

Breaking language barriers in health care

September 21 2009, by Donna Fox

(PhysOrg.com) -- For someone with limited English, using typed medication directions instead of hand written directions can make a huge difference in understanding medical instructions.

Approximately 6 to 7 million Californians -- 20 percent -- have limited English proficiency, meaning these individuals cannot speak English well or cannot speak English at all.

In San Francisco, Los Angeles, Monterey, and Imperial counties the numbers are even greater-25 percent to 33 percent of the population has limited English proficiency.

A new UC Berkeley study entitled California's Limited English Proficient Population (LEP) and Strategies to Promote Health Care Access identified California's various limited English proficient groups by language and birth country, assessed health care difficulties, and evaluated strategies to increase health care understanding. The study was funded by the California Program on Access to Care (CPAC), part of UC Berkeley's School of Public Health.

"Health plans or community clinics serving large limited English proficient populations who are Mexican, Salvadoran, Guatemalan or Chinese should put extra emphasis on improving written materials since these populations have more difficulty with written information than spoken information," said Mary Masland, UC Berkeley associate researcher who co-authored a new study with Dr. Lonnie Snowden, professor at UC Berkeley's School of Public Health. "Our study can help

health care organizations put language resources where they are most needed," said Masland.

In California, all private and public health plans are required to provide language services if they have certain levels of enrollees who are not English proficient, so efficiently allocating language resources becomes a matter of economic imperative.

Language barriers often result in health care barriers. Research shows that language barriers contribute to inadequate patient evaluation and diagnosis, lack of appropriate and/or timely treatment, and other medical errors that compromise the safety of patients who have limited English skills and result in increased medical costs.

"When we looked at preventive care, we saw large numbers of Asian-language women who forgo cervical cancer screening," said Masland. "In contrast, nearly all Spanish-language women are current with cervical screenings, largely due to the public health outreach within Spanish-speaking communities and the availability of Spanish-speaking clinics where screenings can be performed conveniently and affordably. Using language resources effectively for education outreach and patient-doctor communication can make a real difference in health care outcomes for limited English proficient groups."

Recommendations for making the most of language resources include:

- Using video interpretation pools so that the state's relatively few professional health care interpreters can help patients with limited English skills who live in remote locations
- Using typed instructions, which are easier for limited English proficient persons whose native language does not use a Roman alphabet

- Having a bilingual nurse, ad-hoc staff or family member review pharmacy and doctor instructions with the patient before leaving a doctor's office
- Ensuring written materials are compatible with the very low educational level of some limited English proficient groups
- Employing the appropriate media for health education outreach to limited English proficient populations — media such as phone, radio, video or TV, brochures or local newspapers are preferred since most limited English proficiency groups do not have access to the Internet

"Research shows that the cost of providing effective language services may be recouped through reduced testing, shorter visits, and improved patient compliance," said Gil Ojeda, CPAC Director. "The recommendations from this study can help private and public health providers effectively use language resources to create a win-win situation for both patients and health care providers."

The California Program on Access to Care, which funded the study, is an applied policy research program administered by UC Berkeley School of Public Health in coordination with University of California Office of the President. CPAC works to expand [health care](#) access for the state's most vulnerable populations, including immigrants, agriculture workers, the working poor, and other low-income groups.

Provided by University of California

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