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UNRAVELLING CHILD LANGUAGE BROKERING FOR HEALTH: UNDERSTANDING THE COMPLEXITIES BEHIND CHILDREN'S INTERPRETING FOR HEALTH CARE

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ABSTRACT

The U.S. healthcare system struggles to provide adequate language assistance to medical practitioners and patients. As a result, health providers and patients rely on ad hoc interpreters, including children, to communicate. Bilingual children who regularly interpret for others, whom we refer to as child language brokers, are important linguistic and cultural conduits for their communities and bridge language differences in vital contexts, such as health and medical settings. In this paper, we explore the experiences of 17 adolescent language brokers and consider the settings, tasks, and people they engage with when language brokering for health. Findings illustrate that child language brokering is a real and important component for immigrant family health, that child language brokering for health is not a uniform experience, and that language brokering for

health can sometimes have severe ramifications.

Keywords: child language brokers, health, health equity

INTRODUCTION

Language barriers in health services can impact the quality of care patients and families receive or whether they can access care at all (Al Shamsi et al., 2020). Poor communication caused by language barriers can result in misunderstanding symptom descriptions or medical instructions, potentially causing unintended and life-threatening consequences (Flores, 2014; Steinberg et al., 2016). Despite the dangers of language gaps in health care, the number of health interpreters in the U.S. remains scarce (Eldred, 2018). As a result of strained language and cultural resources, health providers and individuals who primarily speak languages other than English may seek the language assistance of bilingual children, whom we refer to as child language brokers (CLBs) (Tse, 1995). The size of the U.S. child language brokering population is unclear; however, CLBs are typically children of immigrants with limited English proficiency. As of 2017, 38% of immigrants had one parent with limited English proficiency (Lou & Lei, 2019). CLBs are likely a large population, and although research has documented that it is common for CLBs to help interpret everyday life and activities, we know little of their experiences facilitating health interactions and information.

This paper discusses findings from focus group interviews with 17 high school-aged youth who regularly have language brokered for their family health needs. Our first data review offers a wide-lens view of the health landscape in which our study participants described language brokering, including the settings, stakeholders, and language brokering tasks. We take our analysis one step further by focusing in on individual health events described by participants and reviewing each event for the health topics, language brokering tasks, stakeholders, and setting. We organize the data by participant, making visible the frequency or infrequency of certain health topics, language brokering tasks, and stakeholders. This additional step in our analysis aims to illustrate how even within a single domain, like health, language brokering activities can look different for children and families. We identified 27 health events where participants described the setting, stakeholders, health topic, and language brokering tasks. Our analysis of these events illuminates the extensive impact that language brokers have on their parents, siblings, cousins, aunts, uncles, and stranger's ability to engage with health providers and information. We also discuss the multiple literacies language brokers practice when mediating health information from the internet.

LITERATURE REVIEW

Language Brokering

This paper discusses findings from focus group interviews with 17 high school-aged youth who regularly language broker for their family health needs. The experiences of these young people help illustrate the complex nature of their work. Language brokers mediate their family's language, a second language (in the U.S., the second language is English), and specialized language relevant to the context, i.e., terms specific to health or technology. Their language work

also intertwines with decoding culture, voice tone, facial expressions, and emotions in cross-cultural and language interactions (Crafter & Iqbal, 2022). Another layer of child language brokering involves the dynamics of collaboration between children and adults. In child language brokering interactions, children's linguistic and cultural contributions are necessary and help their families work together to overcome linguistic and cultural barriers. Valdés et al. (2014) refer to this collaboration as a family *performance team:* "they perform as part of a team, and they must keep before them the ways in which their parents want to present themselves to the world" (p. 98).

