CLINICIAN'S PRACTICAL GUIDE TO CULTURALLY COMPETENT CARE: NEON Primer

US Department of Health and Human Services (HHS) Office of Minority Health (OMH)

THEME 2: LANGUAGE ACCESS SERVICES

MODULE 2.1: Importance of Language Access Services

Key Learning Points Module 2.1

1. Providing LAS is good medical practice.
2. Effective medical encounters are based in mutual understanding between health care providers and patients/consumers.
3. All recipients of federal financial assistance from HHS are required to provide LEP persons meaningful access to their programs and activities.
4. Health care providers should fully understand LAS requirements; it is their responsibility to provide language assistance to all their limited English proficiency (LEP) patients.
5. As a first preference, language services should include the availability of a bilingual staff who can communicate directly with patients/consumers in their preferred language.
6. LAS requirements are based in Federal law as well as State statutes and common law rules.
7. Practical strategies exist to meet language needs without prohibitive costs, and providing LAS may have financial
   benefits for health care organizations.

Fast fact

In a study of Vietnamese living in the San Francisco Bay area, 13 percent had never heard of cancer, 27 percent did not know that cigarette smoking can cause cancer, and 28 percent believed that cancer is contagious. Although hepatitis B-related liver cancer is endemic among Vietnamese, 48 percent have never heard of hepatitis B.

The incidence of cervical cancer-a largely preventable cancer-is more than 5 times greater among Vietnamese women in the United States than among White women. Vietnamese women are 47 percent less likely to get PAP smears.

LEP patients have diminished access to primary care; are less likely to receive follow-up appointments after [Emergency Department] visits; are less likely to understand their diagnoses, medications, and follow-up instructions; are less satisfied with care; and do not receive equivalent levels of preventive care.

Effective medical encounters are based in mutual understanding between health care providers and patients/consumers. Clinicians who participated in developing this curriculum generally agree that **providing LAS is good medical practice.**

- The inability of a health care provider to communicate effectively about disease and treatment, or of a patient to describe an experience of illness, means that the patient and provider cannot develop an understanding to negotiate appropriate care.
- A common language does not necessarily ensure cultural understanding, but speaking different languages in a health care encounter ensures confusion and has impacts on quality, treatment decisions,

understanding, and compliance. Providing interpreter services ensures better understanding by providing a common language.

- Addressing language barriers can reduce the harm that comes from critical health care information not being communicated correctly, and it contributes to greater patient satisfaction and adherence to treatment.

Even though providing LAS is good medical practice, it is still important for health care providers to understand the legal underpinnings of LAS provision. **The four LAS standards outlined in the CLAS standards are guidelines for all recipients of Federal funds, but are based on Title VI of the Office of Civil Rights as they pertain to language access services.**

- LAS CLAS standards seek to reduce language barriers and improve care.
- LAS requirements are based on Title VI of the Civil Rights Act of 1964 (Title VI) with respect to services for LEP persons.
- Because Federal funding of health care is pervasive, the requirements apply to many health care providers.

In 2003, the U.S. Department of Health and Human Services (HHS) revised its guidance on providing services for people with limited English proficiency (LEP) (OCR/HHS, 2003). Essentially, the guidance states that "the failure of a recipient of Federal financial assistance from HHS to take reasonable steps to provide LEP persons with meaningful opportunity to participate in HHS-funded programs may constitute a violation of Title VI [of the Civil Rights Act of 1964] and HHS's implementing regulations."

Information quoted and summarized from the guidance about whom it covers, and the extent of obligations to provide services to LEP patients is below. **Reading the guidance in its entirety is important for healthcare providers who serve LEP patients and receive federal financial assistance.**

All recipients of federal financial assistance from HHS (recipients) are required to provide to LEP persons meaningful access to their programs and activities.

- Recipients of federal financial assistance include those who receive grants, training, use of equipment, donations or surplus property, and other assistance. Subrecipients, when federal funds are passed through one recipient to another, are also covered under the guidance.
- Healthcare providers who only receive Medicare Part B payments are specifically ***excluded*** from the guidance.
- Coverage extends to a recipient's entire program or activity, even if only one part of the recipient's program or activity is receiving the federal financial assistance.

To determine their obligation to provide LEP services, recipients must make an individual assessment that balances four factors:

1.	the number or proportion of LEP persons eligible to be served or likely to be encountered;
2.	the frequency with which LEP individuals come in contact with the program;
3.	the nature and importance of the recipient's program, activity, or service to people's lives; and
4.	the resources available to the recipient and costs.

The intent of the guidance "is to suggest a balance that ensures meaningful access by LEP persons to critical services while not imposing undue burdens on small business, small local governments, or small nonprofits." **The correct mix for providing language services "should be based on what is both necessary and reasonable in light of the four-factor analysis."**

- After applying the four-factor analysis, a recipient may conclude that providing different language assistance services, or none at all, is appropriate for different types of programs or activities.
- It is important to underscore that "the flexibility that recipients have in addressing the needs of LEP populations they serve does not diminish, and should not be used to minimize, the obligation that those needs be addressed."

Recipients may want to document their application of the four-factor test. Documentation might include, for example, the following:

1. The number or proportion of LEP persons from a particular language group served or encountered in the eligible service population
2. The frequency with which the recipient has or should have contact with LEP individuals from different language groups seeking assistance
3. The importance or urgency of the recipient's program or activity
4. The level of resources and costs that would be imposed on the recipient to provide language services

The greater the number or proportion of LEP persons, or the more frequent the contact with LEP persons, the more likely that providing language services is necessary. Greater importance or urgency of the program would also support the need for more immediate language services. A recipient's resources and costs to provide language services would have an impact on the services it might provide. That is, reasonable steps may cease to be 'reasonable' where the costs imposed substantially exceed the benefits.

Recipients may develop a plan for providing services for LEP populations. The absence of such a plan does not obviate the underlying obligation to ensure meaningful access by LEP persons to the recipient's programs or activities. Useful steps for developing the plan may include the following:

- Identifying LEP individuals who need language assistance
- Determining how language assistance will be provided
- Identifying staff who need to be trained, developing a process for training them, and identifying outcomes of the training
- Describing the process to notify LEP persons of available services
- Documenting a process for monitoring and updating the plan

Health care providers should fully understand LAS requirements; many may not be aware of their responsibility to provide language assistance services.

Fast fact

"Recipients should carefully explore the most cost-effective means of delivering competent and accurate language services before limiting services due to resource concerns"

(OCR/HHS, 2003).

LAS CLAS standards state that recipients must do the following:

1. Provide interpreter services at no cost to LEP patients/consumers.
2. Inform patients about their rights to receive LAS.
3. Ensure the competency of interpreters.
4. Provide translated materials.

LAS CLAS standards state that health care organization recipients must do the following:

1. 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 4).
2. Provide to patients/consumers, in their preferred language, both verbal offers and written notices informing them of their right to receive language assistive services (standard 5).
3. Ensure the competence of language assistance provided to LEP 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 6).
4. Make available easily understood patient-related materials and post signage in the languages of commonly encountered and/or represented groups in the service area (standard 7).

