

## **State of Washington, DSHS Medical Interpreter Certification**

Hungling Fu, Washington State DSHS

I'm from the Washington State Department of Social and Health Services. Here is a little background and a brief history of our program. I don't think I have time to go into great detail about the federal civil rights law and several state laws in our state, and there are five of them. They are all related to equal opportunity and non-discrimination, and some of them are specifically about bilingual testing and bilingual services, and interpreter services. Under these laws, within a few years time, we had a total of fifteen civil rights complaints and agreements. This covers the whole department and every administration within the department. Our department has six administrations, ranging from children's services to medical to juvenile rehab to all the civil services area, and all of these complaints [applied to] various administrations, so that covers the whole department.

Finally we come to the class action lawsuit against DSHS. This is the final piece I think that really pushed the department into the certification business, because we were under the gun so to speak: "You do it or see you in court." Then the agreement was signed in 1991, and after that this program was created. I came on board in March of 1991 to sort of start this process. So this is the issue here specific to limited English proficiency populations and service to them. It's a class action [suit]. You know this is a group, but it's not just this particular group that brought this issue against the department. It represents the whole array of [interests], [and while] the starter group is Spanish in a particular geographical region, the class action actually applies to the whole state and to other languages as well.

These are the responses from our department. There was a series of six studies to examine the problem we had at hand. And these studies were done statewide by different people and recommendations were made as to how and what the state can do to resolve the problem. Based on the recommendations by all of these study groups, a program called "minority affairs initiative" was established to address these specific problems. And finally the consent decree was signed as a result of the class action. The consent decree covers relevant laws and regulations, the corrective actions to be taken by the department, interpreter services, translation services, testing and certification of bilingual staff, contracted translators, contracted interpreters, and training of department staff as well as monitoring and compliance. These are the specific pieces that the legal service is monitoring on an ongoing basis.

The legal service I'm talking about is the firm that represented this class to bring the suit against the department, and in terms of testing and certification, they had been involved from the very beginning of the test development process. Based on the consent agreement, the department developed two policies to specifically address related issues. One is an admin policy. Another one is a personnel policy. Part of the admin policy specifically addressed the function of our program besides the services the department provides. And it was made very specific in these policies what we should do to make sure that we meet these Consent Decree Requirements. On the basis of these policies, the Language Interpreter Service and Translations office was created in 1991, with testing and certification as one of the functions of that office.

These are the steps we went through in developing the test. I'm not going to go through every one of the steps. I just want to point out that for the medical interpreter's test, we did involve professionals in the medical field throughout the test development process. Initially, the medical test development process involved monolingual medical professionals to review the list of medical terminology and all test materials. Later on, further in the process, we involved bilingual professionals, like bilingual medical doctors and nurses, and medical interpreter service coordinators, DSHS program managers, and so on.

Another thing I want to point out here is the rewriting of the test. I know that there are some concerns about [the fact that] the test was developed in Spanish and simply translated into other languages. That's not quite accurate. First, the translation issue was most likely related to our internal employee test, which had a different focus on the balance of two languages in the test, due to how the department of personnel tested potential state workers at that time. Secondly, if you look at our medical test, there is not much text that needed to be translated. What are in the target language are mostly single terms instead of solid text, which most languages, if not all, presumably have equivalent or similar expressions. Besides, the test was actually developed in English and adapted into different languages. There are ten questions on sentence completion that are in different foreign languages. It is true that the foreign language part was done by qualified translators. But the instruction to them was they recreated an equivalent version in their respective foreign languages based on the content, the style, the meaning, and the complexity level of the English original, instead of direct translation. When the foreign language part was reviewed and edited by a second professional, they were not given the English original so that their editing was not interfered by the English original. Instruction was given to the editors that the final product should read like original writing in that foreign language. But if anyone believes that the test was written in Spanish to begin with, then I think that I can take comfort from that, because the person who did the rewriting into the Spanish language had done a very good job. As a matter of fact, we have had very few complaints in that regard. When the same test was implemented in different languages, we had to concern ourselves with the question of how to establish and maintain a consistent standard across languages instead of just for one or two languages. That's the struggle that we had from the very beginning. And it's not just the instrument itself, but also the process of test grading. Test administration is another component that has to be consistent across all languages. For a test process with human factors involved, such as manual grading, consistency is directly related to its integrity, especially for a government agency like ours, it was, is, and always will be, constantly under all kinds of scrutiny. We don't want to have another major complaint or lawsuit against the process itself, [asking] "How come you treat the Spanish speaking population differently than the Vietnamese population? How come we are less important, because we have a lower quality group of interpreters," that kind of thing. So we were very aware of and paid special attention to that from the get-go.

