

Effective Communication for Individuals with Limited English Proficiency

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pacificinterpreters

We understand.

Background on LEP Population



- More than **300 languages** besides English are spoken in the U.S.
- **Over 46 Million people in the U.S.** do not speak English as their primary language
- **Over ½ are considered limited English proficient**
- **In some communities over 70% of elders are LEP**



Texas LEP Landscape

...almost ½ are limited English proficient.

Source: [MLA Language Map](#)



Texas LEP Landscape

Over **30% of Texas residents** speak a language other than English in the home...

Source: [MLA Language Map](#)



Why does it matter?

Individuals with limited English proficiency



- Are more likely to **misuse services**
- Are **less satisfied** with the care they do receive
- Are at **an increased risk of experiencing errors in treatment**
- Are more likely to **misuse prescription medications** and not comply with follow-up instructions



Title VI - Nondiscrimination In Federally Assisted Programs



Civil Rights Act of 1964 **42 USC 2000(d)-2000(d)(1)**

General

This title declares it to be the policy of the United States that discrimination on the ground of race, color, or national origin shall not occur in connection with programs and activities receiving Federal financial assistance and authorizes and directs the appropriate Federal departments and agencies to take action to carry out this policy. This title is not intended to apply to foreign assistance programs.

Section 601 -- This section states the general principle that no person in the United States shall be excluded from participation in or otherwise discriminated against on the ground of race, color, or national origin under any program or activity receiving Federal financial assistance.

Section 602 directs each Federal agency administering a program of Federal financial assistance by way of grant, contract, or loan to take action pursuant to rule, regulation, or order of general applicability to effectuate the principle of section 601 in a manner consistent with the achievement of the objectives of the statute authorizing the assistance. In seeking the effect compliance with its requirements imposed under this section, an agency is authorized to terminate or to refuse to grant or to continue assistance under a program to any recipient as to whom there has been an express finding pursuant to a hearing of a failure to comply with the requirements under that program, and it may also employ any other means authorized by law. However, each agency is directed first to seek compliance with its requirements by voluntary means.

Section 603 provides that any agency action taken pursuant to section 602 shall be subject to such judicial review as would be available for similar actions by that agency on other grounds. Where the agency action consists of terminating or refusing to grant or to continue financial assistance because of a finding of a failure of the recipient to comply with the agency's requirements imposed under section 602, and the agency action would not otherwise be subject to judicial review under existing law, judicial review shall nevertheless be available to any person aggrieved as provided in section 10 of the Administrative Procedure Act (5 USC 1009). The section also states explicitly that in the latter situation such agency action shall not be deemed committed to unreviewable agency discretion within the meaning of section 10. The purpose of this provision is to obviate the possible argument that although section 603 provides for review in accordance with section 10, section 10 itself has an exception for action "committed to agency discretion," which might otherwise be carried over into section 603. It is not the purpose of this provision of section 603, however, otherwise to alter the scope of judicial review as presently provided in section 10(e) of the Administrative Procedure Act.



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National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

CLAS **mandates** are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).

CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

Standard 1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service

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area.

Standard 8

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

For more information, visit:

- [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\) in Health Care \(Final Report\)](#)
- [National Standards for Culturally and Linguistically Appropriate Services in Health Care \(Executive Summary\)](#)
- [Normas nacionales para servicios cultural y lingüísticamente apropiados en la atención sanitaria \(Resumen ejecutivo\)](#)
- [Cultural Competency Site](#)

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We understand.

Language Identification

Point to your language and an interpreter will be provided to you at no cost.

Albanian Shqip

Tregoni gjuhën tuaj dhe një përkthyes do t'ju vihet në dispozicion falas.

Amharic አማርኛ

የሚናገሩትን ቋንቋ በጣት በመጠቀም
የመልክቱ፣ ከዚያም አስተርጓሚ
የለምንም ክፍያ ይመደብልታል።

Arabic العربية

يرجى الإشارة إلى لغتك وسيتم توفير مترجم فوري
لك دون أدنى تكلفة.

