



# **A Framework for Language Access Systems**

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**Cynthia E. Roat, MPH  
for the Governor's Interagency  
Council on Language Access**



# What is language assistance?

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Language assistance is anything that allows individuals to access services across linguistic barriers.

## Examples of linguistic assistance:

- ∞ Bilingual service providers
  - ∞ Interpreters
- ∞ Translated documents
  - ∞ Multilingual signage
  - ∞ Multilingual websites



# Framework for a language access system

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## The Delivery System

All the systems needed to identify language need and assure linguistic assistance in the encounter.

## The Product

All the systems needed to assure that the linguistic assistance provided is accurate and appropriate.



# The delivery system

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- ∩ Policy and procedures
- ∩ Adequate staffing
- ∩ Financial support
- ∩ Identification of LEP patients: actual users, future trends
- ∩ Tracking LEP patients and usage data



# The delivery system, continued

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- ⌚ Designation of resources to provide language access: bilingual providers, interpreters or technology at all points of service
- ⌚ Staff training on how to request and work with an interpreter.



# The product

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- ∞ Bilingual providers
- ∞ Interpreters (Dual-role, dedicated on-site interpreters, freelance on-site, remote)
- ∞ Translations
- ∞ Communication aids (e.g. Meducation)



# Quality in interpreting

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- ∩ Recruitment
- ∩ Screening
- ∩ Training
- ∩ Assessment
- ∩ Monitoring
- ∩ Continuing Education



# Quality in translation

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- ∩ Prepare source text (e.g. lower register)
- ∩ Initial translation
- ∩ Review and editing
- ∩ Layout
- ∩ Proofreading





**For more information, contact...**

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Cindy Roat

206-546-1194

[cindy.roat@alumni.williams.edu](mailto:cindy.roat@alumni.williams.edu)

# WASHINGTON STATE COALITION FOR LANGUAGE ACCESS

*“Interpreters and Providers Working Together to Ensure  
Language Access  
For Limited English Proficient Individuals in Washington  
State”*

*September 26, 2008*  
**Governor’s Interagency Council on  
Health Disparities**



# Some Members of WASCLA

Interpreters  
Translators  
Courts and Administrative Office of the Courts  
American Red Cross  
Medical Providers and Clinics  
Domestic Violence Advocates  
Department of Health  
Department of Corrections  
Office of Administrative Hearings  
Immigration and Customs Enforcement  
Law Enforcement  
Department of Social and Health Services  
Law Schools and Colleges  
Northwest Women's Law Center  
Northwest Translators and Interpreters Society  
Civil Legal Aid Providers and Pro Bono Clinics  
Social Security Administration  
United States Department of Justice  
Washington State Human Rights Commission  
Washington Legal Foundation  
Washington State Coalition Against Domestic Violence  
Washington State Court Interpreter and Translator Society and others . . .



# HISTORY

- WASCLA (Washington State Coalition for Language Access)
- The Department of Justice allocated funds to create a Northwest Regional Six-State Summit in May 2005.
- Purpose of the May 2005 summit was to develop plans to improve access and delivery of services to immigrant victims in their states.



# HISTORY

- WA representatives identified an action plan to improve interpreter/translation services for immigrant survivors accessing legal services, medical care, and other community services.
- Some of the original participants: *Chaya; Department of Social and Health Services; Northwest Justice Project; Northwest Immigrant Rights Project; King County Superior Court Interpreter Services; Department of Justice, Civil Rights Division; Columbia Legal Services; King County Sheriff's Office; KC Protection Order Advocacy Program; Consejo; Seattle University Access to Justice Institute; Seattle Police Department; U.S. Immigration and Customs Enforcement*



# WASCLA LONG TERM GOALS

- ❏ Educate groups about legal requirements to provide interpreters
- ❏ Develop quality control standards and requirements for ongoing training
- ❏ Secure funding to support interpreter services and training
- ❏ Increase the pool of qualified interpreters and develop a centralized database
- ❏ Develop a model curriculum for interpretation services and cultural sensitivity training
- ❏ Develop a model curriculum for training for service providers