As a preference, language services should include the availability of a bilingual staff who can communicate directly with patients and/or consumers in their preferred language.

- When such staff members are not available, face-to-face interpretation provided by trained staff, or contract or volunteer interpreters, is the next preference.
- Telephone interpreter services should be used as a supplemental system when an interpreter is needed instantly, or when services are needed in an unusual or infrequently encountered language.

Fast fact

At least 18 States have enacted laws that make English the official state language. Because of State English-only laws, organizations that receive Federal funding may not realize that they are required to provide LAS for non-English speakers.

<u>Legal Requirements and Obligations for Language Access Services</u>

The requirements to provide LAS are based in Federal law and regulation.

Title VI of the Civil Rights Act of 1964

- Title VI of the Civil Rights Act if 1964 states "No person in the United States, shall, on ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
- The Office of Civil Rights (OCR) within the U.S. Department of Health and Human Services (HHS) has consistently interpreted Title VI to require the provision of qualified interpreter services and translated materials at no cost to patients.

The Hill-Burton Act

- The Hill-Burton Act (1946) encouraged the construction and modernization of public and nonprofit community hospitals and health centers. In return for receiving funds, recipients agreed to comply with a "community service obligation" that lasts in perpetuity.
- OCR has consistently taken the position that this obligation requires Hill-Burton fund recipients to address the needs of LEP patients.

Medicaid

- Medicaid regulations explicitly require State programs to operate consistently with Title VI.
- The Health Care Financing Administration (HCFA) requires States to communicate with beneficiaries orally and in writing in a language understood by the beneficiary and to provide interpreters at Medicaid hearings.

Medicare

- Medicare provides reimbursement to Medicare-participating hospitals for bilingual services to inpatients and has initiated pilot programs employing the use of bilingual forms and educational needs.

Federal Categorical Grant Programs

- Community health centers and migrant health centers that receive Federal funding must agree to provide services in the language and cultural context most appropriate for their patients.

Emergency Medical Treatment and Active Labor Act (EMTALA)

- EMTALA requires hospitals participating in Medicare that have an emergency Treatment and Active department to treat emergency patients regardless of their ability to pay.
- EMTALA sets forth responsibilities that may be difficult or impossible to meet for hospitals that fail to overcome language barriers with their patients.

Department of Health and Human Services: Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons

- Federal funds recipients are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

Fast fact

The Centers for Medicare & Medicaid Services (formerly the Health Care Financing Administration) has told States that they can include language services as options in their Medicaid and State Children's Health Insurance Programs (SCHIP). However, according to the National Health Law Program (NHELP), only 12 States are currently reimbursing providers for language services. (Hawaii, Idaho, Kansas, Massachusetts, Maine, Minnesota, Montana, New Hampshire, Texas, Utah, Vermont, Washington). Most other States include the costs of language services in providers' payment rates because they are considered overhead or administrative costs. For more information, contact NHELP at www.healthlaw.org or (202) 289-7661 for a copy of their document *Medicaid/SCHIP Reimbursement—Models for Language Services (2005 update).*

A few States have passed comprehensive language access laws to ensure communication with LEP patients.

- Some of these laws, in California, Massachusetts, and New York, for example, include specific guidelines for what providers must do.
- Many more States have tied language access laws to specific categories of health services.

State statutes and common law rules governing professional malpractice define liabilities of inadequate communication with patients.

- Providers may be liable for damages resulting from treatment in the absence of informed consent.
- Providers may face claims that their failure to bridge communication gaps breaches professional standards of care.
- A provider's violation of language access laws may raise a presumption of negligence.

Business Practice Issues in Providing Language Access Services

Practical strategies exist to meet language access needs of language minority patients.

- Employ bilingual staff (who have other responsibilities but may help with interpretation), staff or volunteer interpreters (whose sole responsibility is interpretation), or contract interpreters (normally managed through an agency and used under contract).
- Contact community interpreter services to provide interpretation in a variety of languages, often at competitive rates.
- Arrange services with universities, immigrant services agencies, health departments, community clinics, or other organizations that sponsor similar programs.
- Larger organizations may create and fund formal in-house interpreter programs, community language banks, and language telephone lines.

For other models, see http://www.diversityrx.org/html/models.htm.

Fast fact

The Community Health Services (CHS) program serves community health centers in the greater Seattle area. The program, a shared service approach, employs a pool of 4 full-time, salaried family health workers who together speak 8 Southeast Asian languages. The interpreters rotate through the clinics on a regular weekly schedule depending on the need for a specific language. As the language needs of the clinics have diversified, the program has added on-call, contract interpreters who cover more than 30 languages and are prescheduled as needed through the central office.

Providing LAS may have financial benefits for health care organizations:

- At Health Partners, a Minneapolis-based nonprofit clinician group and HMO with 650,000 members, revenue is about $400 per patient per year. Patients average about 2 visits a year to a primary care doctor, plus visits to specialists and related activities. With fixed costs at about 50 percent, losing a single patient means losing $200.

- Cook County Hospital saw requests for interpreter services rise from 13,000 in 1992 to more than 25,000 in 1995. The hospital determined that it was cost effective and it reduced liability to hire and train its own interpreters, instead of using volunteers or external staff. It also found that providing in-house interpretation services created good will with the hospital among immigrant and refugee communities (Heartland Alliance, 1998).
- Hidden costs resulting from not offering language services, or from doing so in an ad hoc way, may be more costly than providing the services. Examples of such costs include the following:
    - Taking ethical and malpractice risks.
    - Taking highly paid bilingual professionals away from clinical work to provide interpreter services.
    - Canceling scheduled surgical procedures because a patient did not understand the preoperative instructions.
    - Caring for sicker individuals in the emergency room because patients were unable to communicate with their primary care providers.

An important business practice issue that may have an impact on language access needs is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA, for the first time, creates national standards to protect individuals' medical records and other personal health information. For the average health care provider or health plan, HIPAA requires activities such as:

- Notifying patients about their privacy rights and how their information can be used.
- Adopting and implementing privacy procedures for its practice, hospital, or plan.
- Training employees so that they understand the privacy procedures.
- Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those who do not need them.

HIPAA does not specifically address the privacy issues inherent in using interpreters for LEP patients.

- HIPAA does provide, however, the opportunity for a patient to agree or to object to the disclosure of his or her health care information (as it would be with an interpreter present in a medical encounter).
- The patient should be informed in advance of the disclosure and have the opportunity to agree, prohibit, or restrict the use of the disclosure.
- Although interpreters do not fall into the HIPAA definition of "business associate," it may be good business practice to treat interpreters with similar requirements as business associates, ensuring that they have specific written safeguards regarding individually identifiable health information.

It appears that good business practice under HIPAA would encourage patients to have the opportunity to agree (or not) to an interpreter's presence, and that interpreters agree in writing to safeguard the confidentiality of the patient and individually identifiable health information that they may see or hear during the encounter. For more information on interpreting HIPAA, see: http://www.hhs.gov/ocr/hipaa/

SUMMARY

Providing LAS is not only good medical practice, but is also a legal requirement for recipients of federal financial assistance. LAS helps to ensure mutual understanding of illness and treatment, increases patient satisfaction, and improves the quality of medical care for LEP patients/consumers.