Benjali বাংলা

আপনার ভাষার দিকে নির্দেশ করুন যাতে
আপনার জন্য বিনাব্যয়ে একজন দোভাষীর
ব্যবস্থা করা যায়।

Burmese မြန်မာ

သင်၏ဘာသာစကားကို ညွှန်ပြပါ။ သင့်အတွက်
စကားပြန်တစ်ယောက်ကို အစိုးအခမယူဘဲ
ထောက်ပံ့ပေးပါမည်။

Cambodian/Khmer ភាសាខ្មែរ

ចូរចង្អុលទៅកាន់ភាសារបស់អ្នក
ហើយអ្នកនឹងបានទទួលអ្នកបកប្រែភាសា
ជូនដោយឥតគិតថ្លៃ ។

Chinese 中文

用手指向您的语言种类，我们就会免费
向您提供口译员。

Cantonese	广东话	廣東話
Fukienese	闽南话	閩南話
Fuzhou	福州话	福州話
Mandarin	中文普通话	中文國語
Toishanese	台山话	台山話

Farsi/Persian فارسی

به زبان خود اشاره کنید و یک مترجم بدون هیچ
هزینه ای در اختیار شما قرار داده می شود.

French Français

Pointez sur votre langue, un interprète
vous aidera gratuitement.

Haitian Creole Haiti

Lonje dwèt ou sou lang ou pale a epi n ap
fè ou jwenn yon entèprèt gratis.

Hindi हिन्दी

अपनी भाषा की तरफ इशारा करें और
दुभाषिया की सेवा आपको मुफ्त प्रदान की
जायेगी।

Italian Italiano

Indicate la lingua prescelta ed
un'interprete verrà fornita gratuitamente.

Japanese 日本語

あなたの話す言語をお知らせ下さい
。無料で通訳をおつけいたします。

Korean 한국어

해당 언어를 알려주시면 무료로 통역사를
지원해드립니다.

Polish Polski

Zaznacz swój język a uzyskasz darmową
pomoc tłumacza.

Portuguese Português

Aponte no seu idioma, e
providenciaremos-lhe um (a) intérprete
sem custo algum.

Russian Русский

Укажите на название своего языка, и
вам бесплатно будет предоставлен
переводчик.

Somali Af-Soomaali

Farta ku fiiq luqadaada (afkaaga) si
turjubaan lacag la'aan ah laguugu keeno.

Spanish Español

Señale su idioma y recibirá los servicios de
un intérprete sin costo alguno para usted.

Vietnamese Tiếng Việt

Hãy cho biết ngôn ngữ của quý vị và một
thông dịch viên sẽ giúp quý vị miễn phí.



What's in a Word?

An Overview to Understanding Interpreting and Translation in Health Care¹

As patient populations become increasingly diverse, hospitals and health care providers often rely on interpreters and translators to ensure the provision of high-quality patient-centered care to individuals with limited English proficiency (LEP). However, as the acknowledgement of the importance of language access grows, there is widespread misunderstanding of the differences between interpreting and translation. The media often use the terms interchangeably, and contribute to the perception of the general public that translators and interpreters are simply parrots, copiers, or walking dictionaries. But competent interpreters and translators must possess a specialized set of skills. Both are agents in creating understanding between people, but they do so by different means.

To frame the differences between interpreting and translation, an analogy may be helpful, keeping the end products for each in mind: An interpreter is hired and paid for the time delivering a service (that is, for the time spent interpreting between two people). This is analogous to hiring a pianist and paying for his or her time. What is not paid for, however, are the years of piano lessons, the composition of the music, the manufacture of the piano, and other factors that result in the rendition of the tune. In the case of translations, the focus is on the end product (a translated document), similar to buying a cake rather than buying the baker or the kitchen staff.

This difference is why we have deliberately used the terms “interpreting” and “translation”. While the alternate terms “interpretation and translation” or “interpreting and translating” are parallel to one another, “interpreting” underscores the emphasis on the process involved in interpreting, and “translation” emphasizes the final product.

What is Interpreting?

Interpreting is the process of understanding and analyzing a spoken or signed message, and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.² The purpose of interpreting is to enable oral communication between two or more individuals who do not speak each other's languages.³

What is Translation?

Translation is the conversion of a written text into a corresponding written text in a different language.⁴



In other words, interpreting refers to communication that is spoken, or signed, while translation refers to written communication.

A Side-by-Side Look at Interpreting and Translation

Figure 1 displays characteristics of Interpreting and Translation which demonstrate that while both share many common denominators, there are, issues unique to each.

