Building Connections with New Cultural Groups and Addressing the Needs of Limited English Proficient Families

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What is Limited English Proficiency (LEP)?

According to the U.S. Department of Justice,

“Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or LEP”

(Civil Rights Division, 2016).
Limited English Proficiency in the US

Nationwide Language Map:
- Find it at www.census.gov; search for language map.

Boston metro area
- At least 138 languages are spoken at home.
- 23 percent of the metro area population age 5 and over speak a language other than English at home.
- One of the smaller language groups found there is Albanian, with 6,800 speakers.
Why language barriers?

- AHRQ identified Limited English Proficiency (LEP) patients are at higher risk for medical errors and many of them are attributed to poor communication in multiple areas of patient care.
- Hospitalized children with LEP had elevated odds of experiencing an adverse event.
- Children from LEP families experience a five-fold increase in length of stay when it was associated with an adverse event compared to their English proficient counterparts.
- LEP is an independent risk factor for worse health care access and quality among children with special healthcare needs.
- Pediatric patients with LEP have a higher risk for readmission.
Why is Communication Across Cultures Challenging?

- **Communication:**
  - ...process by which two individuals try to exchange a set of ideas, feelings, symbols and meanings.

- **Communicating across cultures:**
  - Since each person comes from a different culture, they don’t
    - know the same things
    - assume the same things
    - see things in the same way
    - have the same way of thinking, feeling, or behaving
What are some of the barriers when working with LEP patients?

• Language/Health literacy
• Lack of knowledge on how to navigate the healthcare systems.
• Past experiences with healthcare systems in their country.
• Different expectations for our system based on past experiences.
Remember:

• Stress is a major factor in a parent/caregiver’s ability to recall and speak a second language.

• Language proficiency may fluctuate from stressful moments to non-stressful moments.

• Despite your perception of parent/caregiver’s level of language proficiency, you should always go with their language of preference.
What are the areas of concern for patients who don’t speak English?

• Areas of concern for patients with LEP:
  – poor comprehension of medical condition
  – treatment plan
  – discharge instructions
  – complications
  – improper preparations for tests or procedures
  – giving poor or inadequate consent

• High-risk scenarios include: medication reconciliation, patient discharge, informed consent, emergency department care, and surgical care.
Why is Closing the Loop Critical for LEP patients?

• Language barriers raise the stakes during communication.
• Once the interpreter leaves, there’s very little opportunities for families to ask clarifying questions.
• Calling back to ask questions is not easy when you don’t speak English.
• When multiple people communicate back and forth there is room for error.
• Three people conversing requires great cognitive skill to manage information back and forth reliably—that is only if both parties are engaging at a reasonable speed for all the information to be captured appropriately.
• Asking “Did you understand?” and “Do you have any questions?” is not enough.
• The only way to confirm information was sent and received effectively is by directly asking the receiver to “feed-back” information to the sender and verify they indeed understood the message.
Teach Back Methodology
Being Proactive in Your Community

• Develop community advisory boards that can provide insight on key issues related to these patients.
• Hire staff who reflect the linguistic and cultural diversity of the patients you serve.
• Use a community health worker or patient navigator Create “Language Champion” teams of trained nurses and social workers
• Have interpreters conduct regular rounds. As part of regular rounds, interpreters would be checking in on LEP patients, even when clinicians do not page them, as an additional support network.

Strategies for Addressing LEP Patients Needs

• Explain why you are doing what you are doing.
• Explain disease process and treatment in simple words.
• Allow time for family to voice their concerns.
• Welcome and encourage cultural practices at the bedside.
• Use pictures, images and any visual aides to help you.
• Use a patient advocate when teaching the family.
Tips to follow when working with an interpreter

• Maintain eye contact with the person you are speaking to, not the interpreter.

• Keep your English as simple as possible.

• Speak clearly.