MODULE 2.2: Models to Provide Language Access Services

Key Learning Points Module 2.2

1. Principles of good interpersonal communication apply to all minority patients—in fact, to all patients regardless of minority status—and include specific components.
2. Most medical encounters using an interpreter share the format of a triadic interview.
3. The four main roles of the interpreter are conduit, clarifier, cultural broker, and advocate.
4. Using lay, or untrained, interpreters is not recommended and brings the potential for misdiagnosis, inappropriate treatment, and liability.
5. Practice standards for medical interpreters are organized into three major task areas: interpretation, cultural interface, and ethical behavior (ICE).
6. Interpreters should exhibit a set of competencies, not just language skills.
7. Providing LAS includes ensuring appropriate, translated, written materials—not just interpretation—for LEP patients.
8. Using qualified translators is critical.

Fast fact

Clinicians who participated in the development of this curriculum articulated the importance of cultural competence training for all office staff in order to ensure comfortable and respectful office visits for diverse populations.

Cultural Competence: It All Starts at the Front Desk, a resource prepared by the National Center for Cultural Competence, lists the following problematic outcomes that may occur when office staff exhibit attitudes and behaviors that are not congruent with respectful health care:

- Time wasted due to missed appointments
- Loss of patients and income to other professionals because families do not feel welcome at the front desk
- Loss of referrals and reputation when families report to others their negative experiences at the front desk
- Possible filing by families of a grievance or report of discrimination based on treatment by the front desk

This article, available at http://gucchd.georgetown.edu/nccc/documents/FrontDeskArticle.pdf offers guidelines to address cultural and linguistic competence at the front desk. (Bronheim, 2004).

Fast fact

Interpreters work with health care providers and patients, ensuring that they under- stand one another in conversation. Translators write documents from one language into another.

Types of Language Access Services

Several types of LAS are included in LAS CLAS standards. This module provides information about interpersonal communication, generally the interpretation process, and written language and translated materials.

Interpersonal Communication

Although there are special circumstances to consider with LEP individuals, **the principles of good interpersonal communication apply to all minority patients—in fact, to all patients regardless of minority status.**

Recommendations about best practices in interpersonal communication, summarized from many sources, follow:

- Do not assume that LEP, culturally related behaviors, body language such as nodding or other gestures, or other factors mean limited understanding, intelligence, or capacity.
- Ask the name you should use when speaking with the patient; some people may be uncomfortable using first names, for example. Also, invite the patient to call you by the name you prefer.
- Understand that patients may have different levels of comfort than you do with formality, silence, physical distance, eye contact, or touching, especially with members of the opposite sex or older persons. Learn the preferences of your patients and their communities.
- Be conservative in your body language until you understand what is appropriate within a specific cultural group.
- Listen and observe what is appropriate and comfortable for individual patients and act accordingly.
- Learn basic words or phrases from your patient's language, to be able to greet them, for example, or to ask how they are feeling.
- Do not make assumptions about a patient's health beliefs, attitudes, or behaviors.
- Allow the patient to be open and honest; do not discount his or her beliefs because they do not "fit" into the beliefs of Western medicine.
- Do not discount the effect of supernatural beliefs on health.
- Realize that the patient may value involving family members in health care decisions and honor the practice.
- Restrain yourself in the way you relate bad news or complications until you know whether and how the patient wants to hear what you have to say. For example, some cultures prefer that family members, not patients, learn of serious illnesses or conditions first.
- Speak slowly and clearly in simple and straightforward language. Do not raise your voice and do not use professional jargon in your speech.

Health literacy is an emerging field focusing on literacy within the context of health. The IOM's Committee on Health Literacy defines it as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

The IOM Report, *Health Literacy: A Prescription to End Confusion*, states: “health care educators and providers make assumptions about an individual's ability to comprehend health information. However, over 300 studies have shown that health information cannot be understood by most people for whom it was intended, suggesting that the assumptions regarding the recipient's level of health literacy made by the creators of this information are often incorrect.” It is important for providers to be aware that native speakers of English may not understand health related information presented to them, and may be ashamed to speak up about problems they encounter. (IOM, 2004).

Fast fact

In a fact-centered approach, recognize intra-group variation but guard against ethnic stereotyping!

Overview of Interpretation

Although there are many variations of medical encounters using an interpreter, most share the format of a triadic interview.

- The clinician/provider, patient/consumer, and interpreter all participate in a triadic interview.
- Beyond creating mutual understanding between the doctor and patient, the triadic interview should also engender trust and ensure confidentiality.

Interpreter Role	Role Description	Role Should be Adopted When
Conduit	Most basic interpreter role, default role: interpreter renders in one language literally what has been said in the other, no additions, no omissions, no editing or polishing.	Interpreter perceives a clear potential for misunderstanding.
Clarifier	Interpreter explains or makes word pictures of terms that have no linguistic equivalent (or whose linguistic equivalent will not be understood by the patient) and checks for understanding.	Interpreter believes it is necessary to facilitate understanding.
Culture Broker	Interpreter provides a necessary cultural framework for understanding the message being interpreted.	Cultural differences are leading to a misunderstanding on the part of either provider or patient.
Advocate	Advocacy is any action an interpreter takes on behalf of the patient outside the bounds of an interpreted interview. The advocate is concerned with the quality of care in addition to the quality of communication.	The patient's needs are not being met because of a systemic barrier, such as the complexity of the health care system or racism.

Fast fact

The best approach with patients who have brought their own interpreter is to stress that a trained staff interpreter is being provided for their safety and confidentiality, and that if they would still like to use their own interpreter, the provider can offer that the staff interpreter remain present to ensure that both the patient and clinician are receiving accurate information.

(OMH, 2001)

Four main roles of the interpreter are conduit, clarifier, culture broker, and advocate. The preferred role for an interpreter is that of conduit (http://www.diversityrx.org, Putsch, 2002).

The August 2003 HHS LEP guidance states that the recipient should make the LEP person aware that he or she has the option of having the recipient provide an interpreter without charge.

- The recipient should generally respect an LEP person's desire to use his or her own interpreter, in place of the free language services.
- However, the recipient should consider issues of competence, appropriateness, conflicts of interest, and confidentiality in determining whether to respect the desire of an LEP person to use an interpreter of his or her own choosing.
- If the recipient determines that the LEP person's chosen interpreter is not competent or appropriate, the recipient should provide interpreter services in place of, or as a supplement to, the LEP individual's interpreter.
- Extra caution should be exercised when the LEP person's choice involves using minor children.

The Massachusetts Medical Interpreter Association (MMIA) has developed **practice standards for medical interpreters, organized into three major task areas: interpretation, cultural interface, and ethical behavior.**

- Interpretation involves (1) setting the stage, (2) interpreting, (3) managing the flow of communication, (4) managing the triadic relationship, and (5) assisting in closure activities.
- Cultural interface addresses recognizing and communicating the ways that culturally based beliefs affect the presentation, course, and outcomes of illness, as well as perceptions of wellness and treatment.
- Ethical behavior covers ethical and power dynamic issues an interpreter may encounter.

