













REVIEW

Linguistic Barriers in Healthcare for Haitian Migrants in Chile: A Scoping Review of Challenges and Solutions

Barreras Lingüísticas en la Atención de Salud para Migrantes Haitianos en Chile: Una Revisión de Alcance de Desafíos y Soluciones

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ABSTRACT

Introduction: Haitian migrants in Chile face significant challenges in accessing healthcare services due to language barriers.

Objective: this scoping review aimed to identify the main linguistic barriers and facilitators that impact healthcare access for this population.

Method: a systematic search was conducted across multiple databases, identifying relevant studies published on linguistic barriers and healthcare access for Haitian migrants in Chile. The PRISMA framework was used to guide the selection process, and data were synthesized into key themes.

Results: a total of 7 studies were included in the review. The findings showed that limited Spanish proficiency and the lack of trained interpreters were major obstacles to healthcare access, particularly in primary care and mental health services. Several studies highlighted the positive impact of bilingual community health workers and the development of culturally adapted materials in Haitian Creole as effective facilitators.

Conclusions: language barriers remain a critical challenge for Haitian migrants in Chile. Implementing culturally competent training for healthcare professionals and integrating bilingual support services are essential strategies to improve healthcare access for this population. Further research is needed to evaluate the long-term impact of these interventions.

Keywords: Language Barriers; Health Services Accessibility; Cultural Competency; Translators; Haiti; Chile.

RESUMEN

Introducción: los migrantes haitianos en Chile enfrentan desafíos significativos para acceder a los servicios de salud debido a las barreras lingüísticas.

Objetivo: esta revisión de alcance tuvo como objetivo identificar las principales barreras lingüísticas y

facilitadores que afectan el acceso a la atención médica para esta población.

Método: se realizó una búsqueda sistemática en varias bases de datos, identificando estudios relevantes sobre barreras lingüísticas y acceso a la salud de migrantes haitianos en Chile. El marco PRISMA guió el proceso de selección, y los datos se sintetizaron en temas clave.

Resultados: se incluyeron 7 estudios en la revisión. Los hallazgos mostraron que el dominio limitado del español y la falta de intérpretes capacitados son obstáculos importantes para el acceso a la atención, especialmente en los servicios de atención primaria y salud mental. Varios estudios destacaron el impacto positivo de los trabajadores comunitarios bilingües y el desarrollo de materiales adaptados culturalmente en creole haitiano como facilitadores efectivos.

Conclusiones: las barreras lingüísticas siguen siendo un desafío crítico para los migrantes haitianos en Chile. La implementación de formación culturalmente competente para los profesionales de salud y la integración de servicios de apoyo bilingües son estrategias esenciales para mejorar el acceso a la atención de salud en esta población. Se necesita más investigación para evaluar el impacto a largo plazo de estas intervenciones.

Palabras clave: Barreras Lingüísticas; Accesibilidad a los Servicios de Salud; Competencia Cultural; Traductores; Haití; Chile.

INTRODUCTION

Language barriers remain a significant challenge in providing health services to migrant populations, particularly in critical areas such as mental health. Various studies have emphasized that the use of trained interpreters not only facilitates communication but also ensures greater diagnostic accuracy and improves the therapeutic relationship.⁽¹⁾ However, difficulties arising from a lack of linguistic competence in the host country's language can lead to misunderstandings and diagnostic errors that directly affect the patient's well-being. This phenomenon is not limited to mental health but also extends to other healthcare settings such as geriatrics and the care of people with dementia, where patients from culturally and linguistically diverse backgrounds face additional barriers that negatively impact their quality of life.⁽²⁾

Despite increasing societal diversity, the workload for healthcare professionals, particularly in home care, is exacerbated by the need for interpreters, prolonging consultations and hindering effective communication.⁽³⁾ These structural barriers, coupled with the marginalization of vulnerable populations such as sex workers, exacerbate difficulties in accessing primary care services.⁽⁴⁾ In addition to translating content, interpreters act as cultural mediators, an essential role in addressing differences in the understanding of emotional distress and expectations regarding healthcare treatments.⁽⁵⁾

