




Book Review: Maricel Guiao Santos, Rachel Showstack, Glenn A. Martínez, Drew Colcher, Dalia Magaña. (2024). *Health Disparities and the Applied Linguist*. Routledge, pp. 148

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The primary challenge faced by limited English proficient (LEP) patients seeking healthcare in the U.S. is their inability to communicate effectively in the institutional language. Language barriers affect 26 million people in the country (U.S. Department of Health and Human Services, 2022), hindering their access to healthcare and causing significant communication issues that have a detrimental impact on healthcare outcomes (Karliner et al., 2012; Krogstad et al., 2023; Martinez, 2016). Thus, patients who have difficulty understanding and expressing themselves appropriately in English when interacting with health care providers experience misdiagnoses, reduced satisfaction and quality of care, and significant limitations in obtaining and accessing health insurance, making medical appointments, understanding medication instructions or following recommendations on preventive services, among many others (Sánchez-Jiménez, 2018). Consequently, language barriers or miscommunication between provider and patient can cause harm and have tragic consequences in LEP patients, including the potential for life-threatening outcomes (Flores, 2006).

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In recent decades, important advances have been made in the proposed solutions to reduce health disparities, particularly through the implementation of new policies and strategies to facilitate communication, consequently improving health care in multilingual communities. These strategies include the training of bilingual health professionals and medical interpreters, as well as the expansion of language access services in healthcare settings. Nevertheless, as indicated in the book *Health Disparities and the Applied Linguist*, considerable progress is still required to address this issue that affects the communication of underrepresented and linguistically diverse populations. The book offers an introduction to the concept of health disparities and provides an overview of the various health issues to which applied linguists can make significant contributions to create solutions to this problem.

Within this context, it is crucial to provide a pedagogical response to language discordance and, most importantly, to ensure that future healthcare professionals, who will interact with LEP patients, receive adequate education. This will facilitate improved access to healthcare for monolingual speakers of languages other than English. In this sense, the authors demonstrate throughout the volume that insights and tools from applied linguistics have been successfully used in research and interventions in a variety of contexts: clinical interactions between patient and provider, language classrooms, and vocational training programs, among others. Hence, the book places a particular emphasis on the significant role of applied linguistics in promoting health equity in the U.S. Their expertise is suitable to respond to critical interconnections among health, power, and the social and communicative dimensions of language. In this context, power is analyzed by the authors from various perspectives in relation to language, ranging from social and institutional health care discrimination to the practices of code switching and translingualism in daily medical interactions.

To present this content, the authors have chosen a pedagogical approach. For instance, each of the six chapters into which the book is divided begins with three or four anticipatory questions about the topics covered in the article. This is complemented by a series of questions and activities at the end of each chapter that allow the reader to revise and reflect on the content. By replicating this structure in each of the papers, the authors demonstrate their intention to integrate theory and practice. The volume concludes with an afterword by Dr. Pilar Ortega. This is the only section signed by an author. For the rest, they all share responsibility for each of the chapters, which implies the existence of a common and unified vision in the volume.

The book is of invaluable interest for applied linguistics engaged in the health sector, such as scholars and professionals in health communication, languages for specific purposes or English for medical purposes. Furthermore, the volume will prove beneficial for language and medical educators, postgraduate students, administrators, and clinicians working in this field and related areas (health policy, public health, etc.).

The comprehensive scope of Chapter 1 serves as an introduction to the volume, wherein the interrelationship among language, health disparities and applied linguistics is extensively discussed in an attempt to set the tone for the volume. Moreover, this article sets forth a clear and precise definition of fundamental concepts discussed throughout the book, such as *health equity*, *cultural humility*, *social determinants of health*, *political determinants of health*, or *syndemic theory*. In alignment with the didactic approach adopted in the volume, these concepts are highlighted in bold font, a procedure that will be employed each time that a new concept is introduced in the subsequent chapters. They are also illustrated with easy-to-understand examples that elucidate the topics discussed in each section.

