

L.A. Care
HEALTH PLAN®

For a **Healthy Life**



Section 3:

Crossing Barriers: Communication Across Language Barriers

Crossing Barriers: Communication Across Language Barriers

This section offers resources to help health care providers identify the linguistic needs of their Limited English Proficient (LEP) patients and strategies to meet their communication needs.

Research indicates that LEP patients face linguistic barriers when accessing health care services. These barriers have a negative impact on patient satisfaction and knowledge of diagnosis and treatment. Patients with linguistic barriers are less likely to seek timely treatment and preventive services. This leads to much more severe condition on presentation, poor health outcomes and longer hospital stays.

This section contains useful tips and ready-to-use tools to help remove the linguistic barriers and improve the linguistic competence of health care providers. The tools are intended to assist health care providers in delivering appropriate and effective linguistic services, which leads to:

- Increased patient health knowledge and compliance with treatment
- Decreased problems with patient-provider encounters and increased patient satisfaction
- Increased appropriate utilization of health care services by patients
- Potential reduction in liability from medical errors

The following materials are available in this section:

Tips for Working with Limited English Proficient (LEP) Patients

Suggestions to help service LEP patients.

Tips for Communicating Across Language Barriers

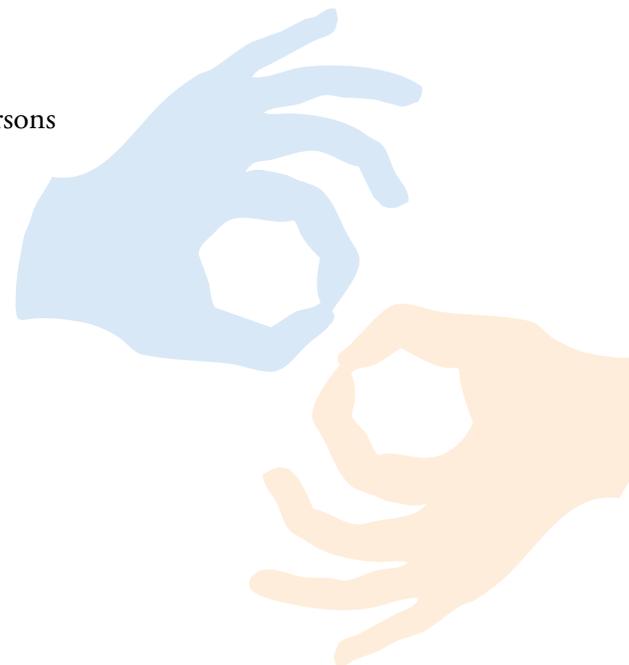
Suggestions to help identify and document patients' language needs.

10 Tips for Working Effectively with Interpreters

Suggestions to maximize the effectiveness of an interpreter.

Communicating with Deaf or Hard of Hearing Persons

Myths and tips for communicating with Deaf or Hard of Hearing Persons



Tips for Working with Limited English Proficient (LEP) Members

California law requires that health plans and insurers offer free interpreting services to both LEP patients and health care providers and also ensure that the interpreters are professionally trained and are versed in medical and health care terminology.

Who is a LEP patient?

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English, may be considered limited English proficient (LEP).

How to identify a LEP patient over the phone

- Patient is quiet or does not respond to questions
- Patient simply says yes or no, or gives inappropriate or inconsistent answers to your questions
- Patient may have trouble communicating in English or you may have a very difficult time understanding what they are trying to communicate
- Patient self identifies as LEP by requesting language assistance.

Tips for working with LEP patients and how to offer interpreting services

- 1) Patient speaks no English and you are unable to discern the language
 - Connect with contracted telephonic interpreting services vendor to identify language needed.
- 2) Patient speaks some English:
 - Speak slowly and clearly. Do not speak loudly or shout. Use simple words and short sentences.
 - How to offer interpreting services:
“I think I am having trouble with explaining this to you, and I really want to make sure you understand. Would you mind if we connected with an interpreter to help us? Which language do you speak?”

Or
“May I put you on hold? I am going to connect us with an interpreter.” (If you are having a difficult time communicating with the patient)

Best practice to capture language preference

For LEP patients it is a best practice to capture the patients preferred language and record it in the plan's patient data system.

“In order for me (or Health Plan) to be able to communicate most effectively with you, may I ask what your preferred spoken and written language is?”

For more information on how to access interpreting services through L.A. Care or resources that will help you identify a patient's preferred language, please refer to Section 5 of this tool kit.

Tips for Communicating Across Language Barriers

Limited English Proficient (LEP) patients are faced with language barriers that undermine their ability to understand information given by healthcare providers as well as instructions on prescriptions and medication bottles, appointment slips, medical education brochures, doctor's directions, and consent forms. They experience more difficulty (than other patients) processing information necessary to care for themselves and others.

Tips to Identify a Patient's Preferred Language

- Ask the patient for their preferred spoken and written language.
- Display a poster of common languages spoken by patients; ask them to point to their language of preference.
- Post information relative to the availability of interpreting services.
- Make available and encourage patients to carry "I speak..." or "Language ID" cards.

Tips to Document Patient Language Needs

- For all Limited English Proficient (LEP) patients, document preferred language in paper and/or electronic medical records.
- Post color stickers on the patient's chart to flag when an interpreter is needed. (e.g. Orange =Spanish, Yellow=Vietnamese, Green=Russian).

