

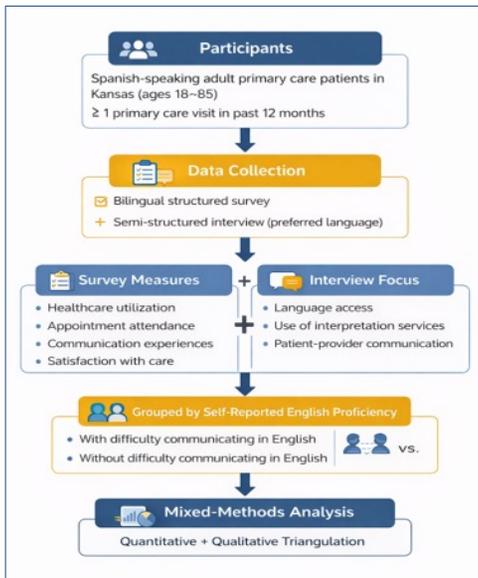
Language Concordance Influences Communication and Care Engagement Among Spanish-Speaking Patients in Rural Kansas: A Mixed-Methods Study

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QUESTIONS

- How does language concordance between primary care providers and Spanish-speaking patients in rural Kansas influence communication quality, patient understanding, and care engagement?
- To what extent are language barriers associated with treatment comprehension, perceived medical errors, medication confidence, and follow-up adherence among this population?

METHODOLOGY



DATA ANALYSIS

Coded Qualitative Theme Frequency Summary (N=13 Interviews)

Theme	Mentions	Description
Language Barriers / English Difficulty	42	Communication challenges due to language barriers
Treatment Plan Confusion	31	Uncertainty about care instructions and follow-up
Interpreter Issues (Inconsistent Use / Quality)	27	Variable access to interpreters and quality concerns
Diagnosis Misunderstanding	19	Lack of clarity about medical conditions
Follow-Up / Engagement Barriers	18	Challenges with follow-up and appointment adherence
Medical Errors / Miscommunication	14	Perceived mistakes or misunderstandings in care
Medication Label Confusion	11	Difficulty understanding prescription labels
Discomfort Discussing Sensitive Concerns	9	Hesitance to discuss private or personal issues
Perceived Bias / Feeling Dismissed	6	Sense of discrimination or being overlooked

Sample: 13 Spanish-speaking primary care patients

PRELIMINARY RESULTS

- **100%** of participants expressed a preference for receiving care in their primary language (Spanish)
 → Highlights the universal importance of language concordance in clinical encounters
- **72.7%** reported challenges with understanding their treatment plans
 → Associated with reduced engagement in follow-up care and chronic disease management
- **72.7%** perceived that language barriers contributed to medical errors or miscommunication
 → Included misunderstandings of diagnoses and care instructions
- **18.2%** reported low confidence in understanding medication labels
 → Suggests risk for improper medication use

PRELIMINARY CONCLUSIONS

- Interpreter access ≠ interpreter use
- Communication quality improves at once when interpreters are present
- Patients may switch physicians due to communication barriers
- Language discordance affects understanding and trust > visit frequency
- Perceived provider empathy is tied to language concordance

CLINICAL APPLICATIONS

- Asking preferred language at intake and offering in-person and certified interpreters proactively
- Avoid relying on family interpreters
- Documenting interpreter use in chart
- Providing written instructions in preferred language

IMPACT OF LANGUAGE BARRIERS