# Overview of Summit I

## June 2006

- Held at Central Washington University in Ellensburg, Washington
- Almost 100 participants
- General overview on working with interpreters
- General overview on cultural competency
- Presentation of sample LEP policies for courts, law enforcement, agencies and advocates
- Description of certification and testing in WA state



# Overview of Summit II October 2006

- Interpreter perspective on special situations in providing access to LEP
- Overview of work at the Administrative Office of the Courts and in King County Superior Court
- Description of BJA proposal to increase interpreter funding for courts
- Discussion of funding in health care and other areas





# Overview of Summit III-2 Day Conference, September 2007

- 145 attendees from over 60 cities and towns around the state
- Co-sponsored by Washington's two largest interpreter/translator organizations—the Washington State Court Interpreters and Translators Society and the Northwest Translators and Interpreters Society.
- Panels on interpreter ethics; law enforcement efforts in creating LEP policies; human trafficking; a language bank model developed in Alaska; and protocols for working with deaf and hard of hearing individuals.



# Summit III

- Presentations included new technologies such as video conference interpreter developed by Harborview Medical Center and telephonic court interpreting in use in Oregon State.
- The summit included participants from Alaska, Montana, Oregon and Washington, highlighting Washington's leadership in the area of language access.
- Raised awareness of the commonalities between spoken language interpreting and sign language interpreting. A panel discussed the special needs of individuals who are deaf or hard of hearing in accessing courts and social services through the use of interpreters.



# Summit III cont'd

- Highlighted efforts to create written LEP policies. Staff from the City of Seattle, Harborview Medical Center, the Washington State Department of Corrections, the Northwest Women's Law Center and other organizations shared the impressive gains each of their agencies had made in developing a policy.
- Keynote speaker, Christine Stoneman, Deputy Chief of the Coordination and Review Section of the Civil Rights Division at the U.S. Department of Justice, who is responsible for overseeing compliance with federal law, congratulated conference participants on being national leaders in the work of improving language access.



# Accomplishments since the formation of WASCLA

- ❖ Development of many LEP policies
- ❖ Additional \$2 million for court interpreters
- ❖ Translation of many family law forms
- ❖ Model LEP policy for courts is published
- ❖ American Bar Association Interpreter Institute held in Seattle due to work of WASCLA
- ❖ Development of WASCLA website to share materials and training resources
- ❖ Monthly conference calls on language access updates
- ❖ Demonstration of Harborview Medical Center Videoconference technology



# WASCLA Ongoing Activities

- Washington State has an active group of interpreters/translators and providers working to solve access issues including:
  - Members, including interpreters and translators, are assisting Washington courts in the process of developing Language Assistance Plans to help them improve services and access funding.
  - WASCLA members are working on increasing interpreter certification and training opportunities.
  - Members are working on a brochure on Washington resident rights to language access.



# WASCLA Activities cont'd

- Members are working on a interpreter and translator on-line searchable directory.
- WASCLA members are meeting to form an advisory board to guide the organization in further planning.
- Members are working on a curriculum for use with statewide directory.
- Group is expanding to more agencies and more regions around the state.





# Access for LEP individuals is still an issue

- LEP individuals pay taxes that fund these services
- LEP individual's inability to access law enforcement, courts, health care affects both LEP and non LEP individuals
- Insufficient sharing of resources means services are often not high quality or efficient
- Difficulty in learning English means that LEP individuals may take more than two years just to learn basic English, longer if they have no previous education or if ESL classes are filled
- Some individuals, because of war trauma, age or other health problems may never be able to learn English, no matter how hard they try.



# Recommendations to Governor's Interagency Council on Health Disparities

- Formation of Washington State Interagency LEP group to coordinate across agencies, health care providers, training programs, courts etc.
- Statewide support of training and recruitment
- Increase in funding for interpreter and translation services
- Development and sharing of efficient technologies, training and competency protocols
- Monitoring and evaluating language services





