

## Communicating Health Information to English as a Second Language Patients

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Large numbers of immigrants have settled in North Carolina in recent years. The immigrant population grew 58.1% (373 000 to 590 000) between 2000 and 2005. Most immigrants are unfamiliar with the basics of the US health care system and lack adequate knowledge to make informed decisions about their own health. These difficulties block many immigrants from attaining self-sufficiency and becoming full participants in our society. Basic health literacy and assistance gaining access to community resources could prevent these families from becoming mired in poor health for generations.

The University of North Carolina at Greensboro Center for New North Carolinians Immigrant Health ACCESS Project recognizes language and cultural barriers as principal health care problems for over 50% of new immigrants in North Carolina, as defined by both the providers and the limited English speaking community. Most newcomers have limited English proficiency, utilize traditional health practices from their cultures, live close to the poverty level with inadequate health insurance, work in hazardous jobs, and have limited familiarity with our health systems or preventive health practices.

With more than a dozen different major ethnicities in the state and an immigrant population that represents several different demographic profiles, languages, cultures, and needs, North Carolina health providers face extraordinary challenges. How well and how rapidly we replenish the bilingual and bicultural health care practitioner workforce in our state determines our ability to eliminate language barriers, improve health behavior of new immigrants, and save on scarce financial resources in order to reach more residents, newcomers, and the uninsured.

The state of North Carolina does not yet have enough bilingual health care personnel and culturally appropriate policies in place to fully tackle disparities among immigrants in the state. Title VI of the Civil Rights Act of 1964 requires that limited English proficiency populations have access to “culturally and linguistically appropriate services” at no cost to the client. Health providers, including both public and private entities that receive federal funds, are required to take reasonable steps to ensure meaningful access to the information, programs, and services they provide. Very few North Carolina providers offer services in multiple languages through qualified interpreters. Some rely on family members, including children, or use untrained or unqualified interpreters, thus creating ethical and confidentiality issues.

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Cultural competency gaps magnify the health communication problems. Health care practitioners are often unfamiliar with the traditional practices of their patients and may not ascertain what interventions the patient is already using or willing to use, thus creating an additional health hazard. Newcomer immigrant patients who are unfamiliar with US health practices do not know how to best access health systems, put into practice preventive

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health behavior, or use medications as directed.

A large number of new North Carolina immigrant residents do not have the English-speaking capabilities to fully access health care, and practitioners cannot communicate in the patients' languages. As a consequence, patients are not able to speak freely with their practitioners and do not receive information on how they can better take care of themselves or their families. If the practitioners cannot explain to their patients their conditions, they cannot tell the patients why or how to follow lifestyle changes or explain why medication is necessary. Limited English proficiency immigrant patients cannot ask questions or make agreed upon changes to their treatments with their practitioners.

Communication barriers are not only connected to the inability to speak English. Immigrant residents in North Carolina show some cultural behaviors that interfere with health communication:

- Some immigrants have identified the stigma of being a refugee as a detriment. It destroys their sense of being part of the general community and may create barriers of mistrust with the health care provider, which makes communication difficult.
- Immigrant patients may be troubled when health care practitioners ask many personal questions, take notes of conversations, and fill out forms
- Men may particularly feel that talking about suffering is a sign of weakness and may be reluctant to talk about psychological dimensions of pain.
- Due to misunderstanding the role of some health care professionals (eg, nurses), some patients may feel discriminated against and refuse communication.
- People who are not confident with their English proficiency may refuse to disclose information to medical professionals.
- Many find it difficult to follow the legal procedures in North Carolina but may not ask for advice.

The key to ensuring meaningful health access for limited English patients is the ability to reach effective communication between the patient and the health provider. One strategy to achieve more effective communication, in addition to complying with the terms of Title VI to provide culturally and linguistically appropriate services, includes using trained and culturally competent interpreters. Improving the quality of interpreter services can reduce health costs, increase prevention efforts, and decrease primary care use by non-English speaking residents. Another strategy is to assist case management efforts of safety net providers by using lay health advisors to support immigrant clients' better understanding and navigation of the health care system. Lay health advisors are trusted members of the communities in which they serve. Their assistance can help immigrant clients develop stronger relationships with their practitioners.

Cultural competence means the capability and will of a provider or service delivery system to respond to the unique needs of an individual considering the culture of the person.

