The Perils of Using Untrained Interpreters and Translated Materials with Spanish Speakers

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Disclosures

- Edward Garcia, Au.D., is an employee of California State University, Long Beach. He has no other financial or non-financial disclosures related to this presentation.

- Laura Gaeta, Ph.D., is an employee of California State University, Sacramento. She has no other financial or non-financial disclosures related to this presentation.

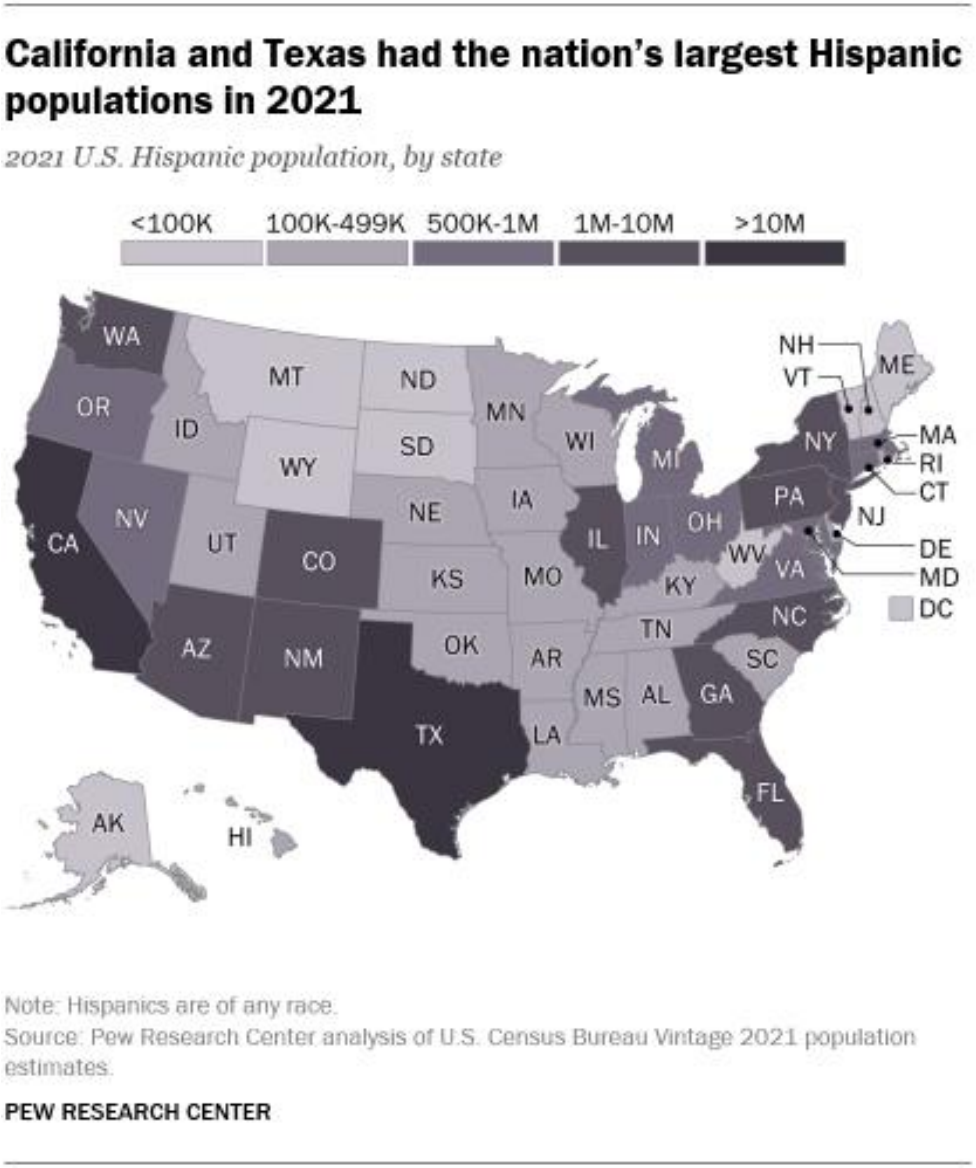
Outcomes

1. Describe considerations when working with Spanish-speaking adult patients.
2. List recommendations for creating written materials in the clinic.
3. Explain the need for and use of interpreters in the clinic.