Scholarship that examines the sociolinguistics and pragmatics of live child language brokering have found that children engage with complex language and cultural situations that promote bilingualism, biculturalism, and the development of a strong ethnic identity - all of which can support self-esteem and self-efficacy (Hall and Sham, 2007; Love and Buriel, 2007; Orellana, 2019). This research has also found that language brokering can positively impact schooling and testing (Acoach & Webb, 2004; Dorner et al., 2007; Guan et al., 2014). Despite the potential benefits, language brokering can be stressful for children and families. Numerous studies have found that child language brokers experience acculturative and family stress when their cultural knowledge and language development outpaces their parents (Kam, 2011; Weisskirch, 2010). Similarly, some studies have found that language brokering during childhood and adolescence may impact the mental health of youth and young adults, including a higher risk for depression and anxiety (Rainey et al., 2014).

Literature on CLBs in Health Contexts

Literature focused on health-related child language brokering illuminates domain-specific aspects, such as the kind of interactions they mediate, which include interpreting mail, medical instructions, and forms for health insurance. CLBs also engage digital tools such as the internet to search for the meaning and translation of unfamiliar words and language brokering health information for their families (Katz, 2014). The concerns associated with child language brokering for health are unique because they include the concerns of health providers. Several studies have found that health providers worry about child language brokers making translation errors or medical decisions for adults, and some feel concerned that relying on children as language brokers compromises their medical professional identity (Cohen et al., 1999; Katz, 2014). Another prevalent concern regarding CLBs mediating health interactions is the potential for engaging with health topics or information deemed inappropriate for children, e.g., reproductive health issues, news of a parent's poor health, or domestic violence (Green et al., 2005). A potentially sensitive topic CLBs may also encounter when interpreting for healthcare is family immigration status and access to care or insurance eligibility (Martinez et al., 2017; Castañeda et al., 2015). Despite concerns, child language brokering for health prevails as an important family resource, making it important to study.

METHODS

Data for this study were collected in five focus group interviews with 17 language brokers who reported regularly translating and mediating health information for their families. The 17 participants for this study were recruited through a convenience sampling method via class announcements by the first and third authors. The third author assisted with the school's college access program at the time of the study. The school serves K-12 students and is in a Central Los Angeles neighborhood with a large immigrant population. Given that the school is situated in a diverse and immigrant community, the recruitment process relied on students to self-identify as family language brokers who assisted with health matters regularly.

Students who expressed interest in participating in focus groups were given consent/assent forms to take home and discuss with their families; 17 students returned signed assent forms; the parents of the 16 participants under the age of 18 also signed consent forms. Participants ranged in age from 14 to 18. All participants were bilingual speakers of English and either Spanish, Korean, Chinese, or Bengali. The majority (14) were bilingual in Spanish and English. Participants' names have been changed for this paper. All participants were given food during the focus groups and a gift card for their participation. The study was reviewed and approved by UCLA's Institutional Review Board (IRB).

The focus group interviews were held in classrooms at the participants' school. Five focus group interviews were conducted after school hours, each spanning 45 to 90 minutes. One focus group was moderated in Spanish and four in English. In line with traditional focus group design, interviews were semi-structured, opening with open-ended questions and followed with probing questions (Krueger & Casey, 2009). Most questions focused on participants' experiences of language brokering for health (e.g., "Have any of you helped interpret at a doctor's office? What was translating at a doctor's office like for you?)

The first and third authors served as focus group moderators. Both moderators are bilingual, children of immigrants, and have experience with language brokering. Sharing some background experience with participants made us aware that discussing health matters may be a sensitive topic for children from immigrant families because healthcare accessibility can be linked to immigration status (Martinez et al., 2017). Therefore, participants were not asked to share private details about their health histories but rather the health topics they had encountered through language brokering. Moderators also underscored the importance of respecting each other's privacy, not repeating information shared in focus groups, and that participants should not feel obliged to share anything that made them uncomfortable.