The use of interpreters also poses specific challenges in neuropsychological assessments. In such cases, accurate interpretation of cognitive tests and cultural adaptation of the instruments are essential to avoid inaccurate diagnoses.⁽⁶⁾ Nurses, who are often the first to interact with patients, also face significant obstacles when working with patients who do not speak the host country's language. Gerchow et al. found that nurses experience stress and an increased workload when dealing with language barriers, which affects the quality of care.⁽⁷⁾ This situation is further aggravated by the lack of access to professional interpreters and the frequent use of ad hoc interpreters, which can compromise confidentiality and communication accuracy.⁽⁸⁾

In the case of Haitian immigrants, primary care professionals in Brazil face significant barriers to promoting their health due to cultural differences and language barriers. According to Tafner et al., the lack of specific public policies and insufficient organizational resources limit effective access to care, affecting the ability of immigrants to integrate adequately into the healthcare system.⁽⁹⁾ Professionals emphasized the need to improve existing policies and strengthen the organization of services to overcome these barriers.

In recent years, Chile has seen a notable increase in Haitian migration. In 2002, only 50 people from Haiti lived in the country, but by 2018 the number had risen to more than 166 000 Haitian migrants.⁽¹⁰⁾ This group, which primarily speaks Haitian Creole, faces significant difficulties integrating due to linguistic and cultural barriers. It is important to highlight that a distinguishing feature of the Haitian migrant population is their Afro-descendant heritage, which should be noted since Chile does not have a significant native Afro-descendant population; the remnants of this community are scarce and lack visibility. Historical records of Chile's demographic composition include the 1813 census, which showed that Afro-descendants made up 3,81 % of the population.⁽¹¹⁾ This uniqueness adds an additional layer of complexity to their integration as ethnic dynamics in Chile have not previously faced this level of diversity in a meaningful way.

The study by Sumonte Rojas highlights the importance of implementing programs that promote intercultural communicative competence as a way to mitigate these obstacles.⁽¹¹⁾ A pilot program developed in the city of Talca, Chile, offered Haitian Creole courses to officers of the "Policía de Investigaciones" and healthcare

professionals, improving interaction with the Haitian community and facilitating inclusion. These efforts demonstrate the need for public policies that not only promote the learning of the local language by migrants but also strengthen the linguistic competencies of the host population to reduce barriers in primary care. Similarly, Yáñez's study on Haitian students in Chile reveals that linguistic integration processes in classrooms remain challenging, particularly for students who do not speak Spanish.⁽¹²⁾ The lack of formal support and the scarcity of specialized educational programs for teaching Spanish as a second language have limited full integration opportunities for Haitian students.

Despite these challenges, various initiatives have been launched to promote the linguistic integration of Haitian migrants. A notable example is the Spanish language courses program organized by the Jesuits, which is part of a support network for migrants and offers free language instruction through several institutions across the country (see more at: <https://www.migracionenchile.cl/red-de-cursos-de-espanol/>). These efforts represent an important step toward inclusion and the strengthening of communication between the migrant population and the local community.

Given this context, the aim of this review is to examine the linguistic barriers faced by Haitian migrants in Chile when accessing health services. Through a scoping review, the primary linguistic obstacles, as well as the facilitators that have proven effective in improving interactions between Haitian migrants and healthcare professionals, will be identified. The goal is to provide recommendations that contribute to the development of more inclusive policies and practices aimed at improving the quality of healthcare for this vulnerable population.

METHOD

Following the PRISMA-ScR guidelines, this review ensures a systematic and comprehensive approach to identifying and selecting relevant literature. The review addresses two central questions: What are the primary linguistic barriers faced by Haitian migrants in accessing healthcare services in Chile? And what strategies or interventions have been effective in addressing these barriers?

A comprehensive search was conducted using academic databases such as PubMed, Scopus, and WOS. Search terms included “Haitian migrants,” “linguistic barriers,” “healthcare access,” “Chile,” and “health services.” The search was limited to articles published between 2000 and 2023, in both English and Spanish.

The inclusion criteria for this review were: studies published between 2014 and 2024, in English or Spanish, addressing linguistic barriers in healthcare services for Haitian migrants in Chile or Latin America, as well as articles examining strategies or interventions to improve communication between Haitian migrants and healthcare professionals. Exclusion criteria included studies that did not present original data (such as editorials, commentaries, or letters), research focused on linguistic barriers in sectors other than healthcare, and articles that did not focus on the Haitian population or the migration context in Latin America.