Terms Used in This Presentation

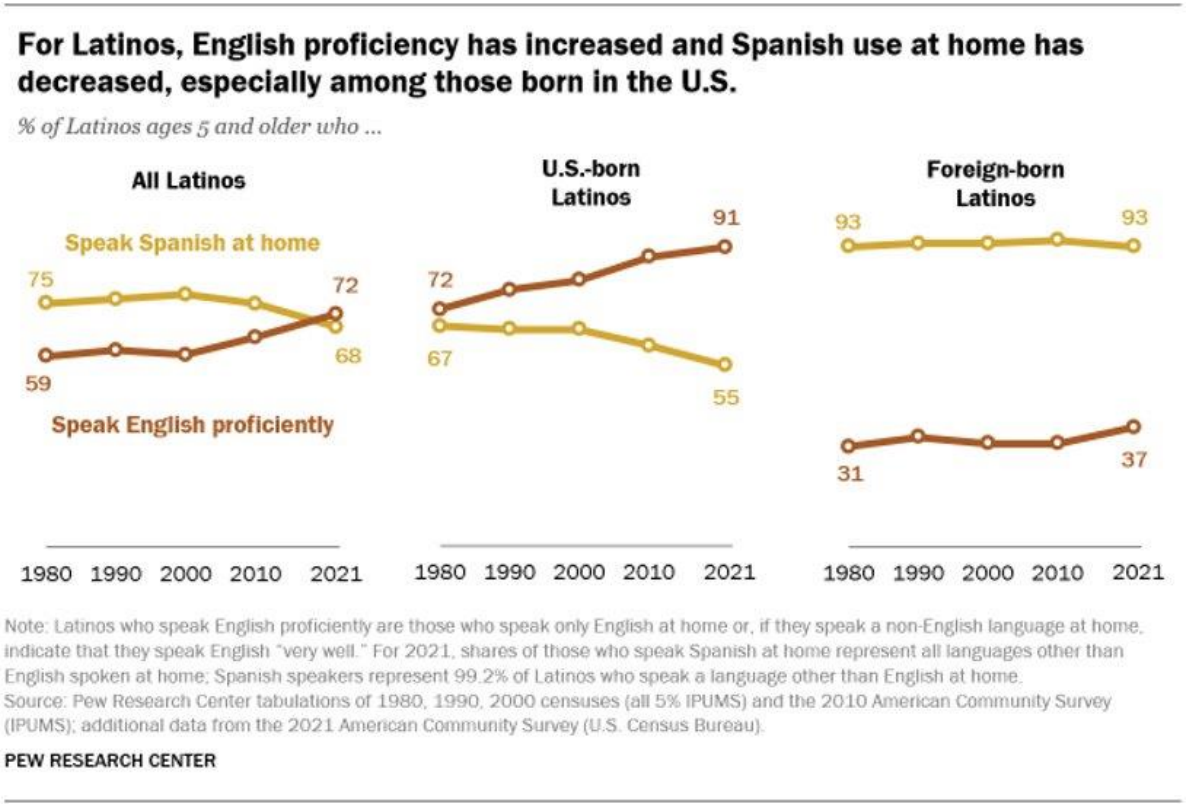
- "Hispanic" and "Latino" refer to culture and ethnicity, not race
- "Hispanic" = Spanish-speaking country of origin
- "Latino" = People of Latin American origin (excluding Spain)
- "Spanish" = People from Spain

Population Demographics by State



Language

- 71% speak a language other than English at home; 28% report that they are not fluent in English



