Section 3: 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 treatment and preventive services. This leads to 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) Members**
Suggestions to help service LEP members.

**Tips for Communicating Across Language Barriers**
Suggestions to help identify and document language needs.

**10 Tips for Working 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 interpreter services to both LEP members and health care providers and also ensure that the interpreters are professionally trained and are versed in medical terminology and health care benefits.

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

Tips for working with LEP members and how to offer interpreter services
1) Member speaks no English and you are unable to discern the language
   • Connect with contracted telephonic interpretation vendor to identify language needed.

2) Member speaks some English:
   • Speak slowly and clearly. Do not speak loudly or shout. Use simple words and short sentences.
   • How to offer interpreter 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 member)

Best practice to capture language preference
For LEP members it is a best practice to capture the members preferred language and record it in the plan's member 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 an interpreter 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 interpreter 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 interpreter services are easily accessed and available for short conversations or unusual language requests.
  - Face-to-face interpreters provide the best communication for sensitive, legal or long communications.
  - Trained bilingual staff provide consistent patient interactions for a large number of patients.
  - For reliable patient communication, avoid using minors and family members.

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 patient’s understanding of the information - patient’s logic may be different from yours.
10 Tips for Working with Interpreters

1. **Choose 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.**
   If it is your first time working with a professional interpreter, briefly meet with the interpreter first to agree on basic interpretation protocols. Let the interpreter brief the patient on the interpreter’s role.

3. **Allow enough time for the interpreted sessions.**
   Remember that an interpreted conversation requires more time. 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 translate. Some concepts may be easy for the interpreter to understand but extremely difficult to translate (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. Pause after a full thought for the interpretation to be accurate and complete. If you speak 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.**
   Expect everything you say to be interpreted, and everything the patient and their family says.

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. Professional interpreters do not translate word-for-word but rather concept-by-concept. Also remember that English is a direct language, and may need to be relayed into complex grammar and a different communication pattern.

9. **Be sensitive to appropriate communication standards.**
   Different cultures have different protocols to discuss sensitive topics and to address physicians. Many ideas taken for granted in America 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

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.
- All deaf people use sign language.

Hints for Communicating with Deaf or Hard of Hearing Persons

- Speak directly to the Deaf or Hard of Hearing Person. Avoid using phrases such as “Tell him/her” or “Can he/she read lips?”
- Focus your attention on the deaf person, not the interpreter.
- Speak clearly and at your normal, natural pace. The interpreter will let you know if you are speaking too fast.
- Avoid asking the interpreter for his/her opinion. You are speaking with the Deaf or Hard of Hearing Person.