# **Quality Assurance Recommendations for Health Care Interpreting in Washington**

**Dan Rubin**

Deputy Director

CHOICE Regional Health Network

GICHHD – September 25, 2008



# CHOICE Regional Health Network

- Nonprofit health/health care access improvement collaborative, formed 1995
- Grays Harbor, Lewis, Mason, Pacific, Thurston Counties
- Client services: connecting low-income people with coverage, health care, social services, selective complex care coordination (including one of four DSHS Patient Navigation contracts)
  - Language access interest stems from client services work
- Community development, policy: “going upstream” to address underlying barriers and problems
  - Language access evolved into a policy development area

# CHOICE's ¡Tu Salud! Project

- Robert Wood Johnson Foundation grant to CHOICE to improve language access to health care for Spanish speakers (2002-5), including:
  - Interpreter training (Bridging the Gap) and support
  - Coordination of health care system efforts in our region
  - Language Access Events (stimulate dialogue)
- Key figures included Cindy Roat and Jan Crayk
- 2006: Supplemental funding to develop language access quality improvement recommendations

# Quality Assurance Recommendations (December 2007)

- Used Cindy Roat's framework for interpreting QA (interpreters + interpreting delivery system)
- Steps in work:
  - Describe current QA features in WA, developing models in US
  - Develop options based on multiple forms of input
  - Options paper, comment, discussion forum
- Report: 27 Project recommendations to 18 entities and interest groups, including rationale, assessment of benefits, reservations and extent of stakeholder buy-in
- Some of the work may be dated; CHOICE has had no resources to work the issues actively

# Selected Recommendations

- Interpreter (“Product”) Dimension
  - Training
  - Assess interpreting knowledge/skill
- Interpreter and Delivery System Dimensions
  - Leadership and Sustainability
- Recommendations for Governor’s Interagency Committee on Health Care Disparities

# Training Interpreters

- Stakeholders coordinate training requirements, identification of acceptable alternatives, and transition strategies/timing to required training
  - Expect a future with standards and accreditation
  - More coordination on community college curricula, including course options in Allied Health programs
- Increase availability of affordable short courses
  - Business plan/local action kit to sponsor

# Assess Knowledge/Skills

- Stakeholders coordinate on assessment requirements, acceptable ***alternatives*** to meet the requirements
- After a transition, require an assessment prior to paid employment/contracting as interpreter
- A searchable registry of validated information on interpreters and their training, tests, certifications
  - New registry, or adapt an existing one (e.g., DSHS)
- Do not pursue statutory licensing or certification at this time; may need to revisit when national standards exist

# Leadership and Sustainability

- Stakeholder coordination on requirements, timing
- Purchaser coordination on joint purchasing of training, interpreting where efficient or a means to standardize
- Possible “jump-start” funding (\$50,000 - \$100,000) for:
  - Short-term staffing for WASCLA or other groups to strengthen leadership, policy focus for improvements
  - Business plan/toolkits to sponsor interpreting short courses
- Long-term advocacy to fund interpreting outside Medicaid
  - Holding providers responsible is not an adequate incentive, with provider capacity strained and roles in serving LEP patients (especially uninsured) very uneven



# Recommendations for Governor's Interagency Council on Disparities

- Consider our full recommendations report
- Determine practical actions to improve quality and consistency of interpreting
- Ask DSHS and HCA to document contracted health plans' manner and level of compliance with contractual language access requirements
- Convene the multi-sectoral leadership needed to clarify ongoing leadership and collaboration to agree on future standards, transition strategies, improvements

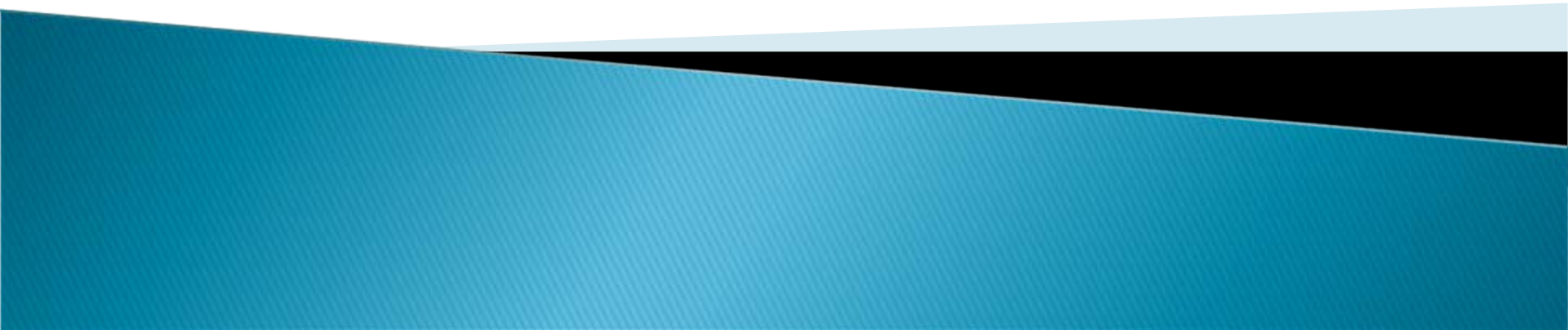
## More Information:

- ***Quality Assurance Recommendations for Health Care Interpreting in Washington State*** (December 15, 2006), as well as earlier reports in the project, are linked at:  
<http://www.crhn.org/tusalud/>
- Contact Dan Rubin at: [rubind@crhn.org](mailto:rubind@crhn.org) or (360) 352-2161


# Cross Cultural Health Care Program

Bridging the Gap Medical Interpreter  
Training Program

Presented by: Rose Long  
September 25, 2008




# Our mission

- ▶ Recognizing the diversity and the different ways to health, the mission of the Cross Cultural Health Care Program is to serve as a bridge between communities and health care institutions to ensure full access to quality health care that is culturally and linguistically appropriate.
- 


# History of Bridging the Gap (BTG) Interpreter Training Program

- ▶ Originally developed in 1995
- ▶ US Public Health Service, Region X
  - Requested and funded
- ▶ Original 40 hour course – Dec 1995

# Bridging the Gap Curriculum

- Developed over 9 months
  - Reviewed available training materials in the US and Canada at the time
  - Developed with help of Society of Medical Interpreters (SOMI)
  - Advisory committee gave input and reviewed final document
  - Revised in 1996, 1997, 1999, 2008
- 

# Goal of the Course

- ▶ To help the participant develop
    1. A theoretical framework to understand the work and role of medical interpreters
    2. Within that framework, develop a professional criteria to help the medical interpreter choose how to deal with any situation
    3. Concrete skills dealing with interpretation, culture and advocacy that will allow the medical interpreter to respond effectively to each situation
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# Developing Cultural Competency


- ▶ CULTURE as an integral part of communication and therefore, an important aspect of the interpreter's work.



# Cultural Competency

- ▶ Is the ability to function effectively in the context of cultural differences.
- ▶ Is a set of congruent behaviors, attitudes and policies that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations.

# Course Content

- ▶ Basic Interpreting Skills
  - ▶ Health Care
  - ▶ Culture
  - ▶ Communication Skills & Advocacy
  - ▶ Professional Development
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# To date

- ▶ Train 1,500 interpreters a year through all of our licensed agencies

# Looking forward

- ▶ Completed survey of our licensees

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
**HEALTHIER WASHINGTON**

Governor's Interagency Council on  
Health Disparities  
September 25, 2008



# 2007-2009 Strategic Plan: Translation

April 10, 2007

# Strategic Plan: Translation

- Goal 1:** Improve the health status of people in Washington state.
- Objective 2:** All people have an equal opportunity to be healthy.
- Strategy 2:** Increase the number and types of interventions designed to improve equal opportunity to health within the baseline of programs and activities.

**Measure 1:** Percentage of programs providing translation services, multi-lingual information, or other community appropriate materials.

**Translation:** Rendering of a WRITTEN document from one language into another so that both have the same meaning and impact.