Fast fact

Studies show that LEP patients with interpreter services have more clinician office visits and prescriptions, use more preventive services, and have higher satisfaction with care than comparable patients without interpreters. (Brach et al., 2005).

No standardized assessment tools or certification programs for medical interpreters are currently available. However, much attention is being paid to interpreter competencies. Beyond language skills, interpreters should understand (OMH, 2001):

1. Interpretation skills and techniques
2. Ethics of interpreting in health care encounters
3. Key medical terminology
4. Basic clinical concepts
5. Workings of the American medical system
6. The role of culture and managing cultural issues
7. Professional interpretation issues

Additionally, the National Council on Interpreting in Health Care (NCIHC) developed 32 standards to provide guidance on the qualifications, practice, and roles of the interpreter. The *National Standards of Practice for Interpreters in Health Care* are available at http://www.ncihc.org.

The August 2003 HHS LEP guidance states that recipients should take reasonable steps to assess whether interpreters:

1. demonstrate proficiency in and ability to communicate information accurately in both languages and identify/employ the appropriate mode of interpreting;
2. have knowledge in both languages, to the extent necessary, of any specialized terms or concepts and of any particular vocabulary or phraseology used by the LEP person;
3. understand and follow confidentiality and impartiality rules;
4. understand regionalisms or differences in language usage; and
5. understand and adhere to their role as interpreter without deviating into other roles (i.e., counselor or legal advisor) where such deviation would be inappropriate.

Fast fact

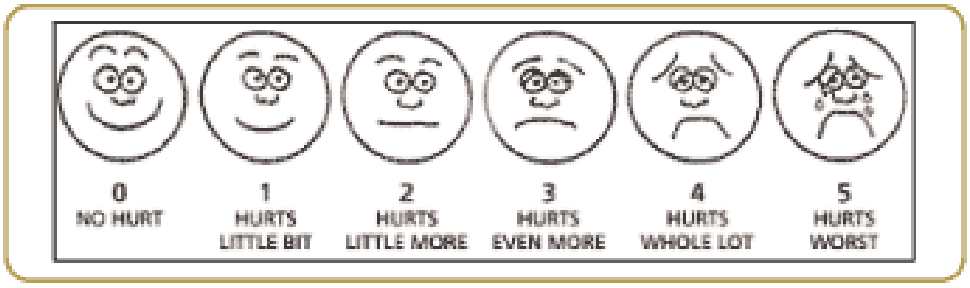
Information about interpreter services is available from many sources:

- State health departments
- American Translation Association
- http://www.diversityrx.com
- Web sites of ethnic and cultural groups
- Local business telephone directory

Written Language and Translated Materials

Providing LAS includes ensuring appropriate written materials, not just interpretation, for LEP patients. **Translated written materials may not substitute for oral interpretation.**

- Translated written materials may include:
  - Signage in the office
  - Applications
  - Consent forms
  - Medical/treatment instructions
- Signs in languages appropriate to the patient community should include:
  - Notice of patients' rights, including the right to receive language assistive services (see following "I speak" cards)
  - Availability of conflict and grievance resolution processes
  - Directions to facility services
  - Mission statement (including commitment to providing culturally competent services)
  - Other important patient information
- Graphic materials may also be required, and may include the following:
  - Picture cards or cards with phrases from various languages.
  - "I speak" cards with the phrase in different languages so that a patient can identify to others which language he or she speaks (see the example under parts seven through nine of this learning points section).
  - Graphic cards for those who speak non-written languages, are not literate, or have developmental or cognitive impairments. Graphic cards could, for example, provide pictures of needed services or of characteristics of illnesses. One example of a graphic card is the Wong-Baker FACES Pain Rating Scale shown here and available, along with translations, at www3.us.elsevierhealth.com/WOW/faces.html.



Wong-Baker FACES Pain Rating Scale

Health care providers and organizations must decide which languages are most common in the patient population and need translated materials.

- The OCR in the HHS has prepared guidance on which materials are considered significant to translate. **Vital documents appropriate for translation include:**
  - Consent and complaint forms
  - Intake forms with the potential for important consequences
  - Notices advising LEP persons of free language assistance
- The minimum standards for translation call for materials to be translated by a trained individual, back-translated and/or reviewed by target audience groups, and updated periodically.
- The permanent nature of written translations imposes additional responsibility on the recipient to take reasonable steps to determine that the quality and accuracy of the translations permit meaningful access by persons.

Patients' Rights Document

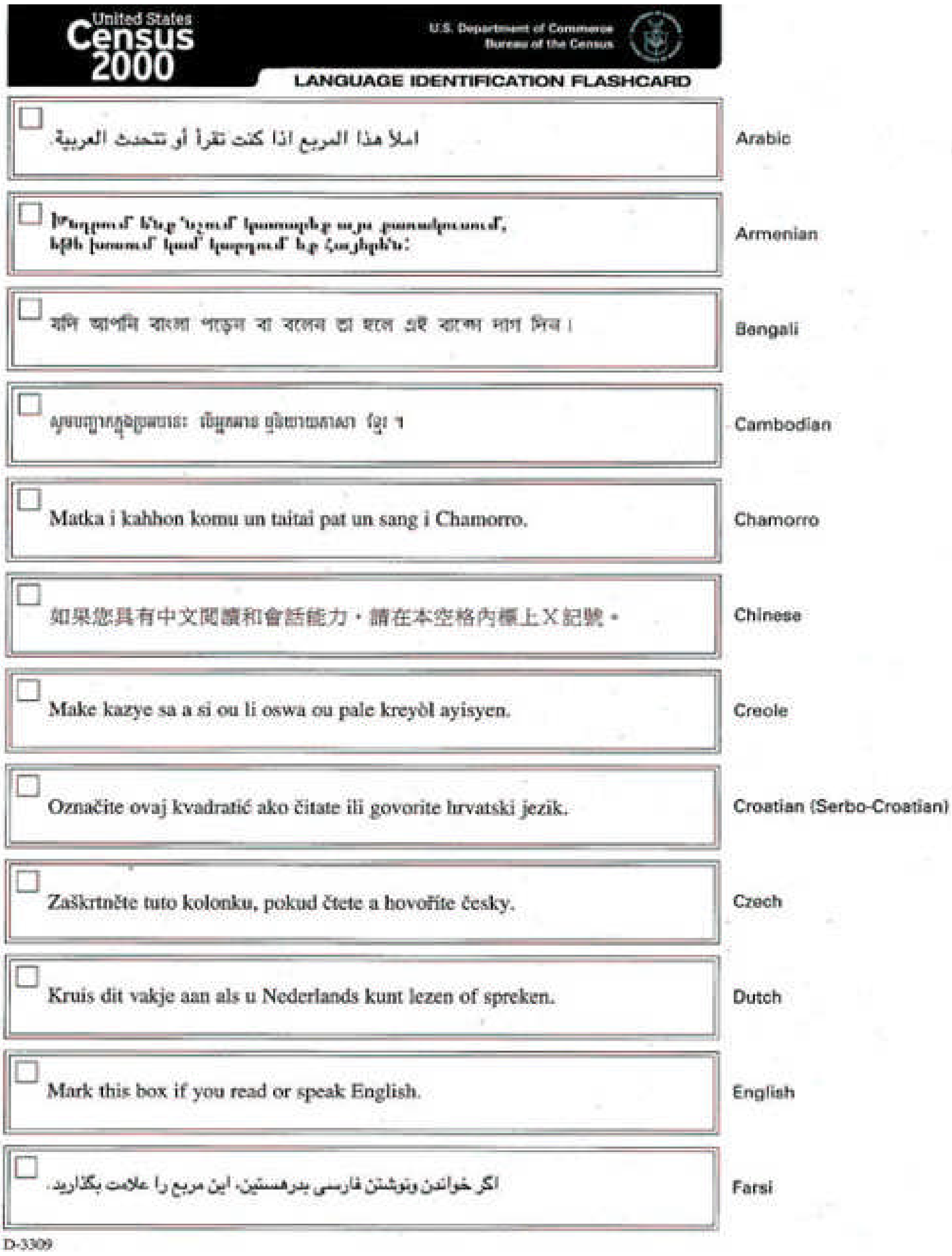
- A portable data format (PDF) version of this document may be obtained at http://www.dhfs.state.wi.us/civilrights/ or by selecting this link.

