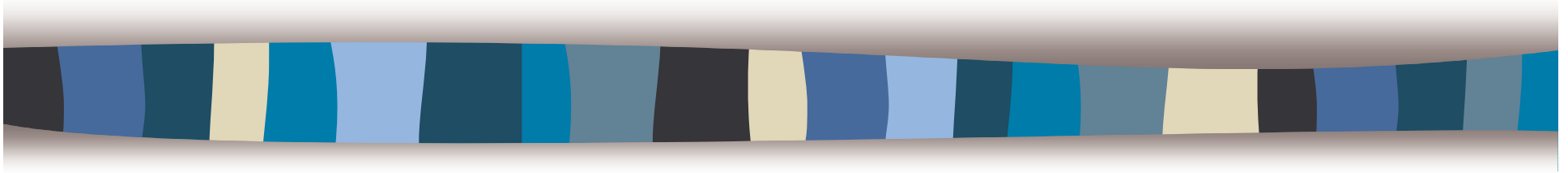


Bridging the Language Gap



Interpreting Stakeholders Group
December 2006



Need for Language Services

- Regulatory:
 - Federal law (Title VI of Civil Rights Act)
 - State law (Minnesota statutes)
 - Accreditation mandates (JCAHO)
- Financial: reduce ER use, reduce unnecessary admissions, decrease diagnostic test costs
- Quality health care: reduce medical errors, increase patient compliance, increase patient satisfaction, improve primary care utilization
- Demographics: increase in limited English proficient (LEP) clients

Like, R., et al. "Cross-Cultural Communication in Health Care: Building Organizational Capacity, HRSA and OMH, DHHS Satellite Broadcast, June 4, 2003.



Languages Spoken in MN

- Languages other than English are spoken at home by 8.5%.
- The main breakdown of languages are:
 - Spanish 34%
 - Hmong 11%
 - German 9%
 - African languages 6%
 - Vietnamese 4%
 - French 4%

(2000 Census data)



Patients with Language Barriers

- Are less satisfied
- Make fewer visits and receive fewer preventive services
- Are less likely to use or return to clinics
- Score lower on health knowledge and understanding of diagnosis and treatment
- Have longer hospital stays

Fortier, J., & Bishop, D. "Developing a Research Agenda for Cultural Competence in Health Care, Rockville", MD: OMH and AHRQ, 2002.



Untrained Interpreters

- Omitted questions about drug allergies
- Omitted instructions on the dose, frequency, and duration of antibiotics and rehydration fluids
- Instructed a mother not to answer personal questions

Source: Flores G et al. Pediatrics, 2003.



Interpreter Errors

- Addition – the interpreter includes information not expressed by the patient
- Closed/open questioning – an open question is translated by the interpreter as closed question and vice versa
- Condensation – a complicated or lengthy response is shortened, altering its meaning
- Normalisation – the interpreter attempts to make sense of and sanitize a bizarre response
- Omission – message is completely/partly deleted by the interpreter
- Role exchange – the interpreter takes over the interview, asking his or her own questions
- Substitution – one concept is replaced by another

Saeed Farooq and Chris Fear, Working Through Interpreters, *Advances in Psychiatric Treatment* (2003) 9: 104-109.



Linguistic Assistance

- Increases satisfaction
- Decreases reported problems with patient-clinician encounters
- Increases primary care utilization
- Increases health knowledge
- Decreases costs for diagnostic testing

Fortier, J., & Bishop, D. "Developing a Research Agenda for Cultural Competence in Health Care", Rockville, MD: OMH and AHRQ, 2002.



Linguistic Assistance

- Puts the patient in the forefront and in the role of control equal to any other English speaker's experience.
- Provider can be assured of accurate, reliable transmission of his/her communication.
- “Interpreting is about facilitating equality.”
 - Hedy Frye, MP, Minister of Multiculturalism, Canada



Strategies for Bridging Language Gap

- Bilingual/bicultural providers
- Bilingual/bicultural community health workers
- Employee language banks (qualified, evaluated)
- Professional interpreters
- Multilingual health resources (written, audiotapes, videotapes, TV and radio programs, etc): Key source is Multilingual Health Resource Exchange (www.health-exchange.net)



Order of Preference for Interpreters

1. Bilingual staff member with interpreter training
2. Contracted interpreter
3. Interpreter via telephone (conference call)



Role of Interpreter

- Make it possible for two or more individuals who do not share a common language to communicate directly with each other as if they did.

Minnesota Interpreter Standards Advisory Committee, Bridging the Language Gap: How to Meet the Need for Interpreters in Minnesota, 1998.



Definitions

- Ad hoc interpreter: bilingual staff who is called from other duties to interpret or family/friend (no formal training)
- Professional interpreter: received professional training and adheres to code of professional ethics
- Certified interpreter: certified by professional organization or government agency
- Consecutive interpreting: interprets after each sentence
- Simultaneous interpreting: interprets while patient or provider is speaking
- Sight translation: verbally converts written source material into target language
- Translation: providing written version of a source material in a different language



Professional Ethics

An ethical interpreter:

- Maintains confidentiality.
- Interprets accurately, conveying content and spirit of original message.
- Maintains impartiality.
- Maintains professional boundaries.
- Strives to develop awareness of own and other cultures (including biomedical).
- Treats all parties with respect.
- If situation warrants, interpreter may act as advocate.
- Strives to continually further knowledge/skills.
- Act in professional and ethical manner.