Two reviewers independently screened the titles and abstracts of identified studies. Full-text reviews were conducted for studies that met the inclusion criteria. Any discrepancies between the reviewers were resolved through discussion or by consulting a third reviewer.

Data were extracted using a pre-defined table that captured key information such as author, publication year, population studied, barriers identified, strategies implemented, and outcomes. The selected studies were synthesized narratively, identifying common themes related to linguistic barriers and facilitators.

A thematic analysis was conducted to categorize the studies into key themes. The results are presented narratively, highlighting the most relevant linguistic barriers and effective interventions to improve healthcare access for Haitian migrants in Chile.

RESULTS

The initial database search identified a total of 49 potentially relevant articles. After removing 38 duplicate records, 8 articles were screened based on their titles and abstracts. Of these, 1 article was excluded for not meeting the predefined inclusion criteria. In total, 7 full-text articles were reviewed and included in the final analysis. The PRISMA diagram (figure 1) illustrates the complete selection process, from the identification of studies to their final inclusion. No articles were excluded after the full-text evaluation, indicating that all reviewed studies met the established inclusion criteria.

Table 1 provides a synthesis of the key findings from the selected studies, including the main linguistic barriers and facilitators identified to improve communication between Haitian migrants and healthcare professionals in Chile. Most studies highlighted the lack of Spanish proficiency as a significant barrier to accessing healthcare services, as well as the scarcity of trained interpreters in primary care settings. However, several facilitators were proposed, including the integration of bilingual community health workers and the implementation of intercultural training programs for healthcare professionals.

These studies offer a clear overview of the linguistic barriers faced by Haitian migrants in Chile and suggest potential strategies to improve their access to healthcare services.