Job5600LLS-11 languages

English	You have the right to an interpreter at no cost to you. Please tell the receptionist. An interpreter will be called.
Spanish/Español	Tiene derecho a recibir los servicios gratuitos de un intérprete. Por favor avise a la recepcionista. Se llamará a un intérprete para asistirle.
Hmong/Hmoob:	Koj muaj cai tau neeg txhais lus yam uas tsis ua nqi rau koj them. Thov qhia rau tus neeg txais qhua. Yuav tau hu ib tug neeg txhais lus los rau koj.
Lao/ລາວ	ທ່ານມີສິດໄດ້ນາຍພາສາໂດຍບໍ່ຕ້ອງເສັຍຄ່າ. ກະຣຸນາບອກກັບຜູ້ຮັບແຂກ. ນາຍພາສາຜູ້ນຶ່ງຈະຖືກເອີ້ນມາ.
Arabic/عربي	يحقّ لك أن تطلب مترجما فوريا مجانيا. من فضلك، أخبر موظف الاستعلامات ليتصل بمترجم فوري.
Albanian/Shqip	Ti ke të drejtë për një përkthyes falas. Lutemi thuaji pritëses. Do të thirret një përkthyes.
Russian/ Русский	У Вас есть право на бесплатного переводчика. Пожалуйста, обратитесь к секретарю, и Вам вызовут переводчика.
Korean/한국어	귀하께서는 통역사를 무료로 이용하실 수 있습니다. 접수 담당자에게 알려주십시오. 통역사를 불러 드리겠습니다.
Chinese/中文	您有權要求免費口譯員的服務。請您告知櫃檯人員，他們便會通知口譯員來爲您翻譯。
Japanese/日本語	無料で通訳サービスを提供しております。受付に御申し出下さい。至急手配します。
Tibetan/བོད་ཡིག	[illegible]

I Speak Cards

A portable data format (PDF) version of the I Speak Cards (parts 7, 8, and 9 of the Module 2.2. Learning Points) may be obtained at http://www.dhfs.state.wi.us/civilrights/ or by clicking here.


United States Census 2000

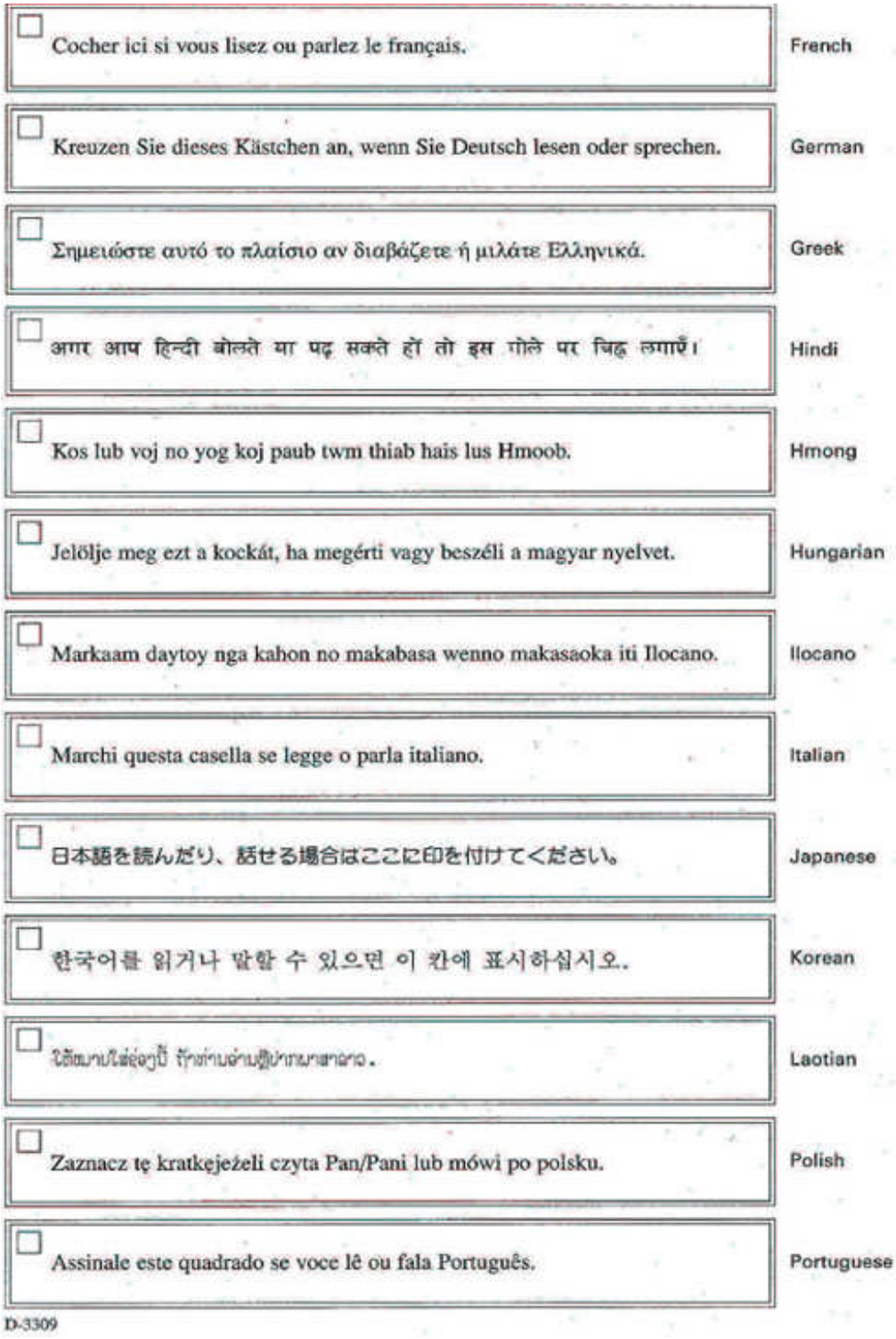
U.S. Department of Commerce Bureau of the Census