Let me use the example of the Chinese language to address the, quote, "translation", unquote, concern here. Like I said, the reviewing of the prototype was [done] by another group of language specialists. And the original English was not provided to them when they did their review, or editing if you will. I happen to speak Chinese so I reviewed the final product of the Chinese test myself. I think they did a very good job. You can't even see any traits of translation in there. And the only thing we have heard concerns about from test candidates is mostly [regarding specific] words. Occasionally we might hear comments like, "this is not how I say this word in my

language,” rather than “this is not how I [convey that message] in my language.” There’s a difference there.

Let’s move on. Assessment by bilingual [raters].... test validation... This is what we got out of item analysis. You can see we ran this analysis on different dates. We are happy with the results there. Test reliability was also analyzed. And these are the results. Now for the oral test, we did two kinds of reliability study. One is the “test re-test” analysis. Because we’ve been doing this for so many years now, we have a lot of data to study. And we also had inter-rater reliability analysis. As these statistics show here, the test appears to be highly reliable.

This is interesting. I think it was a couple of years ago that our department switched the way language service was provided. Because of how the delivery system was set up, it greatly reduced the availability of interpreters serving our clients. There were a lot of factors that went into play in this. The reason why we switched the delivery system was mainly because of budgetary constraints. The legislature said, “You are spending too much. You might need to cut interpreter service”. And Medical Assistance, one of the administrations within our department responded, “Well maybe we can provide the service differently to save money. We want to keep the federal matching fund. Why don’t we reinvent this service delivery system so that we can have more cost-effective services?” And based on their numbers, they saved millions of dollars. That’s what they said, at least. But because of that, it has made this delivery system so cumbersome. And for the interpreters it is really bad. That’s what I can tell. Before, for example, we paid interpreters like thirty-eight dollars to thirty-nine dollars an hour. Now in this new system, you get two layers of service brokering in between the end user and the interpreter. Layer one is what they call brokers. They take orders from medical doctors and hospitals; they then contact those language agencies which contract with individual interpreters. We have around fifteen to twenty language agencies, I think, statewide. They contract with the brokers, not with the department. And the agencies dispatch interpreters to specific job assignments. Both agencies here scrape some dollars out of it, so what goes down to the interpreter is twenty to twenty-two dollars an hour. So now the interpreter says, “Forget it, it’s not worth my effort. I’m gone. I’m going to go do something else.”

Then came L & I, Labor and Industries. There’s a worker’s compensation program. They require their interpreters to be certified by us. They’re paying, depending on the language, forty to forty-five dollars per hour directly to the interpreters. Now you see what happens. Everybody goes to L & I. And we are left with inadequate resources. So that’s why at MA they were [complaining], “Well, we don’t have enough interpreters.” Consequently, they had all kinds of inquiries into the testing and certification program. “Oh you have to lower this, you have to lower that. Otherwise we won’t have enough resources. We need more interpreters”, even though we have certified thousands of interpreters, literally. I think we have over 4000 certified medical interpreters alone, starting from 1996.

They would ask, “Why do you have two sections in the oral test? One is the sight translation. Another one is the consecutive interpretation. Why don’t we just get rid of the sight translation so that we can have a higher passing rate?” even though our passing rate has been always around 37%-38% ever since 1996 and across languages. That’s when they talked about revamping or overhauling the process. They just wanted to take this apart, to take out the sight translation section of the oral test. That’s when I took a

sample out of my archives and did a study. The result we got showed that the sight translation and the consecutive interpretation are very strongly correlated. As shown in this scatter plot, you can see a few obvious outliers there somewhere, but overall they fall very close to each other. So after I presented these results they agreed that: “OK, let’s stay with that. Let’s stay with the format we have right now.”

---

Q: So, you kept it? You kept the sight translation?

A: We kept the sight translation and the consecutive interpretation together.

Q: Despite the high correlations?

A: Yes, because interpreters need both skills, we kept both.

Q: Well, some people who may not understand would tell you that because there’s a high correlation, you would want to take one of them out. However, we know that from an interpreting perspective, even though there’s a high correlation, they’re still measuring two very different psycho-linguistic and linguistic kinds of tasks, so that was very good.

OK. That’s the written test. That’s what it covers. The oral test: what are we looking for here? Test scoring.... Rater training. What we did at the beginning, is that we had a large group of raters. I think from the beginning, we had I believe sixteen to eighteen people for the Spanish language alone to go through rater training. What we did was [have] everyone come into our office, to work together as a group. I think it took about a week, and we had a large batch of tests there all ready to be graded. So, these people, during the training, worked together in pairs. Eventually, we retained three of them. And we still have these three people working since 1992. So they are very consistent. And even after the initial training, these three people sometimes work [together] on their own time. They use their own time...to get together and grade some tests together, to make sure that they keep the consistency. So the inter-rater reliability is pretty high. It is .95 or somewhere around there. We are pretty happy about that.

