

ADDRESSING SYSTEMIC BARRIERS IN BILINGUAL SLP: POLICY REFORM & PRACTICE

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Introduction

Despite the proven impact of culturally and linguistically appropriate services (CLAS) on patient outcomes, significant inequities persist in speech-language pathology due to systemic barriers and inadequate reimbursement¹. Bilingual speech-language pathologists face disproportionately higher workloads and administrative burdens, yet their specialized expertise remains undervalued by current reimbursement models². This cycle of low compensation and high provider strain creates a critical shortage of available care, forcing culturally and linguistically diverse (CLD) families to navigate extensive waitlists or forgo essential interventions entirely. This project investigates these financial and policy-level challenges to advocate for reforms that transition CLAS from a "privileged" option to a fully funded, sustainable standard of care for all CLD communities.

Objective

- Analyze Systemic Barriers: Identify financial, administrative, and institutional hurdles across payer systems that restrict access to bilingual SLP services.
- Evaluate Service Quality: Examine how systemic and policy barriers impact the quality of care received by CLD families.
- Advocate for Reform: Establish a framework for sustainable advocacy and institutional reforms to address systemic barriers and ensure long-term policy improvements in bilingual SLP service accessibility.

Methodology

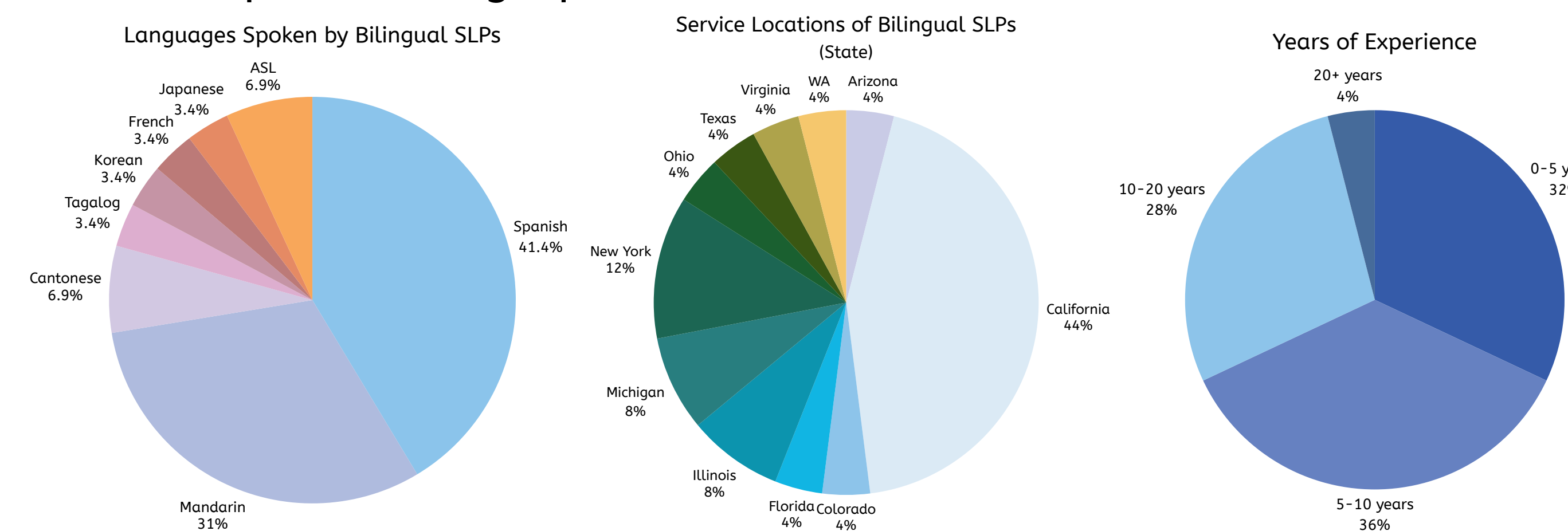
Recruitment: Recruitment: Distributed digital flyers with survey links/QR codes to bilingual SLPs and CLD families via social media and professional networks.

Data Collection: Administered an anonymous 10-15 minute Qualtrics survey, requiring electronic consent on the first page.