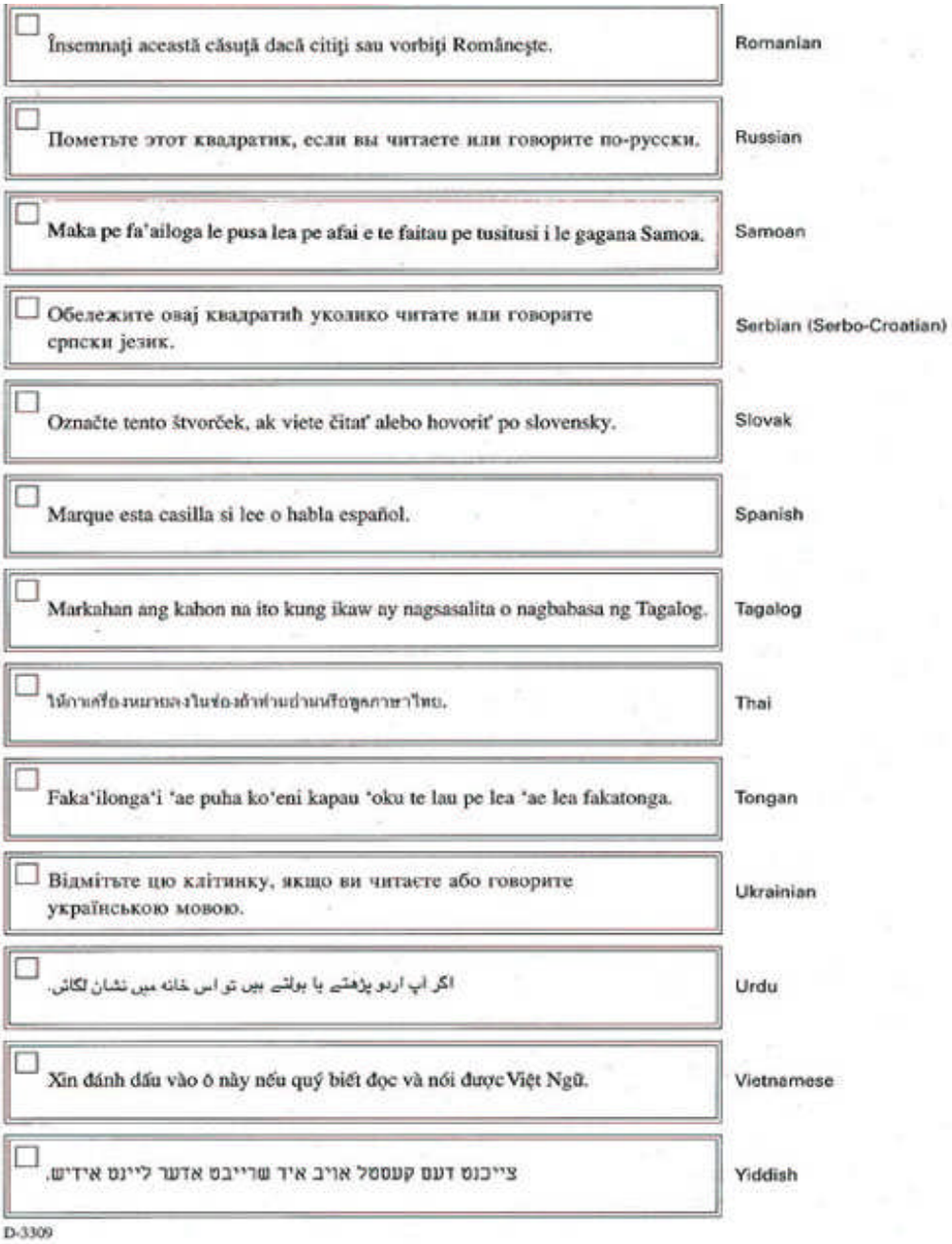
LANGUAGE IDENTIFICATION FLASHCARD

☐ املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية.	Arabic
☐ Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	Bengali
☐ សូមគូសក្នុងប្រអប់នេះ បើអ្នកចេះ ឬនិយាយភាសា ខ្មែរ ។	Cambodian
☐ Matka i kahhon komu un taitai pat un sang i Chamorro.	Chamorro
☐ 如果您具有中文閱讀和會話能力，請在本空格內標上X記號。	Chinese
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	Creole
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	Croatian (Serbo-Croatian)
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	Dutch
☐ Mark this box if you read or speak English.	English
☐ اگر خواندن ونوشتن فارسی بدرفستین، این مربع را علامت بگذارید.	Farsi

D-3309

A portable data format (PDF) version of the I Speak Cards may be obtained at http://www.dhfs.state.wi.us/civilrights/


Cocher ici si vous lisez ou parlez le français.
French
Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.
German
Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.
Greek
अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस गोले पर चिह्न लगाएँ।
Hindi
Kos lub voj no yog koj paub twm thiab hais lus Hmoob.
Hmong
Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.
Hungarian
Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.
Ilocano
Marchi questa casella se legge o parla italiano.
Italian
日本語を読んだり、話せる場合はここに印を付けてください。
Japanese
한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.
Korean
Laotian
Zaznacz tę kratkejeżeli czyta Pan/Pani lub mówi po polsku.
Polish
Assinale este quadrado se voce lê ou fala Português.
Portuguese
D-3309


Înseminaţi această căsuţă dacă citiţi sau vorbiţi Româneşte.
Romanian
Пометьте этот квадратик, если вы читаете или говорите по-русски.
Russian
Maka pe fa'ailoga le pusa lea pe afai e te faitau pe tusitusi i le gagana Samoa.
Samoan
Обележите овај квадратић уколико читате или говорите српски језик.
Serbian (Serbo-Croatian)
Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.
Slovak
Marque esta casilla si lee o habla español.
Spanish
Markahan ang kahon na ito kung ikaw ay nagsasalita o nagbabasa ng Tagalog.
Tagalog
ใส่กากบาทในช่องสำหรับอ่านหรือพูดภาษาไทย.
Thai
Faka'ilonga'i 'ae puha ko'eni kapau 'oku te lau pe lea 'ae lea fakatonga.
Tongan
Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.
Ukrainian
اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائیں.
Urdu
Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ.
Vietnamese
צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש.
Yiddish
D-3309

Written Language and Translated Materials

Using qualified translators is critical. Characteristics of qualified translators include the following:

- Previous education, experience, and training in translation
- Command of both English and the language into which the material will be translated
- Familiarity with medical terminology

When selecting a translation vendor, health care providers should review the following:

- Translation methods and procedures used, from submission of English copy to printing of finished materials
- Recruiting and training of translators
- Procedures for reviewing translated materials

Involving community members in reviewing translated materials can help to ensure that the materials:

- Meet community needs
- Reflect differences in dialect and cultural nuances
- Are appropriate for the acculturation, education, and literacy levels of the community

SUMMARY

Attention to interpersonal communication is a critical aspect of culturally competent care. Interpretation, with qualified interpreters, should be used with LEP patients and written materials should be translated into the languages most common in the patient population. Community members should be involved in reviewing translated materials.

