



My Patient Doesn't Speak English! What Should I do?

Addressing the diverse language and cultural needs of new immigrants is a challenge for healthcare providers. Due to the massive demographic shift in DuPage County, it is no longer possible to deliver quality healthcare as if all patients speak English. Federal and state laws, as well as best practice, require healthcare organizations to ensure that linguistically diverse patients have access to essential health services. The use of a trained interpreter to improve the quality of healthcare delivery of immigrants and refugees with limited English proficiency should be the goal for all providers.

In the past, most immigrants and refugees have settled in traditional ports-of-entry like Chicago. However, the 2010 Census showed that the majority of the immigrants coming to Illinois now go directly to the suburbs. Of the County's 919,258 residents (U.S. Census American Community Survey 2013), 172,144 or 18% are foreign-born. The 2011 data revealed that the immigrant population in DuPage County increased by 128 percent since 1990 (U. S. Census Bureau, 2011).

The DuPage immigrant population largely comes from (in order) Mexico, India, Poland, China and the Philippines. Although some immigrants, particularly those with more education, do speak English, increasing numbers are coming with limited English proficiency. So the needs of persons with limited English proficiency are a challenge for the health care system that is not likely to go away.

There are two reasons to use a trained interpreter in every encounter where the patient and the physician do not speak the same language:

1. Quality medical care demands it.
2. Federal and state laws often require it.

Language barriers can result in incorrect diagnosis of illness, inappropriate or unnecessary tests, repeated visits to the emergency room, poor patient compliance, hospital readmissions and negative health outcomes. Being able to communicate with a patient, using a trained interpreter, builds trust and allows both patient and provider to achieve a common goal – good health outcomes. And it actually saves time.

The DuPage Federation on Human Services operates the not-for-profit Language Access Resource Center, providing spoken and sign language interpretation, training for interpreters and training for health care professionals in working with Limited English speakers. For more information, contact Eva Rafas (630) 782-4786.

In the past, physicians commonly relied on untrained, presumably bilingual staff, or on family members, even children, to interpret. *These are really bad ideas.* In addition to issues of patient confidentiality, family members or friends who are called upon to interpret often do not relay accurate information to providers because they may be embarrassed, lack correct vocabulary or lack understanding of proper technique. Conversely, patients are reluctant to share health history or symptoms because of the sensitive nature of the information.

Children should never be used as interpreters. The child's limited vocabulary, due to age or experience, does not enhance the accurate exchange of information between two adults. It places the responsibility for communicating sensitive, personal and potentially devastating information on the child rather than on the adults. Further, pulling children out of school to interpret can result in negative impacts on the child's education.

A trained interpreter knows that it is not enough to be bilingual. To be an effective, trained interpreter, it is important to speak, read and write – with native fluency -- in English and the other language. In addition, the qualified interpreter has formal training on the techniques of interpreting, the ethical boundaries, confidentiality, and is also knowledgeable of the role of culture in the interpreting process.

It is difficult for the physician to determine whether staff members who state that they are bilingual are really fluent in both languages. People often overestimate their competency in the second language, and only objective testing can assure the physician that the staff member really is bilingual. Further, a trained interpreter understands that the primary responsibility of the interpreter is to facilitate communication between two individuals who do not speak the same language by being the voice of the conversation, not an active participant.

Tips for Working with an Interpreter:

- Meet with the interpreter before meeting with the patient.
- Allow time for introductions.
- Look and speak directly to the patient.
- Please speak in the first person ("I"). The interpreter is acting as your voice.
- Speak in short sentences.