Of course availability is also a concern to us, and that is one of the reasons why we cannot yet enforce a policy of continuing education [or] recertification. If we could not have enough interpreters because of the requirements imposed, [then we would be in a mess.] Interpreter availability concern will come first from the programs. And then you have these clients out there who don’t get the service, or have interpreters, we will then really have a problem.

Panelist: We should be clear though that a provider that’s responsible for the interpreter can get an uncertified interpreter. They just can’t bill the state for it.

A: Yes.

Panelist: They can’t get them through the broker.

A: That’s true.

Panelist: So what's happening is that places could be getting interpreters for their patients, but they don't want to pay for it, so then they get no interpreter.

A: We don't have any more complaints or anything against the department regarding the quality of interpreter services. That's a good thing, I think. Here [are] the key considerations. I don't think I have time to go through these actually, but it's in the packet, if you have any questions or if you want to talk about it, we can probably talk more about these in the breakout sessions if we need to. These are the test development considerations, test administration, test scoring, and pre-test requirements.

Q: What are the pre-test requirements?

A: There are no restrictions on the eligibility for taking the test, such as formal education requirements. For example, they don't have to have a B.A. or A.A. degree in order to take the test. Again, we are a state agency, and discrimination concerns are always in the back of our minds in regards to [people who claim], "I can [interpret]. Why don't you give me the opportunity to try to show you I can do that?" We provide pre-test materials. What we have is a package that includes a pretty large size vocabulary that people can study. But most importantly is the format of the test, written and oral. There's an audio CD we send out to test candidates. What we are showing them are that these are the kinds of questions we are going to ask on the written test, and this is how the oral test is going to be done, so they get familiar with the process itself and don't get caught by surprise when they take the test.

Q: Did I hear correctly that you said that you were able to certify 4000 interpreters in just ten or eleven years?

A: Yes. We are talking about all languages, not just one language or the certified languages. Every month I think we have around fifty or sixty people certified in all languages.

Q: Just being a neighbor in Oregon, I know that a lot of Oregon folks have gone to the state of Washington to take the exam as well. And that may be true of Idaho also, so maybe those numbers include folks outside of Washington as well.

A: Initially, I think we had people from all over the country that called. Our phones were ringing like crazy, "Can we take your test?" We did test them at the beginning. But because of resource constraints and these people are from out of state, they can't serve our clients, so we decided not to do that anymore. We still do test people from Oregon on the border and people from Idaho on the other border. Those people can take the test; they can come across the border to serve our state.

Q: What's the cost of the exam and who covers the cost?

A: The test fee you mean?

Q: Yeah, so is the person who is taking the test paying for the test that they're taking or is...?

A: The written test is [still] thirty dollars. The oral test is forty-five. Seventy-five total if you take both. It only covers test administration expenses such as room rental, test proctoring cost, and test grading cost. We have contracts with some test proctors, the same individuals. Again, consistency is important. We kept the same [proctors] as long as possible, five of them. Three [are located] in Western Washington, and two in Eastern Washington, [working as] two separate teams.

Q: How much is it costing you per test to offer the test? So the person who is taking the test is spending seventy-five dollars. How much money is the state of Washington spending on each exam?

A: OK. As I said, we have several regular staff on state payroll. I am one of them, and we have another two people. One is working full time doing test scheduling, and another person helps in between. But the test fee (seventy-five dollars a pop) is not quite enough to cover the cost, so the state will just chip in and [cover] whatever is left over.

Q: What's your pass rate?

A: The pass rate is thirty-eight percent, around thirty-seven or thirty-eight percent.

Q: For a first time or across the board?

A: Across the board, ever since 1996. It fluctuates a little bit from time to time, but it's around thirty-eight percent for all languages.

Q: On your last slide, you had a point saying "Coordination Among User Agencies" that you didn't get to speak to. Just quickly, what do you mean?

A: In our state, our department is the only agency giving the certification testing. But agencies like L & I, (Labor and Industries), Licensing, and Corrections are all requiring their interpreters to be certified by [us], because they don't want to spend the money to reinvent the wheel and do something [for which] they don't have the resources. These agencies are fighting for resources, but they're paying differently. Like I said, L & I is paying forty to forty-five dollars an hour to interpreters. For us, interpreters get twenty. You fight for the same resources, and then we are left either with inadequate resources or inferior quality for that service. So coordination among these agencies would help to best utilize available resources.