Language

- 72% of all Latinos aged 5+ reported speaking English proficiently
  - 1980: 59%
- Fewer speak Spanish at home than in the past
  - 2019: 57%
  - 1980: 67%

https://www.pewresearch.org/science/2022/06/14/a-brief-statistical-portrait-of-u-s-hispanics/

Limited English Proficiency

- 64% of the population that has limited English proficiency speak Spanish (U.S. Census Bureau, 2010; Migration Policy Institute)
- Title VI of the 1964 Civil Rights Act and the Affordable Care Act
- Code of Ethics (AAA, ASHA)

Motivation for This Presentation

- Growing population
- Collective experiences in clinic and research with this population
- Need for resources and awareness in audiology

ORAL COMMUNICATION

Effects of Latino Cultural Values on Clinical Interactions

- Interacting and Responding to Others
- Asking for Help or Assistance
- Dialectal Differences in These Populations
- Cultural Factors that Affect Audiologists

Effects of Latino Cultural Values on Clinical Interactions

- As children and later as adults, "Mande Usted" was the default response to anyone who spoke to us.
- It basically means "as you command." This is how many Latinos especially Mexicans commonly respond.
- It's still the most comfortable response I use when speaking Spanish, especially when dealing with an older individual.

Effects of Latino Cultural Values on Clinical Interactions

- Mexican-Americans are usually expected to respond this way to everyone, except a child. As children we knew it was how we were supposed to respond.
- It would be shocking to hear a young person respond to an adult's request in any other way, much worse than just a casual "what do you want." It would be seen as disrespectful and would even reflect poorly on the child's family.

Effects of Latino Cultural Values on Clinical Interactions

- Always responding with "*mande usted*" might be easily perceived as negative or excessively submissive to an outsider, but from the inside we saw it differently, it was tethered to strength and pride.
- Answering this way is a demonstration of respect and a guide on how we are supposed to interact with others.
- To some extent, this is the type of formal interaction that Latino patients expect in a clinical setting.

Personal Observations

- Over the years I've noticed that there is a common mentality among my patients.
- I call it *"me aguanto,"* which roughly translates as *"I will tolerate this."* Sometimes it was *"nos aguantamos,"* or *"we will tolerate it."*
- This mentality unfortunately meant complaining was not allowed and asking for help was seen as negative.

Personal Observations

- *"Me aguanto,"* reflects a common attitude I've seen towards asking for help in Latino cultures, especially in the Mexican culture.
- This is often the case in clinical settings and when pursuing services for their children.
- I never questioned why we had the *"me aguanto"* attitude, or why it applied to all of us, *"nos aguantamos"* it was just understood that we would all tolerate whatever came along.
- It was part of our culture; we weren't supposed complain.

The Concept of "*Me Aguanto*" in a Clinical Setting

- It is this "*me aguanto*" mentality that makes it difficult for many of my Latino patients to seek services.
- In my experience seeking help may actually threaten the "inner-strength" that is required to maintain the strict work-ethic that is such a big part of the culture.
- Expecting my Latino patients to simply openly express their complaints, isn't always realistic. I am not simple asking them to let me help, I am asking to them to deny an important component of what it is to be Latino.

The Concept of "*Me Aguanto*" in a Clinical Setting

- This work-ethic mentality defines many Latinos culturally. It also affects how we provide clinical services to these individuals who are inherently uncomfortable sharing their complaints.
- I think that we can start by creating an environment where our clinical interactions are not perceived as "complaining," but instead a casual conversation based on mutual respect.

Effects of Country and Dialect

- Languages can differ greatly between Spanish-Speaking communities, Mexico, Cuba, Peru, etc. They can even differ within those individual communities.
- Also, there are often other indigenous languages being spoken in some of these countries.