Study participants from underrepresented groups may feel uncomfortable by researchers asking personal questions; however, some research suggests that sharing an interview space with peers may help alleviate this tension and encourage participation (Morgan and Krueger, 1993). For Latina/o participants, sharing experiences with peers can help build *confianza* - trust, and confidence (Dyrness, 2007). *Confianza* acts as the foundation for in-depth and meaningful conversations and works for Latina/o communities and peers (see Fitts & McClure, 2015; García

et al., 2017). Another factor that may have assisted with *confianza* was the similar background of interview moderators with participants (Umaña-Taylor & Bámaca, 2004).

ANALYSIS

The first and third authors transcribed interview audio data. Interviews conducted in Spanish were interpreted into English and transcribed. Next, the research team analyzed the transcribed interviews. Following Spradley's (1998) domain analysis method, we conducted two rounds of coding. The first round of coding identified basic aspects of health-related language brokering: (1) physical settings and spaces in which youth described language brokering for health, (2) stakeholders and people present (participating and nonparticipating in language brokering) during language brokering encounters, (3) language brokering health tasks (i.e., interpreting at doctor's appointment, translating medical documents sent home, and online searches). Identifying these aspects provides a general overview of what, who, and where language brokering for health involves. These findings are presented in Table 1 below.

A second coding round was conducted to analyze the characteristics of specific health language brokering events. For coding purposes, we characterize a health language brokering event as an interaction for which participants language brokered health-related issues *and* included as part of their discussion about the event: health topics, setting, stakeholders, and their language brokering task. Exploring language brokering from this perspective offers the ability to recognize patterns across qualitative descriptions of events that are not recognizable in a broad thematic analysis of data. Findings from the second round of coding are summarized in Table 2.

FINDINGS

The Doctor's Office (Formal Medical/Health Space)

Fifteen participants recalled language brokering in a medical setting, including hospitals, clinics, and doctor offices. Participants said they interpreted for doctors, medical assistants, nurses, office staff, family members, and sometimes strangers. The most common reason participants said they needed to or were asked to broker language for health events was that interpreters or bilingual service providers were unavailable. In some instances, participants recalled assisting in translating or explaining words that interpreters or bilingual providers had difficulty translating. Several participants said they were aware when they accompanied relatives to health appointments for the purpose of brokering language. A broad range of topics was discussed in medical appointments and visits (listed in Table 2) for physical exams, emergency care, diagnosis consultations, and follow-up treatment.

Eleven participants could recall specific health events, the involved stakeholders, settings, health content/topics, and language brokering tasks. These eleven participants shared 27 events, 21 of which occurred in medical settings for primary care with a doctor or other health provider (ambulance worker, nurse, medical assistant). One emergency health event spanned three settings: home, ambulance, and hospital. This and other events that spanned multiple settings were coded and considered one event.

All language brokering events that unfolded in medical settings involved the language broker and a relative: father, mother, aunt, uncle, sibling, cousin, and health provider. One named health event involved a participant brokering for a stranger in a medical setting. The health topics participants described were related to chronic health conditions, such as diabetes, anemia, and scoliosis. Non-chronic health issues included vaccines, flu, prescriptions for eyeglasses, and dental care. Several participants described language brokering for diagnoses in which a medical condition was revealed for the first time. One language broker, Fernanda, described translating a diagnosis for her mother:

> I had to explain to her that she had a cyst, and I didn't know what that was. So, I told her, 'que tienes un cyst.' ('you have a cyst') She's like, 'Pues que es un cyst?' ('Well, what is a cyst?') And I am like, I don't know…And she (the physician) would tell me things, and she'd be like, well tell your mom that, that it's, not to worry, that it's this big, and telling me the size, but I didn't know what it was. And I was just like, ma, you have a ball, And she's like, 'que es?' (What is it?)

Fernanda added that she was thankful the doctor remained calm and could reschedule a visit with an interpreter since it was not an emergency. When asked how she felt during the doctor's appointment, Fernanda shared:

> "I felt pressured. I felt pressured and scared 'cause I didn't know what to tell my mom. I didn't want to tell her something bad. Not only that, but I volunteer at the hospital now, a little bit later, I know that I am not allowed to interpret medical information because they tell me that I could say the wrong things or that's just not in my rules."