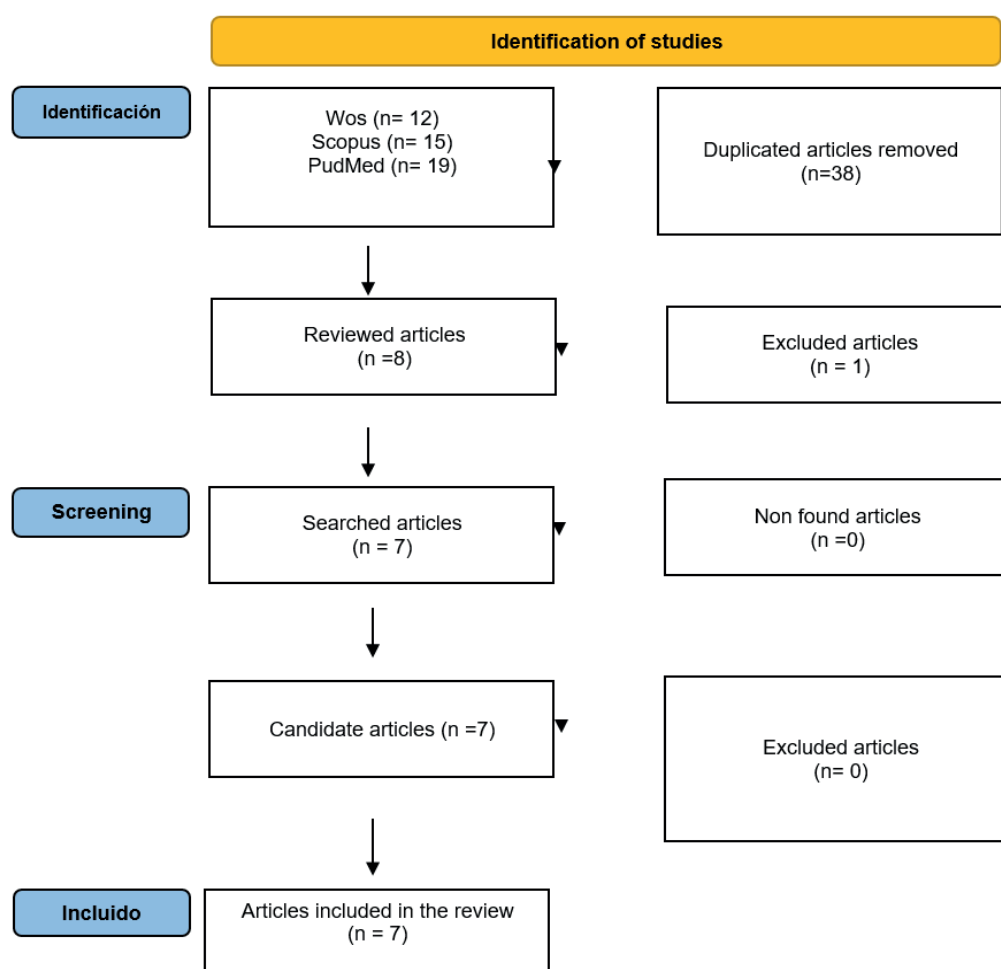


Figure 1. PRISMA flow diagram

Table 1. Key findings from the selected studies

Publication	Key Findings	Linguistic Barriers	Facilitators
Luengo Martínez et al. (2020). Acceso y conocimiento de inmigrantes haitianos sobre la atención primaria de salud chilena. ⁽¹³⁾	Haitian immigrants face significant challenges accessing primary healthcare services due to limited knowledge and lack of information in Creole.	Limited proficiency, lack of interpreters in primary care settings.	Spanish Use of community health workers who speak both Creole and Spanish, along with informational materials in Creole.
Pezoa Sade & Chepo (2023) Barreras y facilitadores percibidos en la atención de salud a personas migrantes en Chile. ⁽¹⁴⁾	Migrants experience significant difficulties accessing healthcare, with linguistic barriers being a major issue.	Language differences, lack of interpreters, and cultural misunderstandings between patients and healthcare staff.	Implementation of training programs for healthcare staff to better understand cultural diversity, use of interpreters. Create partnerships or support networks with community organizations that facilitate access to health or provide information.
Abarca-Brown (2024) Becoming a (Neuro) Migration, Translation and Subjectivation in Santiago, Chile. ⁽¹⁵⁾	Haitian migrants' sense of self is shaped by linguistic and cultural challenges, affecting their healthcare access.	Difficulty communicating with healthcare providers due to language barriers, leading to feelings of isolation.	Encouraging cultural competency among healthcare professionals and providing translation services.
Arumi Ribas et al., (2022). Creencias y percepciones de los facilitadores lingüísticos entre criollo haitiano y español en Chile. ⁽¹⁶⁾	Cultural and linguistic facilitators play a critical role in bridging the communication gap between Haitian migrants and healthcare services.	Difficulty understanding medical terminology and inexperience of the health system, lack of trained interpreters.	Programs that train bilingual facilitators to mediate between healthcare providers and patients.

Ferrer Lues et al. (2022) <i>Desafíos del enfoque de competencias culturales para atender la salud de personas migrantes en Chile.</i> ⁽¹⁷⁾	The cultural competence framework faces challenges when applied to Haitian migrants due to linguistic and cultural differences. For the migrant population, there is a climate of mistrust of the system in terms of access, as well as the mental health impact of avoiding medical care.	Lack of adequate cultural and linguistic training for healthcare professionals.	Developing specific training programs focused on the linguistic and cultural needs of Haitian migrants. In addition to promoting a multidisciplinary approach in considering the diversity of the migrant population in Chile.
Sánchez et al. (2018) <i>Haití, la nueva comunidad inmigrante en Chile.</i> ⁽¹⁸⁾	The Haitian community's growing presence in Chile highlights the need to address healthcare access challenges, with language as a significant barrier.	Language barriers hinder Haitian migrants' ability to seek pediatric care.	Providing medical information in Creole, hiring bilingual pediatricians.
Marchant Espinoza et al. (2023) <i>Traducción, validación, y adaptación del español al Kreyol creole haitiano de la Escala de Depresión.</i> ⁽¹⁹⁾	The translation of the CESD-R-20 scale into Haitian Creole emphasizes the importance of culturally and linguistically appropriate mental health tools.	Lack of validated mental health tools in Creole, making it difficult to assess mental health needs.	Translation and validation of mental health assessment tools in Creole to improve access to mental health services for Haitian migrants.