Effects of Country and Dialect

- Spanish can differ greatly from country to country, a Spanish-speaking Peruvian looking for a “torta” in Mexico, would not be expecting a huge sandwich.
- These types of regional or dialectal differences can be critical when dealing with a patient’s history or symptoms.
- You might want avoid the word "Chambear“ altogether. In Mexico, Peru and Ecuador it's a synonym for "working." In Puerto Rico it can mean starting a car or loading a gun. But, in the Dominican Republic it means snorting drugs.

Country and Dialects

- When using interpreters, a clinician must be aware of how much a language can vary from country to country. Someone not familiar with the many variations of English might think “how much could they differ.”
- For example, is it appropriate to use an interpreter from the US to interpret for someone from England? Remember braces are not used to straighten teeth in England they use calipers for that, braces hold up their pants and their cars have boots not trunks.

Country and Dialects

- Imagine how important picking the right interpreter could be in a clinical setting for a Spanish-speaking patient. There are 20+ countries where Spanish is an official language.

WRITTEN MATERIALS

Health Literacy

- **Healthy People 2030:**
  - **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
  - **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Health Literacy

- **About 80 million Americans have low health literacy** (Prince et al., 2018)
  - Older adults
  - Limited English proficiency or non-native speakers of English
  - Lower SES or education

Readability

- Reading grade level required to read and comprehend written text
- Average American reading grade level: 8th grade (Doak et al., 1998)
- NIH and AMA recommendation:
  - Patient materials be written at or below the 6th grade level
- Necessary to have materials written at the appropriate readability level, especially for those with low health literacy

Written Materials in Audiology

- **Limited research available for Spanish written materials**
- **Previous research:**
  - Most hearing aid guides had college-level readability (Kelly, 1996)
  - Verbal and written communication during hearing aid orientation was 7.96 (Nair & Cienkowski, 2010)
  - Most hearing aid user guides were not suitable due to reading level, layout, scope, and vocabulary (Caposecco et al., 2014)
  - Spanish-language PROMs in audiology and ENT exceeded recommended levels for readability (Coco et al., 2017)

Hearing Aid User Guides

- **Gaeta et al. (2021), *AJA*: Determine the readability and suitability of Spanish-language hearing aid user guides**
- **Methods:**
  - Evaluated user guides in English and Spanish from the manufacturer websites
  - Readability calculated in English and Spanish
  - Suitability determined by the Suitability Assessment of Materials (Doak et al., 1996)

Findings

- **English-language guides were available from all manufacturers, but only five had guides in Spanish**
- **Most had reading grade levels at the 8th grade level; none were below 6th grade**
  - English guides had higher grade levels than Spanish guides
- **Materials available in Spanish are lacking in availability and readability compared to English materials**
- **Need materials in Spanish for our growing population**
  - Should consider content, design, and readability for health literacy needs

Recommendations

- Simple, short words and sentences
- Active voice
- Definitions for new terms
- One main idea per sentence

Recommendations

- More white space, use of subheadings
- Images and step-by-step guides with captions
- Conversational style
- Summaries and knowledge checks
- Also applies to online content