Fernanda's experience reveals the complex relationship between child language brokering and language access issues in healthcare settings. Child language brokering is generally not encouraged and sometimes prohibited, but a lack of language resources creates situations where health providers and patients put aside concerns about children interpreting. From Fernanda's perspective, this situation made her feel "pressured" and "scared." She expressed that she was afraid to tell her mother "something bad," which may mean interpreting something inaccurately or delivering bad news about her health. Layered on these fears, Fernanda was a hospital volunteer and knew that translating medical information was not something she could do as a volunteer, causing her to worry about whether she could interpret for her mother during her appointment.

In a different focus group, Raul described brokering language for a diagnosis for a stranger at a medical office. This was the only event where a participant described language brokering for a stranger. Raul recalled accompanying his mother to a doctor's appointment for his younger sister. While at the appointment, Raul said his mother volunteered Raul to help a woman (stranger) having difficulty understanding English. Raul explained that he was more interested in his sister's appointment, but he offered it when the woman asked Raul for help. He explained:

> So, like the doctor, he didn't want to say her son had cancer 'cause he had a tumor, and it was hard for me to tell the lady that her son had cancer. And, I don't know, that day I cried for some reason, tears would come out. I said I am very sorry, the doctors said that your son has cancer…and I told her, I am sorry, your son has, the doctor is saying that he

> has a tumor, he has cancer…from that point on, I was feeling kind of weird, but then I felt kind of sad because I thought, because I don't like people getting sick.

Raul and Fernanda's experiences exemplify language brokering health events that may emotionally burden children. Providers, policymakers, and adults worry about the consequences of interpreting devastating health news, and Raul and Fernanda describe these consequences. Fernanda expressed feeling pressured, and Raul expressed sadness about delivering news of illness. Raul and Fernanda were the two participants who shared the greatest number of health events (four and five, respectively). (See table 2.)

The other 15 participants discussed brokering language for routine health appointments, including language brokering for physical exams and follow-up appointments for relatives and themselves. Some interactions were straightforward, such as Henry's language brokering for his dental and optometry appointments. Henry described these experiences quite casually:

> With the dentist, like when I was getting braces I had to interpret to my dad how much it was gonna cost and what work he (dentist) had to do, and like when my appointment with the glasses, it was the same thing because I had to interpret umm what the doctor told me, that I need a new prescription.

Another common language brokering task involved filling out forms before meeting with a health provider. This is hinted at in Abby's recollection of accompanying her aunt to help interpret for her younger cousins' appointments:

> *Una vez, con las vacaciones me fuí para Van Nuys con mi tía y ella tiene cuatro hijos y dos chiquitos. Tuvieron que ir a la clínica, igual hacer chequeo físico, y como ella también no habla muy bien inglés… le tuve [que] ayudar a mi tia, traducir lo que tenia hacer, los nombres de los niños, la edad.* (One time, on vacation I went to Van Nuys with my aunt and her four kids and two little ones. They had to go to a clinic, also for physical exams, and because she also does not speak English well…I had to help my aunt to interpret what she had to do, the names of the kids, their ages.)

Abby highlights what she had to interpret: "the names of the kids, their ages." It is likely that the forms she filled out asked for more than this basic demographic information. For Abby, "having to help" seemed to mean a combination of assisting with the logistics of travel (with four kids, two of them small), handling paperwork, and brokering conversation. This is important because it reminds us that language brokering is just part of a larger constellation of family support work that youth participate in.

Most of the 27 events (see Table 2) were for their own health care or their parents' care. Siblings' medical appointments were the third most common health event in our data. It is not certain why language brokers assisted with their siblings' appointments. However, there are some possible and likely reasons, such as their sibling's medical appointments coinciding with language brokers' appointments or their siblings were considered too young to be language brokers. It is also possible that healthcare appointments or events are viewed as family events, and family members are encouraged or expected to be present regardless of who receives medical attention.

