



Audrie Martin, May 13, 2025

Health care workers often encounter situations where patients and caregivers speak different languages, which can cause a slew of issues for home-based care providers, including increased hospital readmissions and employee turnover.

While at-home care providers can struggle to engage interpreter services, those that successfully leverage technology and prioritize hiring bilingual workers can enhance care quality, prevent costly readmissions and ultimately improve patient outcomes.

“Language isn’t just a barrier; it can be a risk factor,” Margaret McDonald, assistant vice president of the Center for Home Care Policy and Research at VNS Health, told Home Health Care News. “Language barriers can deepen health disparities and affect whether patients feel empowered to make informed decisions about their care.”

VNS Health, headquartered in New York, is one of the largest not-for-profit and community-based health care organizations in the U.S., serving the five boroughs of New York City, Nassau, Suffolk, and Westchester Counties, and parts of upstate New York.

At VNS Health, team members in the field serve some of the most linguistically and culturally rich communities in the country, according to McDonald. Collectively, VNS Health colleagues speak more than 50 languages.

“Even with that reach, we see how communication gaps can still impact care,” she said. “It’s not just about translation – it’s about trust.”

The in-home care language problem

[Studies](#) have found that home health care services are not meeting the demand for language services among diverse populations. One such [study](#) reported that only 20% of patients speaking a language other than English were visited by a provider who spoke their language.

“Home health agencies don’t often track language preferences,” Allison Squires, professor at Rory Meyers College of Nursing at New York University and the study’s lead author, told HHCN. “They are supposed to, but

data quality and accuracy are riddled with problems. Some people assume that if a person speaks a few words of English, they can list that as their language, and that's not the case."

Communication problems can also cause patients to have negative experiences with their home-based care provider.

In a [study](#) conducted by Carenet Health, 34.7% of respondents reported that a language barrier was a factor in poor telephone customer support experience when interacting with front-office medical staff.

Carenet Health, headquartered in San Antonio, Texas, provides health care engagement, advocacy, clinical support and telehealth solutions. The company supports more than 65 million health care consumers on behalf of over 250 U.S. health plans, providers and systems.

Perhaps more importantly, language barriers significantly hinder the achievement of positive health outcomes. They can lead to miscommunication between patients and medical professionals, reduce patient satisfaction and adversely affect health care quality and patient safety.

These problems are exacerbated among immigrants, refugees and individuals from marginalized communities who are particularly vulnerable to language barriers in health care, according to Carenet Health's study. These groups often face multiple barriers to accessing care, including limited financial resources and a lack of consistent transportation, and language barriers can further compound these challenges.

Patients facing these hurdles can delay or avoid medical care, leading to poorer health outcomes and higher rates of emergency department visits for otherwise treatable conditions.

Closing the language gap

Health care organizations should prioritize providing language services, including interpreters, bilingual staff and translation technology, to promote health equity and overcome language barriers, according to Squires. These resources can bridge the communication gap between providers and patients, ensuring accurate information exchange and making care more individualized, effective and patient-centric.

McDonald said there is a clear need for more bilingual clinicians, especially in diverse communities such as New York.

"Serving multilingual communities means meeting people where they are – both linguistically and culturally," she explained. "The goal is to deliver care that truly reflects and respects the people we serve."

However, there are not enough bilingual home health workers to realistically meet that demand, according to Squires.

To provide language support when bilingual employees are scarce, providers can leverage digital and AI-driven solutions.

Telemedicine platforms can facilitate remote interpretation services, enabling patients to communicate with health care providers in their preferred language.

Mobile applications and translation devices can also assist with online scheduling and help patients with limited language proficiency find the best fit for their needs. Providers can implement multilingual scheduling support through on-page translation and advanced provider search options, enabling health care consumers to filter results by the languages spoken by providers.

Multilingual phone support is also crucial to improve care access for diverse patient populations by helping patients obtain answers to questions about medications, diagnoses, and pre- and post-visit instructions. Multilingual communication should extend to all patient outreach and communication forms, including texts, emails, voicemails and live phone calls.

“When a patient is unable to be matched with a language-concordant clinician, then a language line can be used to facilitate communication,” McDonald explained. “This is a good alternative for most patients, but challenges are sometimes encountered, including patients with hearing impairments and those who may feel uncomfortable sharing sensitive information through a virtual translator. Despite the challenges, the language line is a crucial tool.”

Squires advised that home-based care agencies should prioritize hiring bilingual workers whenever possible rather than relying heavily on these technological solutions.

“Using technology for interpretation often requires a phone or internet connection, which some patients don’t have,” she said. “The phone must also have a loud volume control for the patient and the care team to hear. While some interpreters use video access, some internet connections do not have enough capacity to support that.”

Squires also warned that phones with translation applications may be helpful in everyday conversations, but no translation application has been validated for use in health care settings.

One way providers can support patients with language barriers when no language-concordant clinician is available is by ensuring continuity of care.

For those home health care patients with limited ability to communicate in English, having the same home health nurse across visits significantly decreases hospital readmissions, regardless of whether the patient and nurse speak the same language, according to a study from NYU’s Rory Meyers College of Nursing.

“While having both the continuity of the same nurse across multiple visits and a nurse who speaks the same language as the patient is ideal, enhancing continuity of care for those where there is language discordance between themselves and the health care provider may be helpful to address disparities and reduce hospital readmission rates,” Squires said.

Challenges in implementation

Language gaps between patients and health care providers are particularly difficult to overcome in home-based care.

Many in-home care clients do not have the level of internet access needed for video interpretation, requiring home-based care agencies to frequently rely on telephone interpretation services. Furthermore, insurance often does not reimburse interpreter services unless state law requires it.

While providing interpretation services can be challenging, effective strategies exist to mitigate these difficulties.

“First and foremost, there has to be a good intention to use an interpreter or access an interpreter service,” Squires said. “If there are repeated documented issues, the organization must provide support or an alternative to ensure that an interpreter service can be provided. However, agencies are not to use family members to interpret – that is part of the Affordable Care Act’s regulations. That should only be done in an emergency and with the patient’s consent.”

According to Squires, obtaining the patient’s consent to use a family member as an interpreter requires an interpreter, and permission must be obtained in the family member’s absence.

“[The family member] could interfere with consent to use an interpreter if there’s an abusive situation, which we can run into often in home care,” Squires explained. “Organizations must have a language access plan showing how they will address all of these potential situations and how the care team should respond.”

Given the aging baby boomer generation and the rise of naturalized citizens for whom English is often not their native language, Squires advised organizations to create language coordination teams with a systematic plan to address language barriers.

“That will go a long way to improving outcomes and ensuring agencies can handle the coming market that will be much more linguistically diverse,” she said.

Multilingual staff and worker retention

Language barriers can also significantly impact worker retention, leading to higher turnover and potentially affecting patient care.

Retention among health care staff who speak multiple languages is boosted when organizations recognize and value the unique skills of their bilingual or multilingual employees, fostering a sense of inclusion and appreciation, according to a recent [report](#). This can lead to higher job satisfaction, lower turnover rates and improved organizational recruitment potential. By creating a supportive environment that leverages their language abilities and shows appreciation for using those abilities, health care facilities can ensure better patient care, increase staff morale and gain a competitive advantage in the job market.

These strategies enhance communication between workers and patients, ensuring improved care and potentially reducing the need for costly readmissions.

“Hiring multilingual staff and navigating language barriers reduces visit time and increases patient and nurse satisfaction,” Squires said. “It also helps bilingual nurses serve members of their communities.”

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