MODULE 2.3: Working effectively with Interpreters

Key Learning Points Module 2.3

1. A triadic relationship among patient, provider, and interpreter is conducive to good communication.
2. The triadic interview process should include a pre-session, an interview, and a debriefing (if necessary).
3. The provider should speak directly to the patient; the interpreter should be as unobtrusive as possible.
4. The provider should maintain control of the interview, the patient should interact directly with the provider, and the interpreter should manage the cross-cultural and cross-language message flow.
5. Transparency means that everything is interpreted in a language that others can understand.
6. Working effectively with an interpreter in a triadic interview requires extra time and attention to procedures. Principles of good interpersonal communication apply to all minority patients—in fact, to all patients regardless of minority status—and include specific components.

Fast fact

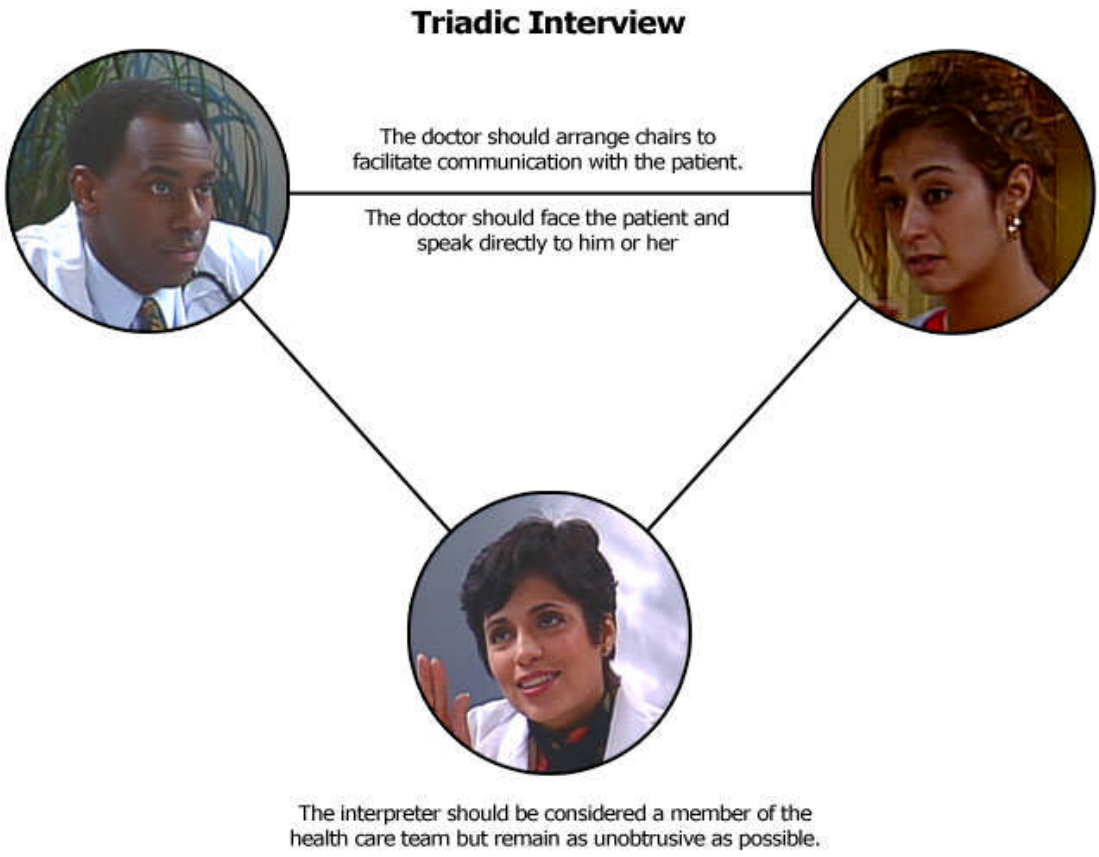
A study using the *Commonwealth Fund 2001 Health Care Quality Survey* found that 14.1% of Blacks, 19.4% of Hispanics, and 20.2% of Asians perceived being treated with disrespect or being looked down upon in health care encounters. Respondents who reported being treated with disrespect were significantly less likely to have had a physical exam within the prior year; those with diabetes, hypertension, or heart disease were less likely to have received optimal care. (Blanchard & Lurie, 2004).

Stage of cancer diagnosis is the primary explanatory factor for racial differences in cancer survival rates (Mayberry, 2000).

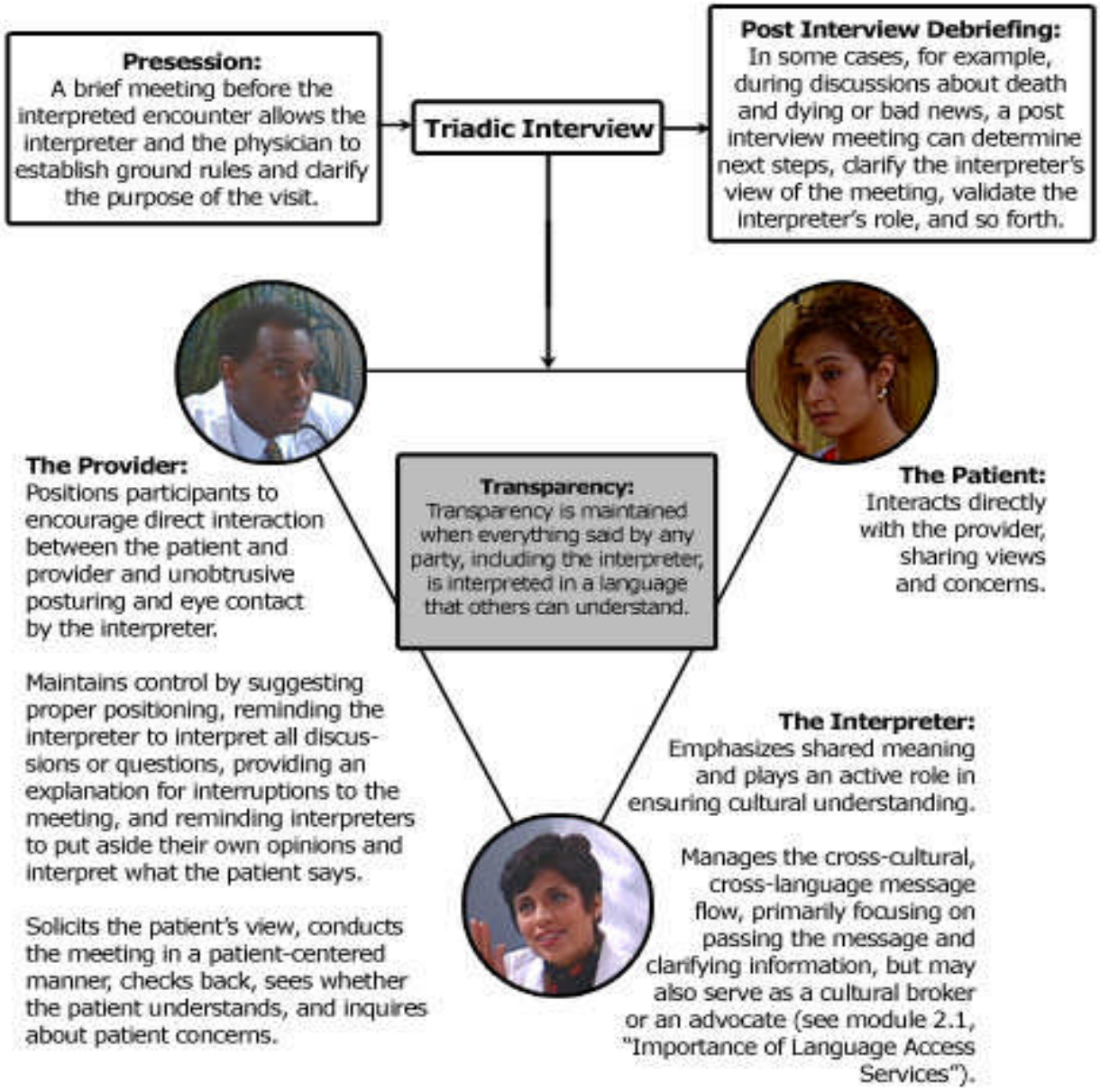
Asians are less likely to use preventive health care services and frequently present themselves in the primary care setting only after the appearance of severe symptoms (Ethnicity and Health, 2001).