A sense of family obligation for different aspects of medical care (including at the doctor's office and reading the medicine bottles) seems conveyed in many of the recounts, for example, in Chris' description of language brokering for his younger brother's care when he got sick:

> Yeah, *cuando se enfermó mi hermano, el más pequeño, tuve que explicar a mi mamá lo que mi hermano tenía* (when my brother was sick, the youngest, I had to explain to my mother what he had). He had a stomach infection. So, *le tuve que explicar a mi mamá lo que era y lo que había dicho el doctor que él necesitaba hacer para que se recuperara. Y tenía que leerle la medicina, como, que tipo medicina, y cuantos dosis...* (So, I had to explain to my mom what it was, and what the doctor said he (younger brother) needed to so do he could recuperate. And I had to read the medicine, what kind of medicine, and how many doses…)

This is important because it suggests that healthcare providers might do well to work with *families* in delivering care: to recognize that siblings who interpret at the doctor's office may *also* play key support roles in follow-up care at home.

Language brokering in medical spaces primarily served health providers and immediate family members. No language broker mentioned being prohibited from interpreting for others, although several mentioned that bilingual office staff sometimes helped to interpret when they could not. Only one participant, Fernanda, mentioned a rescheduled medical appointment for a time when an interpreter was available for her mother's health appointment.

Home

As suggested by the last example, language brokering of health-related events often bridged different contexts. Youth might accompany family members to the clinic, then stop at the pharmacy and re-explain dosage and other follow-up care at home. We now turn to look more closely at health-related brokering that took place at home, a setting that almost all participants in our study named.

Most participants mentioned language brokering at home, and through our second round of coding, we identified seven home events for which participants described the stakeholders, setting, content/topic, and language brokering task. Three of these events were extensions of medical appointments they had interpreted for earlier (see Table 2). This includes Chris's experience translating for a stomach infection at his brother's health appointment, as detailed above. Chris' brokering work began *before* the appointment, also at home: before the doctor's appointment, Chris had interpreted on the phone to assess his brother's condition, which resulted in a recommendation to take his brother to be seen in person. Chris' encounter is emblematic of how language brokering tasks can traverse across physical settings and mediums. For this single health issue, Chris's language brokered over the phone at home, in person with the provider, and at home again with medication.

Language brokering at home offers a familiar setting and, for some language brokers, the opportunity to ask for help from siblings or others in the household. However, language brokering

at home instead of a medical appointment presented new challenges, such as language brokering without important contextual information. Fernanda shared one such experience:

> "Some of it's more difficult because I wasn't there (medical appointment) when the process was happening or whatever was spoken of before. I just got a letter saying some information, and in this case, it was the (test) results getting lost."

Fernanda needed more contextual information about the letter her mother received since she was absent from the health appointment. As a result, Fernanda needed to call the doctor's office to ask for clarification to help her mother. Once again, this shows why doctors might do well to treat health care as a family event and to *welcome* families who work together as translation teams.

Another common language brokering activity at home for participants involved online searches. Similar to the findings in Katz (2014), participants described using the internet to double-check comprehension and find relevant information about families' health issues. For example, Raul used the internet to research information about exercises for his aunt, who had strained her back doing an intense exercise.

> "We found out on the internet, it was this doctor…he was talking about the health of obese people and what's good for them to eat and what's good for them to exercise. And he says to walk, eat more vegetables [rather] than eating junk food. And he says to start with the basics, walking, drinking water, and just walk."

Felipa, similarly, used the internet to promote health by helping her mom look for smoothie recipes that could benefit her father's heart condition.

> "My mom asked me to look up a green smoothie so she can give it to my dad 'cause he has diabetes, so, to like, lower his sugar levels whenever it's like high. So, I had to look, look for it and sometimes it wasn't what she was looking for so I had to type it into different things…I tried to look for more like professional doctor looking websites, and like it turned it wasn't like really what I was looking for, and I had to do that several times. So, it was frustrating."

