

A VALIDATION STUDY OF LANGUAGE AND HEALTH BROKERING MEASURES IN A YOUNG ADULT POPULATION

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Background: Underserved populations often rely on their children to translate and interpret important information, a process known as language brokering. When these behaviors help facilitate access to healthcare, they are known as health brokering. Previous research suggests brokering is predicted by sociodemographic and family characteristics and has burdensome effects on the brokers themselves. However, the concepts of language and health brokering might be dissociable despite their strong relationship; youth who help their families understand healthcare-related knowledge without need to translate to English have not been accounted for in the literature. Distinguishing between these two concepts would contribute to what is understood about health disparities from the perspectives of vulnerable communities.

Objectives: To validate language and health brokering as related but dissociable constructs by examining the factor structure, psychometric properties, and correlates of measures available to evaluate them.

Methods: 200 undergraduate students will complete a cross-sectional online study through which we will collect data on sociodemographic and clinical characteristics, family dynamics, paternal demographics, cognitive ability, language and health brokering behaviors, and health literacy. Using confirmatory factor analysis and multiple linear regression, we will evaluate the construct validity of language and health brokering, their validity and reliability, and their relationship to predictors and outcomes of interest.

Potential Outcomes: We expect that language and health brokering will be supported as separate but related constructs, that their measures will demonstrate appropriate psychometric characteristics, and that they will have generally different predictors and moderators. We also expect to find that language and health brokering have positive and negative consequences, including higher stress, lower academic performance, higher acculturation, and greater proficiency navigating health-related subjects.

Implications: This study is expected to provide greater clarity about the experiences of underserved young individuals and their families by evaluating two separate forms of brokering, their correlates, and their associated outcomes.

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Learning Objectives

At the conclusion of this presentation, participants will be able to:

1. Participants will be able to distinguish between language brokering and health brokering conceptually and recognize their impact on young adults who practice them.
2. Participants will be able to identify populations at high risk for facing barriers in accessing health care, as highlighted by the prevalence of language and health brokering behaviors.

References

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