Figure 1		
A Side-By-Side Look at Interpreting and Translation		
Interpreting	Both	Translation
Both overcome language barriers to make communication possible.		
Both require an advanced level of proficiency in both the source and target languages.		
Both reflect the cultural terms, expressions and idioms that bear on the meaning of the content. Both must capture any expression or nuance in meaning to maintain the impact of the original.		
Both require special aptitudes in the language of health care terminology and health care systems.		
Interpreting is a process of understanding and analyzing a spoken or signed message, and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.		Translation is a process that requires analysis, text conversion, proof-reading, and editing.
Interpreters work “in the moment” or “live” and are compelled by the mode of interpretation. Interpreters may consult dictionaries or utilize other resources, but the time between each language exchange is only a matter of seconds and minutes.		Translators work in a different timeframe. They must read an entire text for comprehension before starting the translation and consult dictionaries and other resources for correct grammar and terminology.
Interpreters mostly work in public (in a hospital or clinic, for example).		Translators work in private, including at home.
Interpreters must be present at a specific location, i.e. onsite at a hospital or clinic, or at a location that has an individual line for telephonic or video interpreting.		Translators research the material and language to be translated; this may be done in many different locations.
Interpreters must rely on exceptional memory and note-taking skills for accuracy in verbal expression.		Translators must rely on exceptional research skills to assure accuracy in written work.

Requisite Skills and Qualifications of an Interpreter and Translator

As you can see from Figure 1, bilingualism alone is not sufficient to be an interpreter or a translator, and the same bilingual person can not necessarily do both. Looking for certification as a means to ensure quality in the selection of an interpreter and/or translator is not helpful: certification for health care interpreters is being developed although certification for health care translators is not available.

Fortunately, other resources do exist, and have contributed significantly to the advancement of this specialized field. These include assessment tools developed by private companies, training programs that award “Certificates of Completion” or “Certificates of Attendance” to successful participants, and a general certification from the American Translators Association (ATA) for translators.

In addition, the National Council on Interpreting in Health Care (NCIHC) has developed a National Code of Ethics for Interpreters in Health Care and National Standards of Practice for Interpreters in Health Care. The ATA has developed a Code of Conduct and Business Practices for translators. These tools have proven to be vital in the development of assessment and training programs.

Given the skills required to skillfully work as either an interpreter or translator, hiring each can be challenging. Knowing which skill sets to look for as well as how to measure skills beyond language proficiency will assist human resources professionals in properly evaluating candidates for each position. In either case, having a quality control plan in place to ensure the quality of services is important for managers of language services.

Interpreting and translation are unique tasks best undertaken by trained, qualified professionals. To ensure the provision of high-quality patient-centered care to LEP individuals, hospitals and health care systems should employ proper selection, training, and ongoing assessment protocols. While some individuals may be skilled in both tasks, some are better suited to one over the other. Understanding the differences and commonalities between interpreting and translation will give administrators insight into the often “misinterpreted” field of language services.

1 This publication was made possible with the generous support of The California Endowment. For more information on the differences between interpreting and translation, see NHLP, NCIHC & ATA, *What's in a Word: A Guide to Understanding Interpreting and Translation in Health Care*, available at www.healthlaw.org. © 2010 by the National Health Law Program.

2 ASTM, *Standard Guide for Language Interpretation Services* (F 2089-01 (reapproved 2007)).

3 NCIHC, *The Terminology of Healthcare Interpreting – A Glossary of Terms* (October 2001, revised August 2008).

4 NCIHC, *The Terminology of Healthcare Interpreting – A Glossary of Terms* (October 2001, revised August 2008).

Translation vs Interpreting



Bilingual staff vs Interpreters

- Up to 40% of “bilingual” staff fail to demonstrate that they are sufficiently proficient in both languages to provide services safely.



Bilingual staff vs. Interpreters

- Heritage speakers may have varying levels of fluency and may have gaps in knowledge about their cultural heritage.
- Nearly 90 percent of all second-generation Latinos and 94 percent of those in later generations said they speak English very well, with their Spanish diminishing.

