



Serving Individuals with Limited English Proficiency

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Objectives

- Identify individuals of limited English proficiency and the challenges they face in accessing health care
- Identify Federal laws that relate to the provision of services for individuals of limited English proficiency
- Describe best practices for working with interpreters



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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**
- **7% of elders** 65 and over in the U.S. are LEP
- In some ethnic populations, **over 70%** of elders are LEP

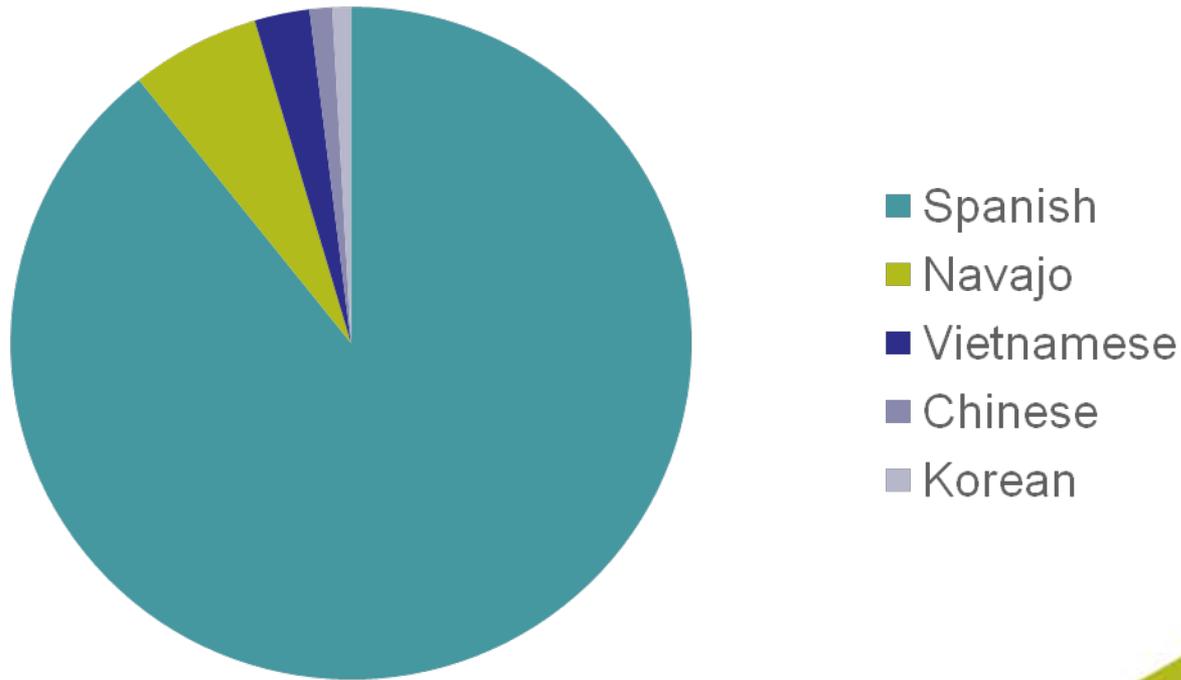


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New Mexico LEP Population

94,752 people in New Mexico speak English “not well” or “not at all”



Source: 2005 American Community Survey



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Why does it matter?

Individuals with limited English proficiency

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



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Legal and Regulatory Requirements

Title VI of the **U.S. Civil Rights Act of 1964** prohibits recipients of Federal funds from discriminating against individuals on the basis of national origin.



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Title VI



Discrimination includes policies or practices that inhibit **equal access** to a recipient's program and activities for individuals of limited English proficiency.



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Supporting Legislation

- On August 11, 2000, President Bill Clinton passed **Executive order 13166**
- In December of the same year, the **CLAS Standards** were published by the US Department of Health and Human Services, which administers **Medicare and Medicaid**



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Title VI Covered Entities

- Who is covered?

- All entities receiving direct or indirect Federal financial assistance from HHS through grants, contracts, or subcontracts.

- For example

- Hospitals
- Nursing Homes
- Physicians and other providers
- Home health agencies
- Managed care organizations
- State Medicaid agencies
- State, county and local health agencies
- Universities and **other entities with health or social service programs**



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CLAS mandates

Standard 4

Organizations **must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost** to each client

with limited English proficiency at all points of contact, in a timely manner during all hours of operation.



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CLAS mandates



Standard 5

Organizations must provide to clients in their preferred language both verbal offers and **written notices informing them of their right to receive language assistance services.**



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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 vihët në dispozicion falas.

Amharic አማርኛ

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

Arabic العربية

يُرجى 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 fiq 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.

CLAS mandates

Standard 6

Organizations must **assure the competence of language assistance provided to limited English proficient** clients by

interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).



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CLAS mandates

- **Standard 7**

Organizations must make available easily

understood **educational materials and post signage in the languages of the most commonly**

encountered groups and/or groups represented in the service area.