• Break up what you say in small chunks
Interpreter Etiquette 101

Step 1: Prepare yourself and the interpreter before interacting with an LEP person

– Share with the interpreter the purpose of the interaction.
– Prepare a contingency plan in case of an unexpected situation.
– Ask the interpreter how to say the name of the person correctly.
– Organize what you are going to say to the person.
– Have everything ready for when the interpreter gets there.
Interpreter Etiquette 101

Step 2: Interacting with the LEP person and the interpreter:

– Position the nurse, patient, and interpreter in the correct way.
– Address the patient, not the interpreter.
– Speak slowly, not louder.
– Speak in short units of speech.
– Ask for one thing at a time.
– Avoid medical or technical jargon.
– Ask for a return demonstration or feedback of information from the patient.
Interpreter Etiquette 101

Things NOT to do when working with an interpreter:

- Use a person who is not a qualified provider of language services.
- Converse with the interpreter in English in front of the LEP person (unless necessary).
- Make jokes or add unnecessary information.
- Ask questions that can be answered with “yes” or “no”.
- NEVER ask the interpreter to simply read the consent form and ask for a signature.
- Interpreters should not function as witnesses.
Interpreter Etiquette 101

• **Step 3: After an interaction with a LEP person and the interpreter:**
  • Ask for the interpreter’s feedback on how things went
  • Clarify anything that didn’t make sense
  • If the patient refuses to have an interpreter, try work on engaging them in a trusting way so they can agree.
A word of caution…

• Beware of people who claim they know a language-NOT!!!
Other Suggestions

- Select and learn a few words in the language they speak.
- Make good use of body language
- Ask questions about the patient/family
What can I do when I care for a patient?

• Let the patient be the informer.
• Do not assume all Latino patients are the same.
• Make an effort not to get frustrated:
  • Strange environment
  • Different language
  • Lack of trust in the unknown
What is Health Literacy

• The capacity to:
  – Obtain, process, understand basic health information and services.
  – Make appropriate health care decisions (act on information).
  – Access/navigate health care system.

• Health literacy is the product of the interaction between individuals’ capacities and the health literacy-related demands and complexities of the health care system. Specifically, the ability to understand, evaluate, and use numbers is important to making informed health care choices (IOM, 2014).

Source: AHRQ Health Literacy: Hidden Barriers and Practical Strategies
Tools to Quickly Assess Health Literacy

• The Newest Vital Sign:
  – www.pfizerhealthliteracy.com

• A new tool designed to quickly and simply assess a patient’s health literacy skills. It can be administered in only 3 minutes and is available in English and Spanish.

• www.ahrq.gov
  – Health Literacy Measurement Tools (Revised)
  – Short Assessment of Health Literacy—Spanish and English (SAHL-S&E)
Eva’s favorite 3-step method for patient education

1. Explain in simple words how the body works. (bring pictures!)
2. Explain what is wrong with their body now.
3. Explain how the treatment will help.
What is Health Numeracy

- Numeracy is the ability to access, use, interpret, and communicate mathematical information and ideas, to engage in and manage mathematical demands of a range of situations in adult life (CDC, 2016).

- “Low health numeracy makes it hard to read, listen to, talk about, and evaluate quantitative information. As a result, people with low health numeracy may be less likely to make the choices and take the actions needed to stay well.”

- Limited numeracy keeps patients from understanding information that can be critical to achieving the plan of care.

Source: AHRQ The SHARE Approach—Communicating Numbers to Your Patients: A Reference Guide for Health Care Providers
How To Help Someone with Low Numeracy?

• Limit the use of numbers.
• Use everyday words.
• Do the math. Perform calculations for your patients.
• Use analogies and comparisons to familiar objects.
• Show pictures.
• Use the teach-back technique.

Source: AHRQ The SHARE Approach—Communicating Numbers to Your Patients: A Reference Guide for Health Care Providers
Group Activity
**One More Important Item to Consider**

The information given to a patient through an interpreter is only as good as the explanation given by the speaker.

**Interpreter ≠ Patient Understanding and Learning**

Being bilingual does not equate cultural competence
A final word...

- Listen with an open mind.
- Have patience and persistence as you work with LEP families.
- Build bridges, connect with families and always pursue the best outcomes.