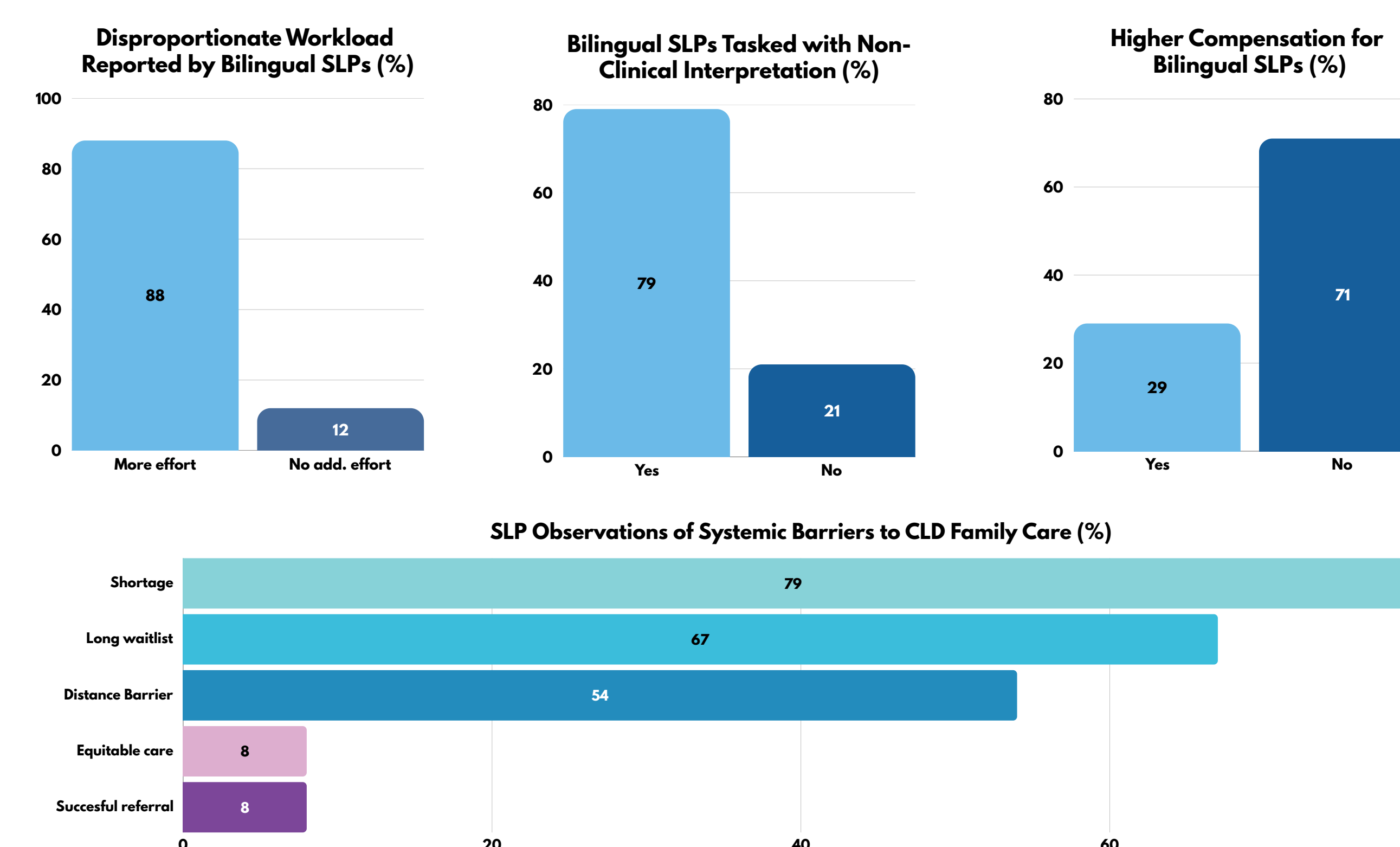
Inclusion Criteria: Data analysis was strictly limited to SLPs actively providing bilingual services.

Results

- A total of 25 SLPs completed the survey, and 24 was included (N=24)
- Participant Demographics:



- ~70% of bilingual SLPs provide specialized services weekly or more, encompassing assessment, therapy, parent education, and multilingual documentation/interpretation.
- 88% of bilingual SLPs report greater clinical effort than monolingual peers, supported by 96% possessing specialized training and 79% performing non-clinical translation or interpretation tasks.
- Despite increased workloads and specialized skills, 71% of bilingual SLPs receive no additional financial compensation for their bilingual expertise.
- 63% of respondents feel unsupported by national organizations, highlighting an urgent need for advocacy to tackle systemic gaps in bilingual services.
- A "capacity desert" of resource shortages and waitlists prevents nearly 90% of families from accessing adequate, equitable care.



Analysis

The data reveals a systemic failure where both providers and consumers bear the burden of inadequate policy. While a vast majority of bilingual SLPs report significantly higher clinical effort and handle widespread clinical and non-clinical documentation tasks, most receive no additional compensation for this expertise. This "specialization tax" on providers directly parallels the experience of the overwhelming majority of CLD families, who struggle to access care while facing steeper out-of-pocket costs, extended wait times, and greater travel distance than their English-speaking peers. Ultimately, the uncompensated labor of providers cannot bridge these deep institutional gaps, leaving many families with delayed services and compromised clinical outcomes.

Discussion & Conclusion

Preliminary results from this ongoing study identify a significant "valuation gap" where the specialized expertise of bilingual practitioners is utilized but rarely rewarded. This "specialization tax"—characterized by clinicians absorbing heightened clinical effort and widespread clinical and non-clinical documentation tasks without additional compensation—suggests that current healthcare infrastructures are effectively subsidizing systemic gaps through the uncompensated labor of bilingual professionals. This reliance on individual effort is unsustainable and poses a significant risk for provider burnout, ultimately threatening the stability of the bilingual workforce.

Initial findings demonstrate that individual practitioner resilience is an insufficient solution for deep-seated institutional deficits. Despite high levels of specialized training, the overwhelming majority of CLD families remain marginalized by financial, temporal, and geographic hurdles that lead to compromised clinical outcomes. To move beyond symbolic support, national organizations must transition to active legislative advocacy for equitable compensation and payment policy reconstruction.

As data collection remains active, the evidence points toward a necessary reconstruction of the bilingual pipeline. Ensuring a sustainable future requires increased investment in university training programs and a professional path that financially values linguistic and cultural expertise as a core clinical asset rather than an uncompensated professional labor.

References & Acknowledgment

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- ²Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to improve cultural competency in healthcare: A systematic review of reviews. *BMC Health Services Research*, 14(1), 99. <https://doi.org/10.1186/1472-6963-14-99>

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