Checking Readability in Word

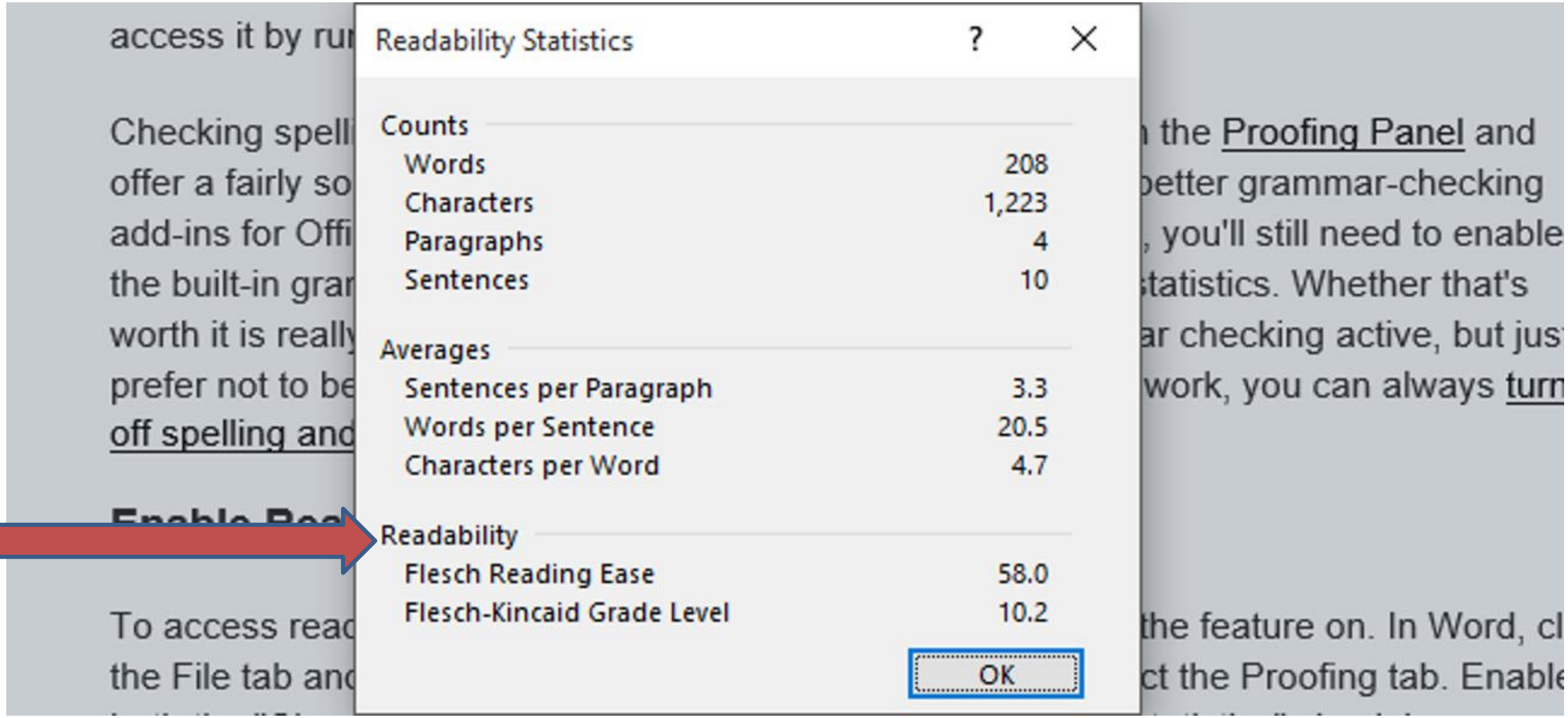
Windows

- **Home >**
  - Editor >
    - Document Stats
- **File >**
  - Options >
    - Proofing >
      - When correcting spelling and grammar in Word, “Check grammar and spelling” box should be checked
      - Show readability statistics and return to document
      - Select Spelling and Grammar

MacOS

- **Word >**
  - Preferences >
    - Spelling and Grammar >
      - Grammar: Check grammar with spelling
      - Show readability statistics
        - Review > Spelling and Grammar

Checking Readability in Word



Readability Formulae

- **Flesch Reading Ease – Measure of readability**
  - Score between 1 (lowest) and 100 (highest)
  - Higher score – easier to read text
- **Flesch-Kincaid Grade level – Measure of the approximate reading grade level**
  - Level – reader needs that educational level or above to understand text

Literacy Considerations

- **Assess literacy and understanding**
  - Spoken versus written
  - "Teach Back" method
  - Summary of key points
  - Take-home written information
- **Provide support if needed**

https://www.audiology.org/practice-resources/cultural-and-linguistic-diversity/

Gaeta, L., Colella, K., Friedland, E., & Hudson, M.A. (2021). Serving culturally and linguistically diverse (CLD) patients inside and out of the soundbooth. Part 2: Promoting health literacy. *The Hearing Journal*, *74*(5), 42 – 44. https://doi.org/10.1097/01.HJ.0000752320.26796.96

