

HEALTHCARE SYSTEMS

Afghan Patient Access and Retention in the U.S. Health Systems

Why Afghan patients disengage from care, what that costs a health system, and what changes when language, dialect, region, and interpreter gender are matched correctly.

Abstract · The full document is available to clients and partners on request
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ABSTRACT

Afghan Patient Access and Retention in U.S. Health Systems

Afghan patients enter U.S. health systems through the same doors as everyone else and leave them earlier. They miss follow-up appointments, decline procedures they had already consented to, and stop returning to clinics that hold no record of anything having gone wrong. The disengagement is rarely announced, and it is easy to read as non-compliance.

This document sets out what is actually happening in those encounters and what it costs the institution. It examines the difference between an interpreter who transmits words and one who can explain a clinical concept to a patient with no prior frame for it; the consequences of matching a patient to the wrong language, the wrong dialect or the wrong region within Afghanistan; and the situations in which interpreter gender determines whether a consultation happens at all.

It is written for the people who own the problem inside a health system rather than for a general audience — language-services directors who schedule interpretation, patient-experience leads who see the return rates, and compliance officers who carry the institution's obligations under federal language-access requirements.

The document covers the operational picture: where in the patient journey the failures cluster, what they cost in missed visits, repeat presentations and staff time, and what a health system can change without adding headcount. It also addresses what translation alone cannot solve — the cultural, gendered and generational expectations a patient brings into the room, and the difference between a family member interpreting and a trained professional doing it.

Ariana Nexus matches on language, dialect, region and interpreter gender, and assigns trained interpreters rather than bilingual speakers. The document explains why each of those distinctions changes the outcome.

DOCUMENT DETAILS

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ACCESS

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Ariana Nexus
1717 Pennsylvania Avenue NW, 10th Floor
Washington, D.C. 20006
(202) 771-0224 · ariananexus.com