This makes evident that although the internet made resources such as translation tools and information more accessible, online resources required language brokers to exercise another skill: digital literacy. It is unclear how much support child language brokers have at home for engaging with digital language and information. However, Katz (date) has shown the many ways that youth broker technology along with language.

One language broker, Mina, described what it was like when her father searched the internet for over-the-counter medicine information: "my sister, like a month ago, she had a flu, so we went to Walgreen's. He (father) googled medicine before we went so he could know what to get because he didn't want to go to the doctor and waste time." Mina went on to share with focus group moderators about assisting her father with searching for information online below.

> Mina: He first typed in the symptoms she was having. A lot of things came up (internet results)."
>
> Researcher: Did you do it? Or=

Mina: =He did it himself
Researcher: Did you help him?
Mina: Choosing which direction to go
Researcher: What was your role?
Mina: Like if he found something like bird flu and stuff, I'd be like no it's not that, get out of that. You know, it's not that, it's just a normal kid flu, put in ages, kinda helping him.
Researcher: Why did you have to guide him?
Mina: Because so many things came up, just (to be) more specific.

In this relatively straightforward language brokering task, Mina assisted her father with a Google search that involved selecting appropriate pages, typing keywords, and adding more specific information. Mina's experience suggests that language brokering for health through the internet extends beyond translating words because it involves brokering between her father and search engine results, which required her to quickly assess the relevance of findings. Mina's language brokering also took form in directing her father to refine search words in response to search results.

Health brokering events that occurred at home were more straightforward and involved common health issues, i.e., diet, exercise, medication directions, and mail from the doctor's office. Language brokering at home also allowed participants to engage with health maintenance and treatment plans for chronic issues like diabetes. Participants described practicing different kinds of ingenuity to help resolve health needs or questions, such as making phone calls to clarify information or using digital skills to navigate the internet.

DISCUSSION

The participants in our study shared many details about their language brokering experiences with health, some of which can be clustered to provide a general understanding of what language brokering for health looks like and involves. We embarked on two rounds of coding and analysis to drive a deeper understanding of the phenomenon. The first procured a simple and concise list of places, people, and language brokering tasks. The second procured a longer list, elucidating the range of language brokering experiences per participant and making visible the common and uncommon characteristics of language brokering in health.

Our inventory of settings (first column of Table 1) demonstrates that child language brokering for health occurs in different places and is not limited to medical settings. The inventory of stakeholders (second column in Table 1) helps to illustrate that although we refer to it as child language brokering, children represent one of the multiple stakeholders in health events. Valdés et al. (2014) referred to the child language brokering family as a performance team and noted that the child has the added work of ensuring their parents are perceived favorably. Arguably, the doctor or health provider is also part of a performance team that includes medical and administrative staff and sometimes professional interpreters. When this occurs, the health provider plays a vital role in working with the child language broker, and their performance informs the brokers' perception of health care. For example, in Fernanda's interaction with her mother's

doctor, who tried but was unable to communicate what a cyst is, Fernanda described the doctor as "calm," which she appreciated because it communicated to Fernanda and her mother that they were not experiencing a medical emergency. A list of language brokering tasks, listed in the final column of Table 1, makes it apparent that interpreting for health providers is only one of the five tasks. The other four language brokering tasks involved reading and using the internet for online searches.

Our second round of coding, which reviewed 27 health events, uncovered more valuable information that adds important insight, such as that 22 of the 27 events took place in a medical setting. Although the number of events is not representative of how often participants language broker, it does offer some insight into their range of experiences. Four participants described one event, and the rest described two or more. There were no differences in the tasks per se. However, it was apparent that participants who recalled more than two events described mediating in different modes, such as over the phone and using the Internet. The majority (18/22) of events in a medical setting involved language brokering for a health provider or worker and a mother- either the language broker's mother or an aunt's appointment for their child. Medical appointments were mainly for language brokers (6) and their siblings (6). Youth also brokered for appointments for cousins (4) and mothers (4). Only one participant said they brokered for their father's medical appointment, and one participant brokered for a stranger. These findings suggest that mothers in language-brokering families may play a more active role in children's health care, at least in medical settings.