Following this, the relationship between language and health disparities is described from different angles: the social determinants of health model, the political determinants of health model and the *syndemic model*. The authors commence their discussion by examining the influence of social determinants of health on patients and propose strategies for addressing health disparities, emphasizing language as a pivotal social determinant. Based on this, the article then explores the potential benefits of language concordance services for improving health outcomes for patients with difficulties communicating in English. A sub-section of this chapter focuses on the *political determinants of health* and how political action, policy making, and policy implementation are directly related to health outcomes, particularly in reference to immigrant and minority groups in the country. Lastly, the *syndemic model* introduces an alternative conceptualization of the relationship between language and health in linguistically minoritized communities, displaying the insider's experience of disparity.

The second chapter presents a historical overview of the existing legislation and policies in the United States pertaining to the rights of LEP patients and language access services. It then proceeds to examine the challenges associated with their implementation. The authors illustrate and highlight the critical impact that the enforcement and implementation of these laws would have for these communities in addressing the current situation in which health institutions and care providers do not fully consider the perspectives of LEP patients. In this regard, it is imperative to

consider the cultural and linguistic backgrounds of patients when striving to provide more patient-centered care for diverse populations.

The authors identify two effective solutions to respond to the disadvantages of serving LEP patients, which also present complications due to the regulations in place for medical interpreting and language-concordant care professions. In the first case, there are no federal requirements at the national level to become a medical interpreter. Consequently, it is not uncommon to find individuals employed in healthcare settings performing interpreting tasks without the required qualifications. In the latter case, the bibliography presented by the authors reveals how healthcare workers frequently misrepresent their second language skills and abilities. In both instances, miscommunication and misunderstanding have the potential to result in erroneous diagnoses and other harmful consequences for patients' health.

Chapter 3 is dedicated to the topic of language access and interpretation in the context of healthcare. The chapter opens with a case study of a Spanish-speaking mother who was unable to communicate effectively with the medical team treating her son due to language barriers. This testimony exemplifies the significant risks that patients encounter in medical interactions when they have limited English proficiency and when language access services are not provided. Furthermore, a more detailed and accurate description of the language access services mentioned at the end of the previous article can be found in the following lines of Chapter 3, which addresses medical interpretation and language concordant providers. These are undoubtedly two of the most crucial instruments for guaranteeing equity and justifications for advocating for and demanding enhancements on the grounds of social justice.

Following the scope of the book, the authors underscore the significance of applied linguistics in developing training and educational opportunities professional interpreters. In this context, it is important to consider the potential benefits of educating bilingual heritage language speakers to become healthcare providers. The authors justify this on the basis of their personal experience of language barriers in their own communities and their distinctive grasp of the cultural nuances associated with the language, recognizing the potential of this strategy to enhance communication between patients and healthcare providers in the same language across the country.

Chapter 4 examines the interconnections between language, culture, and power in clinical interactions. Once more, this chapter begins with the testimony of a Spanish-speaking woman in rural California who demands more attentive care from her

doctors during medical consultations, stating that she is not being heard ("*no me saben escuchar*"). In this context, patients with limited English proficiency frequently experience feelings of being dehumanized, overlooked, and unappreciated due to their communication challenges. These difficulties are not solely linguistic but also extend to cultural factors. For instance, the lack of kindness towards the patient's home culture contributes to this phenomenon, as evidenced by the concepts of *personalismo* and *simpatía*, and distinctive interpersonal behaviors described in the book (Magaña, 2020).

This situation results in a series of disadvantages that place the patient at risk. These include feelings of discrimination and anxiety before or during a consultation, potentially discouraging the patient from seeing the doctors as a consequence. In response to this, the authors propose that healthcare providers should show a more empathetic gaze towards the patients through small gestures (such as small talk or greetings) or listen to them more attentively to create a calmer and friendlier environment. In this regard, one of the objectives in interacting with patients in medical practice should be to establish a more welcoming environment and to achieve a greater symmetry of consultative power. This can be readily accomplished through minor gestures such as avoiding medical jargon and frequent interruptions of the patient, posing questions, speaking at length, and considering engaging in code-switching and translanguaging practices. On this point, the research the authors presented here provides evidence of how beneficial these practices are in earning the patient's trust, ultimately generating optimal patient-centered care.