(National Council on Interpreting in Health Care, 2004)



Professional Interpreter Standards

NCIHC developed 32 standards to guide interpreter practice on the following nine issues:

- Accuracy
- Confidentiality
- Impartiality
- Respect
- Cultural awareness



Professional Standards (ctd)

- Role boundaries
- Professionalism
- Professional Development
- Advocacy

(National Council on Interpreting in Health Care, 2005)



Working Through Interpreters

- Meet with the interpreter before the interview to explain its purpose and goal
- Speak slowly and clearly
- Use simple, 'layman's' terms where possible
- Speak to the patient, not the interpreter
- Clarify confusing responses
- Ask for a verbatim translation if the response is still unclear
- Avoid taking notes: concentrate on non-verbal behaviour
- Meet with the interpreter afterwards for feedback
- Remember to ask the interpreter for his or her impression of the normality of conversation
- Practice

Saeed Farooq and Chris Fear, Working Through Interpreters, *Advances in Psychiatric Treatment* (2003) 9: 104-109.



Inadequate Access to Interpreters

- Small number of interpreters who completed U of MN program
- Customer satisfaction surveys indicate dissatisfaction with interpreter services.
- Many bilingual persons are working as interpreters without professional training.
- Some service providers are still not aware of the language service mandates and are not arranging for interpreter services (tell patient to bring their own or use family or friends to interpret).
- Number of candidates who apply to be interpreters do not pass screening



Inadequate Access to Interpreters

- Rural MD feedback: concerns about the lack of certified interpreters, inconsistent quality of translation, confidentiality issues (MN Academy of Family Practice Foundation, 2005)
- National court certification: Only 9% of candidates passed; 10% passed in MN



Challenges for Interpreters

Difficulties in working as a free lance interpreter:

- **Credibility/Trust:** with no standard credential (license) governing profession, difficult to start; establish practice. Misperception by those needing interpreters can lead to acceptance of the “cheapest” service.
- **Finding Work:** Contingent on “word of mouth” referrals. Multilinguists find most work. Demand uneven; based on specific language needs of population a court system or health care provider is serving. Varies by geographic location, level of federally supported services.



Challenges for Interpreters

Difficulties in working as a free lance interpreter:

- **Inadequate Reimbursement:** According to recent ATA survey of translators/interpreters, it can take 16 to 20 years of practice to reach peak earnings. Employee/Staff interpreters are generally the highest paid on a consistent basis, including benefits and other compensation.



Challenges for Interpreters

Difficulties in working as a free lance interpreter:

- According to recent BLS survey of employee interpreters in Minnesota, median hourly income was \$17.12/hour; mean annual salary: \$36,370. A starting freelance Interpreter may make half that – less than \$20,000 annually (2003).
- Major Reimbursement issues are: contact time, travel, cost of training, professional development, marketing.



Certification

- Certification: “a process by which a governmental or professional organization attests to or certifies that an individual is qualified to provide a particular service.”
(NCIHC, “The terminology of health care interpreting: A glossary of terms.”
NCIHC Working Papers Series, No. 3, 2001)
- There is currently no medical interpreter certification process in Minnesota.
- The Minnesota State Court System has a court interpreter certification in place but they do not currently test for proficiency.



National Council on Interpreting in Health Care (www.ncihc.org)

- Committee on Standards, Training and Certification (STC)

Shiva Bidar-Sielaff & Karen Ruschke, co-chairs

Maria-Paz Avery, Bruce Downing,

Carola Green, Linda Haffner

Esther Diaz - Standards Project Coordinator

- Dr. Bruce Downing is a liaison for ISG regarding the work of this NCIHC committee.



Improving Interpreter Services

- Participate in the Interpreting Stakeholder Group (cross-sector collaboration).
- Obtain funding to offer more interpreter training around the state, glossary development.
- Coordinate training efforts: orientation, formal training, and on-the-job.
- Recruit bilingual persons to enroll in training.



Improving Interpreter Services (ctd)

- Secure funding to establish medical interpreter certification process and strengthen court interpreter certification (costs of developing exams, administering tests, etc.).
- Implement standards for hiring, quality control, and client feedback.
- Offer more training for providers on how to work with interpreters.
- Orientation/education of clients regarding role of the interpreter.



Improving Interpreter Services (ctd)

- Identify mechanisms to share financial responsibility for providing interpreter services (Federal requirements do not provide a funding mechanism to pay for these services):
 - Clarify how to arrange for interpreter services currently available for enrollees in MN Health Care Programs.
 - Explore payment models for interpreter services for other LEP clients.



Next Steps

- Build on legislative efforts in Mass., Washington, Oregon, & Indiana.
- Cooperate with NCIHC, MMIA (Mass.), and CHIA (CA) to share a national exam.
- Introduce legislation in Minnesota that will lead to recognition of national certification eventually, when it is in place.
- Identify your organization's role in advancing interpreter training.



Your Organization's Role

- Funding:
 - Basic training course:
 - With college credit for 18-24 students: \$13,870-\$18,493
 - Non-credit basic course of 45 hours for 10-24 students: \$18,000
 - Multilingual course for different languages for health track for 10-24 students: \$23,000
- Technical Assistance for grant writing



Contact Information

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- Interpreting Stakeholders Group: Carol Berg at cberg@ucare.org, ISG Chair