The language brokering tasks make apparent that child language brokering tasks are multimodal. Put differently, language brokering can take place in person, over the phone, as well as through literacy (reading and translating text), and digitally for internet resources. The four events involving the internet were for information searches and required language brokers to use digital and literacy skills to navigate information. Felipa, like Mina, described needing to adjust the keywords in their searches. Regarding her experience, Felipa added, "I tried to look for more like professional doctor looking websites, and like it turned it wasn't like really what I was looking for, and I had to do that several times." Felipa's description of looking for "more like professional doctor" websites illuminates the braided literacies language brokers practice when using the internet for brokering health, which includes digital, media, information, and health literacies. Mina and Felipa describe using digital literacy skills for operational and technical purposes (Lankshear & Knobel, 2006): media literacy in terms of engaging with mass media communication (Hobbs & Jensen, 2009) and critical media literacy for decoding "the multiple meanings and messages generated by media texts," many of which have social and political layers (Kellner & Share, 2005). Language brokering information from the internet also requires a level of information literacy to navigate and locate information and assess validity and reliability (Jones-Jang et al., 2021). Finally, by engaging these different forms of literacy in service of brokering information from the internet to address health issues, Mina and Felipa exercised what some refer to as E-health literacy (Gürkan & Ayar, 2020).

CONCLUSION AND IMPLICATIONS

Findings from this study make apparent that child language brokering for health cannot be reduced to children translating for their parents at the doctor's office. The 22 health events that took place in medical settings involved health providers, relatives, and, in one case, a stranger. Framing child language brokering as an act of family service is inaccurate; it should be framed as an act of service for family, community, and health. It is imperative to shift emphasis from families as the beneficiaries of child language brokering since health providers and health organizations need and benefit from it as much. This is important for highlighting the equity aspect of this phenomenon, that is, child language brokering is a response to the inequities related to language access in health contexts.

Our work also helps address questions about the appropriateness of this work for children. Many concerns about the burdens that translating in health encounters may place on children have been raised. We found two events that involved emergency health situations. Raul was among the participants who frequently brokered language for health and was the participant who described language brokering for an emergency health event and, separately, a cancer diagnosis. We urge health providers and policymakers to invest in language and cultural resources to ensure that what happened to Raul does not happen to other children. However, it is also vital to acknowledge Raul's language brokering as helpful, empathetic, and brave. Recognizing the value of language brokers' kindness and skills, particularly the numerous sophisticated literacy skills, may promote strong identity development and self-efficacy. We encourage critical discussions about how the framing of child language brokering can impact children's perceptions about themselves, their families, and, in this case, their health.

While we do not expect children to facilitate information and mend the broken links in healthcare that have led to health disparities, we recommend that policymakers and providers examine the current avenues and interactions they already have with language-brokering families. Our data helps illuminate the different contact points that language brokers and their families have with health organizations and professionals. Capitalizing on these interactions is especially important given the strained relationships between healthcare and immigrant communities (Derose et al., 2007; Lauderdale et al., 2006). Last, the prominence of online health care has grown exponentially since the COVID-19 pandemic (Shaver, 2019), making it critical to explore and learn from language brokers how they use digital tools and make sense of health information online. Language brokers may be able to lead the way in terms of identifying skills necessary for locating and creating reliable and accessible health information for multilingual and multicultural communities.

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Tables

Table 1. The initial organization of the spaces, individuals, and tasks associated with youth's brokering of health.