The Triadic Interview Process

Placing the patient, health care provider, and interpreter in a triadic relationship is conducive to good communication**.**



Best practices of the triadic interview process include a pre-session, a triadic interview, and a post-interview debriefing (when necessary). The components of the interview process and roles of participants are described in the diagram below (summarized from Putsch, 2002).



Fast fact

Interpreters should use first-person speech, as if the interpreter were speaking in the patient's voice. For example, the interpreter would quote the patient as saying, "I'm feeling feverish and tired," rather than "She says that she's feeling feverish and tired."

Guidance for Working Effectively with Interpreters

The following guidance helps health care providers work with interpreters to assist patients in feeling more comfortable and make the interpreter's job easier (Durham, 1995).[1]

- **Allow extra time because everything has to be said at least twice.** Explanations will generally take longer, especially if the patient is not knowledgeable about Western medicine.
- Use trained bilingual/bicultural interpreters whenever possible.
- Never use children as interpreters. Most patients will not discuss problems of a personal nature in front of their children; interpreting serious problems may traumatize children; and in many cultures, using the child to interpret will upset the family's social order.
- Watch the patient (not the interpreter) during interpretation. This will allow you to observe the patient's body language and other behavioral cues. The bilingual/bicultural interpreter will be able to help you understand nonverbal messages.
- **Speak slowly and clearly.** Don't raise your voice or shout.
- **Sentence-by-sentence interpretation works best.** Expecting an interpreter to remember long explanations is unreasonable and will lead to omissions.
- Allow the interpreter to ask open-ended questions if needed to clarify what the patient says.
- Use simple language and straightforward sentences. Avoid metaphors, slang, and jargon.
- Observe and evaluate what is going on before interrupting the interpreter—that is, if the interpreter is taking too long to interpret a simple sentence; if the interpreter, outside his or her role, is having a conversation with the patient; or if there are no words in the target language to express what the provider said.
- Explain all medical terms in simple language, especially if the patient or the interpreter is not knowledgeable about Western medicine. **It is the provider's responsibility to communicate with patients at a level the patient can understand. The provider should not relinquish the responsibility because there is an interpreter in the triadic partnership.**
- Always allow time for patients to ask questions and seek clarifications.
- Question the interpreter if he or she seems to answer for the patient. The interpreter may have interpreted for the patient on prior occasions and be familiar with the history, but it is important that you obtain an accurate, current history.
- Always ask the patient to repeat instructions to you to be certain they have been properly interpreted and understood.
- Remember that some patients who require an interpreter may actually understand English quite well. Any comments you make to other providers or to the interpreter may be understood by the patient.
- Document in the progress notes the name of the interpreter who interpreted for the patient.
- Before meeting with the patient, give the interpreter a brief summary about the patient and set the goals and procedures for these sessions. On entering the examination room, introduce yourself directly to the patient, allowing the interpreter to interpret. This helps to set the tone for the visit and establishes the health care provider as the one directing the interaction.

[1] *Adapted by Maria Durham, RN, EdM. From "Working effectively with interpreters in the primary care setting," Poss JE; Rangel, R. Nurse Pract 1995 Dec: 20(12):43-47.*

Fast fact

Learn some basic words and phrases in the patient's language. Knowing how to introduce yourself, say good morning, or ask how the patient is feeling in his or her language is generally very well received. The purpose is not to enable you to communicate with the patient without an interpreter, but rather to help the patient feel more comfortable.

Kai and Briddon (1999) provide the following guidance for working effectively with interpreters, in addition to those noted previously.

- Make sure that the interpreter and the patient speak the same language and the same dialect.
- Ask the interpreter to teach you to correctly pronounce the patient's name.
- Allow time for the interpreter to:

1.	introduce himself or herself to the patient,
2.	explain the interpreter role,
3.	ensure confidentiality, and
4.	check whether the interpreter is acceptable to the patient.

- Encourage the interpreter to interrupt and intervene as necessary.
- Check that the patient has understood everything.
- Remember that you, as the health care provider, are responsible for the interview.
- Be aware of your own attitudes (including racism) and shortcomings (for example, not speaking the patient's language).

SUMMARY

Working effectively with an interpreter in a triadic interview process helps to ensure mutual understanding about a patient's illness and supports delivering high quality, culturally competent care.

Use the checklist below to help prepare for a triadic interview and to work effectively with an interpreter.

Triadic Interview Checklist

Before the Interview	
☐	Arrange for extra time for the interview.
☐	Arrange for a trained interpreter.
☐	Make sure the interpreter and patient speak the same language and dialect.
☐	Hold a brief meeting with the interpreter.
☐	Give the interpreter a brief summary of the patient.
☐	Establish, with the interpreter, goals for the session.
☐	Establish ground rules.
☐	Insist on sentence-by-sentence interpretation.
☐	Explain that the interpreter is not to answer for the patient.
☐	Invite the interpreter to interrupt or intervene as necessary to ensure understanding.
☐	Clarify the purpose of the visit.
☐	Document the name of the interpreter in the progress notes.
☐	Ask the interpreter to teach you to correctly pronounce the patient's name.
During the Interview	
☐	Remember that you, as the health care provider, not the interpreter, are responsible for the interview.
☐	Watch the patient, not the interpreter.
☐	Speak slowly and clearly use simple and straightforward language, and avoid metaphors, jargon and slang.
☐	Clearly explain medical terminology.
☐	Observe and evaluate what is going on before interrupting the interpreter.
☐	Allow the interpreter to ask open-ended questions to clarify what the patient says.
☐	Allow the patient time for questions and clarifications.
☐	Ask the patient to repeat instructions.
☐	Be aware of your own attitudes and shortcomings.
After the Interview	
☐	If necessary (for example, in situations of death or dying or giving bad news), hold a post interview meeting with the interpreter.
☐	Examine your procedures in the interview and determine how you might improve them for future triadic interviews.
☐	Examine your own attitudes in the interview and determine how you might change them for future triadic interviews.