Chapter 5 focuses on contextualized pedagogy and the design of healthcare-focused curricula for adult English courses. The authors argue for the inclusion of healthcare-related tasks and role-plays in these classes for equipping new English learners with the necessary skills to effectively navigate medical situations, enhance their health literacy, and develop a more nuanced understanding of the U.S. healthcare system. Two teaching methods that the research supports are problem-based and project-based approaches, which are explained and exemplified at length in the article.

Chapter 6 closes the volume and serves as a conclusion, offering a synthesis of the key issues discussed in the book and presenting a series of recommendations for addressing health inequities in the U.S. The article appropriately introduces community-based solutions as an effective way to enhance equity and social justice in these situations.

The final six recommendations outlined in this paper are intended to advance health equity. They underscore the potential contributions of applied linguistics to this field, including the ability to visualize, denounce, and present to society the disparities

affecting members of linguistically diverse and minoritized language communities in matters on language. This could, in turn, enhance the health of patients by promoting bilingualism on both sides of the system: among medical institutions and their healthcare providers, as well as among patients.

The volume ends with an afterword written by Dr. Pilar Ortega, who has devoted the majority of her career to combating linguistic discrimination in healthcare. In her message, she corroborates the exclusion and rejection experienced by minoritized language communities in healthcare institutions, as she witnesses on a daily basis in her work as both a practitioner and a researcher. As the author observes, language is more than a mere conduit for communication in healthcare settings. It plays a pivotal role in shaping an individual's personality, identity, ethnicity, and the trust-based relationships established between interlocutors during communication. This is a crucial lesson for healthcare professionals to bear in mind when interacting with patients, as it represents an effective method for ensuring that the LEP patient is situated at the center of the health services being provided.

In conclusion, the book encourages members of the applied linguistics field to become more involved in social justice efforts within their communities and advocates for health equity in multilingual contexts from a range of cross-disciplinary perspectives. To this end, the topics explored in this publication provide particular insights into the impact of language discordance on healthcare outcomes and contribute to the understanding of health disparities. These ideas are supported by well-founded and rigorous research in each chapter, with symmetry and coherence in both content and design. The chapters are thematically complementary and cover a wide range of topics, thereby enabling readers to explore all possible points of intersection among language, health, and power. Furthermore, the volume provides effective techniques, strategies, and ideas for educational resources from the perspective of applied linguistics that can be employed to address these issues and improve communication, training, and education of future healthcare professionals who are adept at communicating with LEP patients. Challenges and potential areas for further research in the convergence of language and health are also covered, highlighting the extensive possibilities for future research in this subject.

On the minus side, the book contains redundant discussions of some topics and concepts (e.g., language barriers, language and health relationships, language access, or language concordance) that could have been eliminated through a more refined revision. On the plus side, the original work proposed by the authors has found a niche in the field on topics that are not typically covered in this type of work,

such as language planning and policy in healthcare, curriculum development of healthcare sections of ESL courses for adults and healthcare professional programs, health literacy of linguistically diverse patients or health inequalities in discordant scenarios. In sum, this publication promotes awareness of the role of language in health care and calls for action to combat its adverse consequences. This represents an important step toward serving non-native speakers of English affected by language barriers and eliminating health disparities.

Overall, *Health Disparities and the Applied Linguist* is an essential contribution to the discipline of Applied Linguistics, but also to our society. For experts in this area, it is our responsibility to increase educational opportunities and public understanding of the many ways that language, power, and health are connected, and to create the conditions to improve the lives of patients with limited English proficiency in the U.S.

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Dr. David Sánchez-Jiménez is an Associate Professor of Spanish Applied Linguistics at NYC College of Technology, City University of New York. His research focuses on the analysis of written academic discourse of native and non-native students of Spanish. Within the field of applied linguistics in Spanish language teaching, he has been interested in understanding the processes involved in academic text composition and rhetorical discourse organization. He is also interested in interculturalism in the rhetoric and sociopragmatic texts written in the second language, Spanish for medical purposes, the written productions of heritage students, the study of the student's construction of writer identity, and the implication of politeness and persuasion in academic and professional writing.

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