Using interpreters and lay health advisors as cultural brokers can help health providers attain knowledge regarding beliefs, cultural values, and preferences. This knowledge becomes critical when a practitioner creates interventions to meet a person's needs. Immigrant lay health advisors have the ability to use the individual's culture as a resource or tool to aid in the intervention and explain the health needs or problems. The capacity to provide equal access to individuals from different cultural and linguistic populations results from the new understanding of immigrants' distinct needs which is gained through collaboration with lay health advisors. Culture gives meaning to health communication and provides the context for understanding health information. Health literacy education programs must be developed to reflect the unique language and cultural backgrounds of North Carolina's immigrant populations.

Communicating with patients who have limited English proficiency requires more than just finding someone who speaks their language to assist with interpretation. According to the Civil Rights Act of 1964 and Executive Order 13166, patients with limited English proficiency have the right to a trained interpreter. Trained language interpreters have formal education in interpreting and abide by a professional code of ethics that includes confidentiality, impartiality, accuracy, and respect. Good medical interpreters are not only fluent; they are also familiar with medical terminology and have experience in health care. Although there are several accredited training programs for medical interpreters, there is no national certification. Only the state of Washington offers state testing and certification. The University of North Carolina at Greensboro Center for New North Carolinians has developed curricula and testing to certify that North Carolina health interpreters have received training and certification.

A great obstacle to the practitioner-patient relationship or therapeutic bond happens when a language barrier exists between the practitioner and patient. More attention needs to be given to the process of language translation during this interaction. Some have suggested increasing the number of Spanish and other language courses for practitioners as an option for reducing the language barrier. I encourage the learning of other languages, but a quick or survival language course can also lead to significant mistakes on the part of the practitioner. Unless the practitioner is fluent in the language, it is prudent to always use an interpreter, especially following the exam, to ensure and document patient understanding. The interpreter should ask the patient if he or she has any additional questions and then request that the patient repeat back any instructions from the practitioner.

Most providers use translation of messages, documents, and materials into other languages to reach nonnative speakers of English. This process is flawed because the English language, especially technical language concerning complex medical topics, does not always translate well into other languages and may result in misrepresentations and misunderstandings. Furthermore, translating documents is also complicated by the sheer number of different languages used by residents in North Carolina. It is a tremendous and expensive challenge to translate

health communication materials into a range of different languages, and meaning can be lost in translation.

Nevertheless, language is important for both access to and quality of care. Using trained and qualified interpreters can and should be implemented to improve access to health information for consumers who are not native English speakers. Health literacy is a complex issue, and improvements in the health literacy of limited English proficient clients require a variety of approaches. Health literacy not only involves the communication skills and abilities of immigrants to understand spoken, written, and mass-media communication about health and health care, but it also involves the communication skills and disposition of health care providers and the support of those that understand the client's culture and language. Effective health communication with thousands of new North Carolinians must be interactive

and adaptive, utilizing many different channels of communication.

North Carolinians are well aware of the increasing diversity across the state. In grocery stores in any county one can hear multiple languages and dialects spoken. Visiting reception areas of any of our health service agencies, one will encounter people from many cultural backgrounds. The public schools report that more than 90 different languages are spoken in the home of children enrolled throughout our state's educational system. Human service providers and educators are challenged to find the best way to meet the needs of an increasingly diverse population. Partnerships between lay health advisors, qualified interpreters, health care providers, and consumers who desperately need relevant health information can help overcome many problems related to health literacy. **NCMJ**

The advertisement features a collection of fresh produce including broccoli, a tomato, a banana, a carrot, a kiwi, an orange slice, and blueberries. A clear plastic pill bottle is shown at the bottom right, filled with various fruits and vegetables on sticks, with more produce appearing to spill out of the top. The text is centered and reads: 'THE CANCER PROJECT', 'Finally!', 'A prescription with side effects you want.', 'Blueberries and red beans, just a few of the many foods rich in antioxidants, are powerful remedies in the fight against cancer. Research shows that fruits, vegetables, and other low-fat vegetarian foods may help prevent cancer and even improve survival rates. A healthy plant-based diet can lower your cholesterol, increase your energy, and help with weight loss and diabetes. Fill this prescription at your local market and don't forget—you have unlimited refills!', and 'For a free nutrition booklet with cancer fighting recipes, call toll-free 1-866-906-WELL or visit www.CancerProject.org'.