Respite Center
Centro de descanso
Xarunta Nasashada
Место отдыха для служащих
Centre de récupération
विश्राम केंद्र
休息处
休息處
一時休養センター
휴식 센터
Trung tâm thư giãn
مرکز الاسترخاء



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Making the Case



- Absence of language services may compromise a person's privacy and cause embarrassment or instill confusion or fear
- Poor communication equals poor care
- Preventable death may occur



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OCR Investigates UNM Hospitals

- “On March 6, 2006, OCR received the complaint of **national origin discrimination** filed by the complainant, on behalf of his mother, the affected party, who is a Limited English Proficient (“LEP”) person. Specifically, the complaint alleges that on February 14, 2006, an orthopedic physician at the Hospital, **failed to provide language assistance** for the affected party.”

Source: <http://www.hhs.gov/ocr/civilrights/understanding/race/index.html>



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UNM Hospitals Response to OCR Investigation

1. revising its limited English proficiency (LEP) policy
2. coordinating its interpreters and translations through a recently established Interpreter Language Service Department
3. mandating a staff training program on language services
4. implementing an interpreter qualification testing and training program
5. posting signs informing the public of the availability of language assistance services
6. translating over 900 forms and vital documents
7. conducting periodic reviews and monitoring to ensure the effectiveness of language services for LEP persons



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Translation vs Interpreting



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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.
- The use of qualified, trained interpreters has proven to:
 - **Increase access to care**
 - **Enhance quality of care**
 - **Reduce medical errors**
 - **Improve healthy outcomes**



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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



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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



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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



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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



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Interpreter Code of Ethics

*The National Council on Interpreting in Health Care
Working Papers Series*



*A NATIONAL CODE OF ETHICS FOR
INTERPRETERS IN HEALTH CARE*

The National Council on Interpreting in Health Care
<http://www.ncihc.org>
July 2004

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

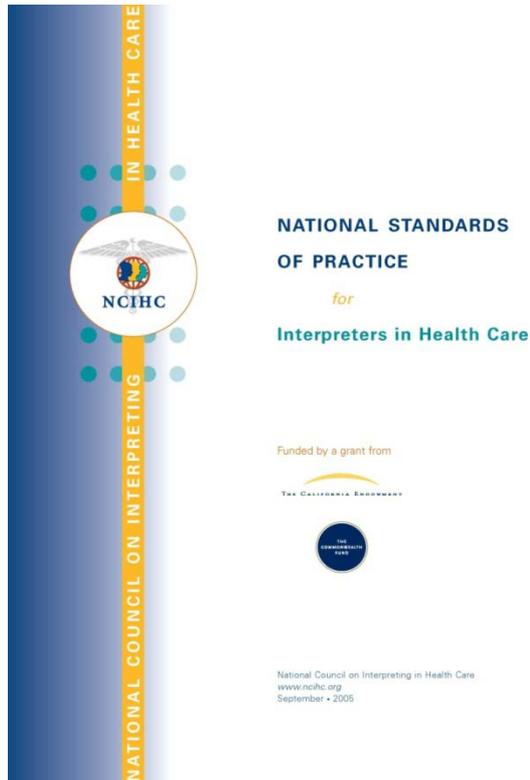
Source: National Council on Interpreting in Health Care, 2004



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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



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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



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Interpreting: Methods of Delivery

- Face to Face
- Phone
- Video



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Tips for Working with Interpreters



Before the Session

- Organize the client encounter with the interpreted session in mind
- Remember that some languages may take 2-3 times longer to interpret
- Brief the interpreter
 - Who
 - What
 - Where
 - Why



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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
- Avoid using technical vocabulary, abbreviations, idioms, symbolic speech, etc.
- Check for understanding throughout the session
- Remember that everything said will be interpreted
- Be prepared for the interpreter to interrupt should they need clarification, a pause or repetition



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Tips for Working with Interpreters



After the Session

- Document the use of an interpreter by name or ID number, in the client chart/notes
- Consider a post-interview meeting with the interpreter to assess how things went



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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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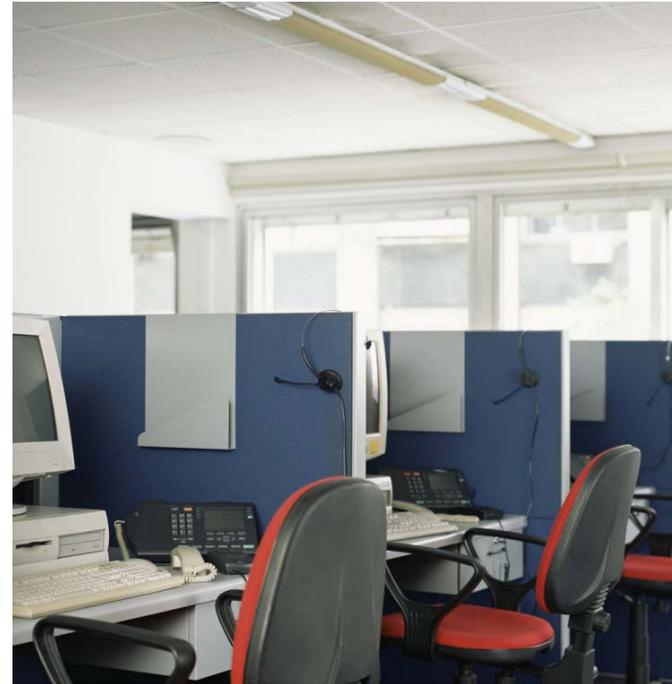
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