Source: How to Appeal to the Evidence When Justifying Language Services, Marjory Bancroft & Barbara Rayes, 2007
Source: www.learner.org Teaching Foreign Languages K-12 Glossary
Source: Mexicans lag in English fluency, survey says, Chicago Tribune, Antonio Olivo, 2007



Working with untrained interpreters


- Studies show that:
 - Untrained interpreters are more likely than trained interpreters to make **errors with adverse clinical consequences...** up to 33 per encounter, including omission, addition, and changes in meaning
 - Family/friends who interpret often misinterpret and omit information vital to care



Possible Consequences

Using family, friends, minors, volunteers, strangers, other patients, or otherwise unqualified persons:

- Exposes the agency to liability under Title VI
- May result in a breach of confidentiality
- May result in the client being reluctant to fully disclose critical information
- May result in additions, omissions, and/or changes in content
- May destroy the "power base" within the family



Interpreter Training


- Laws Related to LEP Access
- Culture and Barriers to Communication
- Goals and Function of the Interpreter
- Facilitating the Interpreted Session
- Modes of Interpreting
- Memory & Note-Taking
- Five Hats of the Interpreter
- The Interpreter's Code of Ethics



Source: Texas Association of Healthcare Interpreters and Translators, 2009




Interpreter Code of Ethics



- Accuracy
- Confidentiality
- Impartiality
- Respect
- Cultural Awareness
- Role Boundaries
- Professionalism
- Professional Development
- Advocacy

Source: National Council on Interpreting in Health Care, 2004



Interpreter Code of Ethics



- 32 Standards
- Grouped under 9 ethical principles
- Used for training, hiring, and policy making

Source: National Council on Interpreting in Health Care, 2005



Interpreter Testing

- oral fluency and listening comprehension in English and the target language separately.
- ability to interpret consecutively with accuracy, fidelity, and without alteration or loss of meaning
- medical terminology in both languages
- Code of Ethics
- Standards of Practice




Source: Pacific Interpreters, 2009



Trained Interpreters & Behavioral Health

- improves communication between client and service provider
- Improves capacity to gather accurate background information
- allows for appropriate assessment, diagnosis, testing and screening,
- and always results in better understanding of treatment plans and reduces unnecessary hospitalization.

Source: Virginia Department of Behavioral Health and Developmental Services




Interpreting: Methods of Delivery

- Face to Face
- Phone
- Video




Tips for Working with Interpreters



Before the Session


- Organize the client encounter with the interpreted session in mind
- Remember that some languages may take longer to interpret
- Document use of interpreter by name or ID number
- Brief the interpreter
 - Who
 - What
 - Where
 - Why



Tips for Working with Interpreters

During the Session


- Speak directly to the client and use the first person
- Speak at a moderate pace and at normal volume; pause often, and offer complete thoughts
- Be prepared for the interpreter to interrupt should they need clarification, a pause or repetition
- Avoid using technical vocabulary, abbreviations, idioms, symbolic speech, etc.
- Check for understanding throughout the session
- Remember that everything said will be interpreted
- Remain in control of the encounter



Mental Health Interpreting

- In a mental health [setting], **how** a message is uttered is as important as **what** is uttered.
- Register, syntax, etc. must be maintained and not altered in any way.
- Statements that are sexual in nature, or profanities, for example, must not be censored.
- Incoherent thought, poverty of speech, word salad, and streams of consciousness are all important features of a patient's communication that must be faithfully rendered from the source into the target language.


Source: The Intersection of Language, Culture and Mental Health: Considerations for Training in Mental Health Interpreting
By Joy Connell, MA Dept. of Mental Health/Office of Multicultural Affairs



Cultural Brokering

- The interpreter may have to:
 - explain traditional beliefs and practices to the provider and, specifically articulate what the patient's view of his or her illness may be.
 - use culturally appropriate substitutions for standard interview questions (e.g. questions related to time, place and orientation, as well as the meaning of proverbs, in the mental status exam).

Source: The Intersection of Language, Culture and Mental Health: Considerations for Training in Mental Health Interpreting
By Joy Connell, MA Dept. of Mental Health/Office of Multicultural Affairs



Final Thoughts



- Visit **<http://www.lep.gov>** & **<http://www.ncihc.org>**
- Do a four factor analysis as recommended by the **Office of Civil Rights** to assess the extent to which your organization must provide LEP services
- Develop an **LEP Plan** for your organization
- Partner with a reputable organization to address **language access concerns**



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THANK YOU!

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