

CASE STUDY

Empathy-driven Leadership Training to Improve Healthcare Access for Non-English Speakers



A SPARK
Consulting

Empathy-driven leadership training to improve healthcare access for non-English speakers

SERVICE: LEADERSHIP DEVELOPMENT

■ WHO WE ARE

A Spark Consulting is a BIPOC-led, strategic consultancy specializing in qualitative research and human-centered design, working with foundations, governments, and mission-driven organizations.

THE STORY

A Spark Consulting was engaged as part of a leadership development initiative for a large U.S. health insurance company.

THE GOAL

The goal was to help senior leaders better understand health equity and the real-world consequences of how healthcare systems are designed.

How might we support people who do not speak English as a primary language access healthcare?

For many patients, accessing care is time-consuming, costly, and, at times, unsafe. A single primary care visit can take an entire day. Interpretation services are often limited to short, phone-based interactions, meaning patients may need to repeat their story multiple times if appointments run over. In some cases, this leads people to rely on emergency rooms instead, where in-person interpretation is more accessible, placing additional strain on the system. Interpretation errors can lead to incorrect or incomplete symptom descriptions, affecting diagnosis and treatment. Even licensed medical interpreters are restricted to word-for-word translation, limiting their ability to convey cultural nuance or clarify meaning.

WHAT WE DID

We designed and facilitated an experiential leadership development program grounded in equity-centered design and lived experience. The program introduced key frameworks such as social determinants of health and power dynamics, alongside hands-on methods like empathy interviews with community members. Additionally, individuals with lived experience were engaged as co-designers, ensuring the work was grounded in real-world perspectives rather than assumptions.

At the center of the program was the

MEDICAL HUB

an immersive simulation designed to close the empathy gap between decision-makers and the communities they serve.

Participants entered a mock healthcare environment where all signage and communication were in Spanish. They were asked to seek care for a symptom while navigating an unfamiliar system. In the exam room, they relied on a phone-based interpreter to communicate with a Spanish-speaking nurse. The experience introduced delays, confusion, and miscommunication. Leaders struggled to describe their symptoms, questioned whether they were understood, and experienced firsthand the emotional and cognitive load placed on patients. It was a structured immersion designed to help leaders see, feel, and understand the system they are responsible for shaping.



LEARNING AND OUTCOMES

The program led to meaningful shifts in how leaders understand and approach healthcare access. Participants described the experience as confusing, slow, and, at times, dehumanizing. The simulation made visible how language barriers create anxiety, reduce trust, and complicate even routine care interactions.

The exercise exposed operational and clinical vulnerabilities. In several cases, symptom descriptions translated through interpreters were inaccurate. If used in real settings, these inaccuracies could have led to incorrect diagnoses or inappropriate treatment. Leaders also saw how fragmented interpretation, across multiple calls or providers, can disrupt continuity of care and increase the likelihood of error.



Because participants included leaders responsible for budgets, operations, and service design, the experience directly influenced how they evaluated solutions.

For example:

One leader responsible for interpretation services recognized the limitations of phone-based models and began exploring video-based alternatives to **improve communication quality and patient experience.**

By experiencing the system together, leaders developed a shared understanding of the problem. This created a foundation for more coordinated, cross-functional decision-making. **Participants gained tools in empathy-based research, equity-centered design, and community engagement,** strengthening their ability to integrate lived experience into strategy and operations.



While grounded in healthcare, this approach applies to any complex, human-centered system. Organizations across sectors, from financial services to public systems, face similar challenges: designing services for people whose realities differ from those making the decisions. Immersive, experience-based leadership development helps bridge that gap.

SPARK A CONVERSATION

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