DISCUSSION

The findings of this scoping review highlight the significant role that language plays in healthcare access for Haitian migrants in Chile. Similar to other migrant populations, Haitian migrants face considerable linguistic and cultural barriers when trying to access healthcare services, as has been reported in multiple studies.^(18,14) The language barrier, primarily due to the migrants' limited proficiency in Spanish and the lack of available interpreters, continues to be a central issue, particularly in primary care settings. This is consistent with the observations by Squires et al.⁽³⁾ who found that language barriers not only complicate communication but also increase healthcare providers' workload, further hindering effective care.

It is important to point out that Haitian Creole and Chilean Spanish are very different languages in terms of origin, grammar, and lexicon. Haitian Creole, being a language spoken by a single community and lacking dialects, is more homogeneous than Spanish, whose Chilean variant has unique features within the wide range of dialects that make up the language.^(19,20) Moreover, as a creole language, Haitian Creole has undergone a process of grammatical simplification derived from French, resulting in a relatively simple structure compared to the greater grammatical complexity of Chilean Spanish. Phonetically, these languages also differ significantly as Haitian Creole, influenced by French, contains sounds that are not articulated in Spanish. These differences reinforce the barriers in healthcare, as healthcare professionals must navigate languages that are phonetically and structurally very distinct.

Moreover, the absence of culturally adapted mental health tools, as highlighted by Marchant Espinoza et al.⁽¹⁹⁾, exacerbates the challenges Haitian migrants face, especially when addressing mental health concerns. Mental health services remain difficult to access for non-Spanish speakers, and the lack of validated mental health assessment tools in Haitian Creole contributes to an underdiagnosis of mental health conditions. This echoes the concerns raised by O'Hara and Akinsulure-Smith⁽¹⁾ regarding the need for accurate translation and cultural adaptation of tools in mental health assessments.

The role of interpreters has been a recurring theme in the literature. While the use of interpreters is widely recommended to bridge the communication gap,⁽⁵⁾ the availability of trained interpreters remains limited. Haitian migrants often rely on ad hoc interpreters, which not only compromises the accuracy of medical information but also violates patient confidentiality.⁽¹⁶⁾ This issue was similarly observed in the work of Harris et al.⁽⁴⁾ who found that the lack of professional interpreters can delay treatment and contribute to misdiagnoses in primary care settings.

Cultural misunderstandings also compound these linguistic barriers. As Ferrer Lues et al.⁽¹⁷⁾ noted, many healthcare professionals lack adequate training in cultural competence, which can lead to misinterpretation of symptoms and misunderstandings of patient expectations. For instance, Haitian migrants may express symptoms of distress differently due to cultural norms, which healthcare professionals may misinterpret without appropriate cultural awareness. Gaviola et al.⁽²⁾ further emphasized the need for culturally appropriate care in other healthcare contexts, such as geriatrics and mental health, where culturally diverse patients often face additional barriers due to linguistic and cultural differences.

Several facilitators to overcoming these barriers were identified in the reviewed literature. The implementation of bilingual community health workers, as suggested by Sánchez et al.⁽¹⁸⁾, was found to be a

key factor in improving communication between healthcare providers and Haitian migrants. These workers not only provide language support but also act as cultural mediators, facilitating a deeper understanding of the patients' cultural background and health-related behaviors. Furthermore, the use of bilingual health materials and the incorporation of Haitian Creole in healthcare settings have been recommended by Luengo Martínez et al.⁽¹³⁾, especially in pediatric care, where effective communication is key for accurate diagnosis and treatment.

In summary, this review has underscored the importance of addressing linguistic and cultural barriers to improve healthcare access for Haitian migrants in Chile. The use of interpreters, while necessary, is insufficient without proper training and cultural adaptation. There is a pressing need for the implementation of more inclusive policies, such as bilingual community health workers and culturally competent training for healthcare professionals, to ensure equitable access to healthcare services for this vulnerable population. Future research should focus on the long-term outcomes of these interventions to evaluate their effectiveness and scalability.

CONCLUSIONS

This review demonstrates that language barriers significantly obstruct healthcare access for Haitian migrants in Chile. Limited Spanish proficiency and a lack of interpreters exacerbate these challenges, particularly in primary care. Bilingual community health workers and culturally competent training are effective strategies to address these barriers. Future efforts should focus on implementing and evaluating these interventions to ensure equitable healthcare access.

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The authors declare that there is no conflict of interest.

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