and immigrant populations. Compared with the first wave, though, fewer people with COVID-19 developed severe illness or died and the link between language and severe illness diminished significantly.

“The progress we’ve seen between the first and second waves of the pandemic suggests it is possible to close language-based disparity gaps in patient outcomes with focused interventions,”

Wang emphasized. “But now is not the time to let our guard down. Serious inequities still remain, making it more important than ever for health systems to make continued investments in programs and policies that support patients with limited English proficiency.”

For its part, MGB has since increased in-person interpreter availability, invested in video-based interpretation equipment and increased availability of informational materials translated into common languages.

To learn more, read “Language Barriers Up the Risk of Poor Health Outcomes for Older Latinos.”

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