Setting	Stakeholders	Language Brokering Tasks
· Hospital · Ambulance · Emergency room · Clinic · Optometrists office · Dentist office · Pharmacy · Home	· Parents · Siblings · Extended family members · Doctors · Medical office assistants · Nurses · Paramedics	· Interpreting for family members and doctors during medical visits · Reading and filling out medical paperwork · Reading and administering prescription medicines · Assisting with health related internet searches · Reading and translating nutritional information on food

Table 2. Specific Health Event Analysis

Name Grade/ Gender Language	#	Health Event and Topic	Language Brokering Task and Stakeholders	Setting
Raul (10/M) Spanish	1	Health appointment for side effects of TB Vaccine for Raul	Interpreted for Mom, Doctor	Medical
	2	Health appointment for sister, and for a stranger's appointment regarding son's cancer diagnosis	Interpreted for Mom, Doctors, and Stranger	Medical
	3	Spoke with 911 operator for younger cousin's seizure; then interpreted for ambulance workers and aunt	Interpreted for Aunt, 911 Operator, Ambulance Worker, and Nurse	Medical, Home

	4	Interpreted online information for Aunt seeking health information regarding exercises for obesity	Interpreted website for Aunt	Home
Filipa (11/F) Spanish	5	Health appointment for sister regarding “too much vitamins in her system.”	Interpreted for Mom, Doctor, Sibling	Medical
	6	Health appointment for cousin’s scoliosis treatment	Interpreted for Provider and Aunt	Medical
	7	Health appointment for father regarding diabetes treatment plan	Interpreted for Father and Provider	Medical
	8	Online information for smoothie to support father’s diabetes diet	Interpreted online information for Mother	Home
Henry (12/M) Spanish	9	Dentist consultation for cost of braces, and treatment plan	Interpreted for Father and Dentist	Medical
	10	Optometrist appointment for information about aging out of children’s health services and new prescription	Interpreted for Father and Optometrist	Medical
Charlie (10/M) Spanish	11	Interpreted directions to pharmacy during initial visit and prescription directions	Interpreted for Doctor, Mother	Medical, Home
Chris (10/M) Spanish	12	Health appointment for brother’s stomach infection	Interpreted for Doctor, Mother, Medicine directions	Medical, Home
	13	Chris interpreted for food list and recipes that were recommended as part of father’s heart treatment plan	Interpreted online information for Father, Mother	Home

	14	Health appointment for mother's asthma	Interpreted for Doctor and Mom	Medical
Abby (10/F) Spanish	15	Physical exam for sister, anemic diagnosis, treatment plan including diet for sister	Interpreted for Provider, Mom, Sister	Medical
	16	Physical exams for two younger cousins	Interpreted for Doctor, Aunt	Medical
Dion (12/M) Spanish	17	Health appointment for cousin, cousin was directed to exercise and was prescribed medicine	Interpreted for Uncle and Doctor	Medical
Norah (12/F) Spanish	18	Physical exam for mom	Interpreted for Doctor and Mom	Medical
Chantal (9/F) Bengali	19	Regular blood transfusions for Chantal	Interpreted for Doctor or Provider, Mom, and Aunt (when Mom unable to accompany Chantal)	Medical
Mina (12/F) Spanish	20	Health Appointment for Sister's anemia	Interpreted for Doctor and Mom	Medical
	21	Health Appointment for Mom – offered interpreter, Mom preferred Mina	Interpreted for Doctor and Mom	Medical
	22	Assisted with online search for Sister's Flu	Interpreted internet information for Dad	Home
Fernanda (10/F)	23	Health appointment for Mom, Cyst diagnosis	Interpreted for Doctor and Mom	Medical

Spanish	24	Health appointment for Fernanda, was diagnosed pre-anemic	Interpreted for Doctor and Mom	Medical
	25	Health appointment for Brother	Interpreted for Doctor and Mom	Medical
	26	Health appointment for Fernanda's asthma	Interpreted for Doctor and Mom	Medical
	27	Mail and phone calls from Doctor's office regarding health tests	Interpreted phone calls with Doctor's office	Home