INTERPRETERS

Interpreters

- **Trained individuals who converts or conveys language from one language into another**
- **Identified need by the audiologist**
  - Advocacy
  - Verification
  - Scheduling
  - Physical space
  - Reviewing materials and information
  - Potential for change in meaning/intent

Interpreters

- Face-to-face: Gold standard and ideal when interacting with patients with hearing loss
  - Alternative: By phone
- Consecutive: Turn-taking during natural pauses
- Simultaneous- Interpreting as the speaker begins the message
- Sight translation - Reading a document and presenting the text orally
- Summary - Interpreter selects the general information to deliver

Working with Interpreters

- **Few bilingual providers**
  - Languages spoken versus providers available
- **Legal and ethical standards require use of interpreter**
  - Varies by state
  - Provided by the site
  - Must be qualified
  - Provided at no cost
  - Document interpreter services (acceptance or refusal)

Working with Interpreters

- **Trained versus untrained interpreters**
  - Family members as interpreters
    - Bias, lack of training, limited knowledge of content
- **Selection of words; familiarity**
  - Consent forms
  - Case history
  - Instructions
  - Stimuli for testing

Current Research

- **Short Assessment of Health Literacy of Spanish Adults (SAHLSA-50): Determine a person's understanding of common medical terminology**
- **Develop a measure of health literacy in audiology for use with Spanish-speaking patients**
  - List of commonly used words (e.g., *listen*, *environment*, *dizziness*)
  - Presented with a Spanish word, the key word, and a distractor
- **Pilot study currently in progress**

EXAMPLES OF WORDS AND PHRASES

USING FAMILY MEMBERS AS INTERPRETERS

- There are several concerns to consider when using family members to interpret.
- Keep in mind that it is common for older Latino patients to not want their families to worry, using a family member to interpret might cause them to hold back.
- Also, there is a strong hierarchy about information in Latino families, it may not be that someone shouldn’t know something, but maybe they shouldn't know before someone else.
- Respect may demand that some members be informed before others.

THE MEANING OF QUIET

- Cultural values can affect all aspects of communication, we need to stay open-minded and assume very little during our interactions.
- Silence, for example, in Latinos can be a complicated thing to interpret, it very much depends on context.
- Silence that occurs while the individual is looking down or away can indicate disapproval, disappointment, or even anger. Silence with eye contact or a smile can actually mean the individual doesn't understand.

MODESTY

- Like humility, many Spanish speakers, especially Mexicans, value modesty. A clinician can easily lose a patient's trust if this is overlooked.
- Boasting about how your facility was awarded a prestigious award, may not have the desired effect. Discussing how you have treated other members of a their family or community might be more effective.
- Most Latino patients will call all clinicians "doctor," out of respect.
- It's not that they are naïve about education, it's a sign of respect, and an indication of how grateful they are for what you are doing for them.

INCLUDING FAMILY

- Often with Latino patients, family and even extended family may want to be involved.
- Latino patients of any age might still need family members present when interacting with a clinician.
- We should be careful not to interpret this behavior as a lack of independence or immaturity on the part of the patient.

SPOKESPERSON

- The chosen spokesperson varies among families and may be based on family norms. They may be a man or woman, a younger member, or the one that has the most education or influence.
- I have seen an18-year-old girl make all the decisions for her parents with no opposition from any of the other older family members.
- If she is perceived as the most capable by her family because of language-ability or education, it would be her responsibility to represent the family.

Summary

- Be mindful of communication needs (e.g., limited English proficiency, low health literacy)
- Find culturally and linguistically appropriate approaches and materials
- Seek an interpreter for appointments in advance; be prepared to modify your appointment and content
- Have awareness of differences between cultures and languages when using interpreters, including family members

THANK YOU.

QUESTIONS

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