Tips to Assessing which Type of Interpreter to Use

- Telephone interpreting services are easily accessed and available for short conversations or unusual language requests.
- Face-to-face interpreters provide the best communication for medical appointment, sensitive, legal or long communications.
- Trained bilingual staff provides consistent patient interactions for a large number of patients.
- For reliable patient communication, avoid using minors and family patients.

Tips to Overcome Language Barriers

- Use simple words; avoid jargon and acronyms.
- Limit/avoid technical language.
- Speak slowly (don't shout).
- Articulate words completely.
- Repeat important information.
- Provide educational material in the languages your patients read.
- Use pictures, demonstrations, video or audiotapes to increase understanding.
- Give information in small chunks and verify comprehension before going on.
- Always confirm your patient's understanding of the information - patient's logic may be different from yours.

10 Tips for Working with Interpreters

1. Request an interpreter who meets the needs of the patient, considering age, sex and background.

A patient might be reluctant to disclose personal and sensitive information, for example, in front of an interpreter of a different sex.

2. Hold a brief introductory discussion with the interpreter.

Have a quick briefing with the interpreter before the meeting or call with the patient. Inform the interpreter on the nature of the appointment or call and agree on basic interpreting protocols. Let the interpreter brief the patient on the interpreter's role.

3. Allow enough time for the interpreted appointments and calls.

Remember that an interpreted conversation requires more time. The original message is conveyed twice: once in English and then again in the patients' language and vice versa. What can be said in a few words in one language may require a lengthy paraphrase in another.

4. Speak in a normal voice, clearly, and not too fast or too loudly.

It is usually easier for the interpreter to understand speech produced at normal speed and with normal rhythms, than artificially slow speech.

5. Avoid acronyms, jargon, and technical terms.

Avoid idioms, technical words, or cultural references that might be difficult to interpret. Some concepts may be easy for the interpreter to understand but extremely difficult to interpret (i.e. positive test results).

6. Face the patient and talk to the patient directly. Be brief, explicit and basic.

Remember that you are communicating with the patient through an interpreter. Instead of saying "Please ask her how she is feeling," just say "How are you feeling?" Pause after a short full thought for an accurate and complete interpreting. If your sentence is too long, the interpreter may not remember and miss what was said.

7. Don't ask or say anything that you don't want the patient to hear.

The interpreter's job is to interpret everything said accurately and completely. Refrain from saying anything that you don't want the patient to hear.

8. Be patient and avoid interrupting during interpretation.

Allow the interpreter as much time as necessary to ask questions, for repeats, and for clarification. Be prepared to repeat yourself in different words if your message is not understood. Also remember that English is a direct language, and may need to be relayed into a different communication pattern.

9. Be sensitive to different communication styles.

Different cultures have different protocols to discuss sensitive topics and to address physicians. Many ideas and concepts taken for granted in the States do not exist in the patient's culture and may need detailed explanation in another language. Take advantage of your interpreter's insight and let the interpreter be your "Cultural Broker."

10. Read body language in the cultural context.

Watch the patient's eyes, facial expression, or body language when you speak and when the interpreter speaks. Look for signs of comprehension, confusion, agreement, or disagreement.

Communicating with Deaf or Hard of Hearing Persons

Based on statistics from the US Census 2000 and the National Center for Health Statistics:

- There are approximately 25 million Americans with hearing loss. Over 2.2 million are considered deaf.
- There are approximately 3 million deaf and hard of hearing in California alone.
- Greater Los Angeles County is home to over 800,000 deaf and hard of hearing people.

Myths About Deaf or Hard of Hearing Persons

- All hearing losses are the same.
- All deaf people are mutes.
- All deaf people use hearing aids.
- Hearing aids restore hearing.
- All deaf people use sign language.
- Sign language is universal.
- All deaf people can read lips.
- Deaf people are less intelligent.

Issues to be aware of

- Some Deaf individuals have very limited English language skills, as it is their second language, and will require an interpreter to ensure comprehension of the message.
- There are literacy levels and language use differences among deaf individuals and groups of deaf individuals.
- Problems with the varying quality, experience and knowledge of interpreters in these critical settings.
- Words like “right” or “silent” have contextual meanings, are abstract, and when signed by different interpreters, could result in completely different meanings.
- Regardless of educational level, many individuals who are deaf have not been exposed to mainstream culture through mass media based on sound. Media exposure is the source for the general public for its information.

Hints for Communicating with Deaf or Hard of Hearing Persons

- Face the deaf person and maintain eye contact. Deaf individuals often rely on visual cues to determine your message as much as your words. Give the deaf person as many visual cues as possible.
- Speak directly to the Deaf or Hard of Hearing Person. Focus your attention on the deaf person, not the interpreter. Avoid using phrases such as “Tell him/her” or “Can he/she read lips?”
- Speak clearly and at your normal, natural pace. The interpreter will let you know if you are speaking too fast. Enunciate your words. Do not exaggerate.
- Remember, talking louder does not help the deaf person understand better.
- Avoid asking the interpreter for his/her opinion. You are speaking with the Deaf or Hard of Hearing Person.
- Consider your choice of words. Some words are easier to lip-read than others.
- If the deaf person does not understand, re-phrase instead of repeating the same words.
- Apply “10 Tips for Working Effectively with Interpreters” when working with sign language interpreters.