# Why Provide Translations?

## Health Consequences and Disparities

- 770,000+ people in WA have Limited English Proficiency (LEP)  
Of these 322,000+ speak Spanish\*
- Dangers of communicating poorly or inaccurately
- Language is a significant barrier in medical care and public health services
- DOH credibility, community relations

\* Data Source: 2000 Census

## Standards

- 14 National CLAS Standards (Culturally & Linguistically Appropriate Services)—four are mandatory for agencies receiving federal funding
- PHIP Standard 2, Measure 2.10 for state and local health

## Legal Requirements

- U.S. Dept. of Justice Title VI Civil Rights Act of 1964
- RCW 2.43—legal proceedings

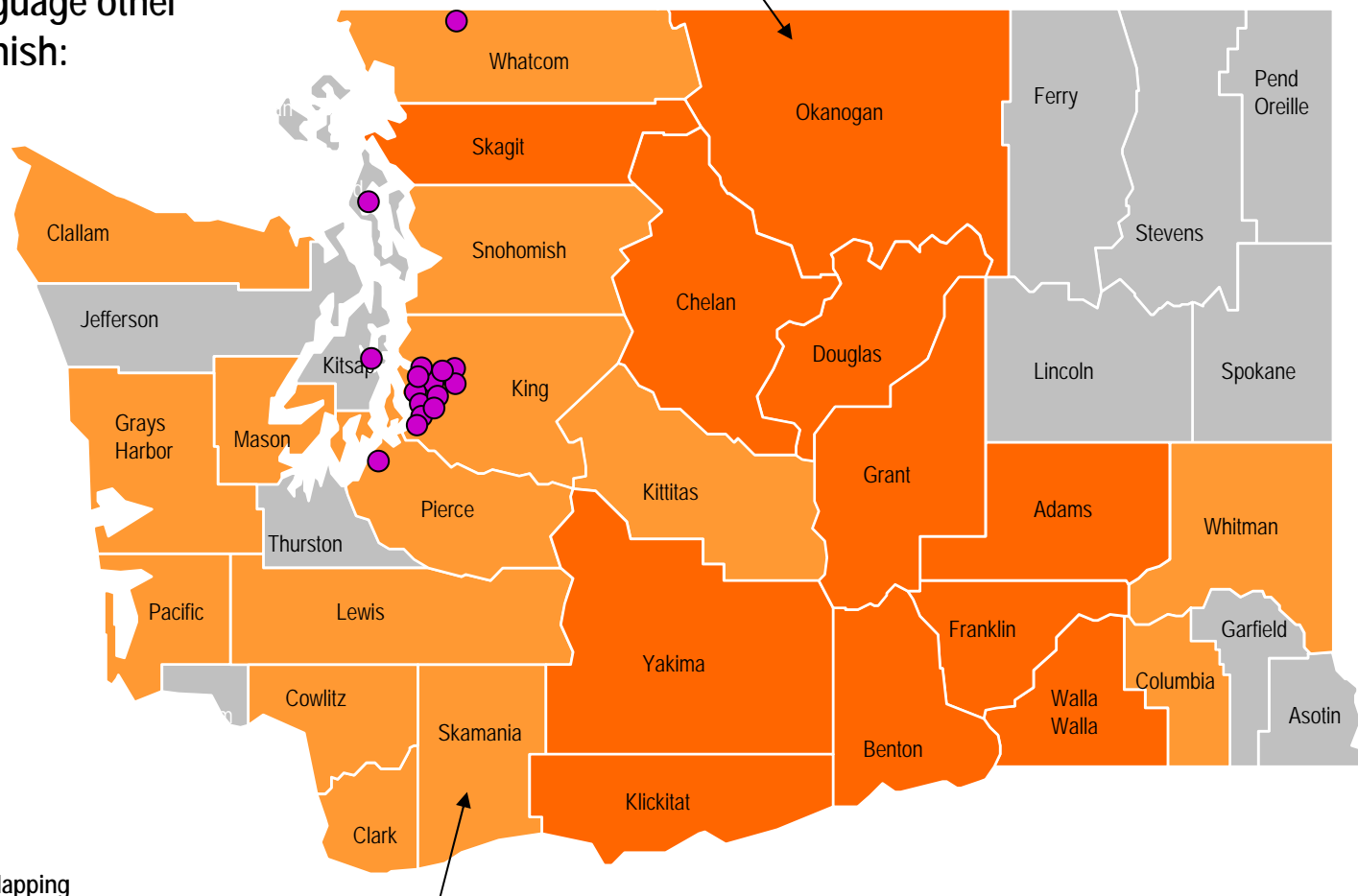


● Zip Code Areas where 5% or more speak a language other than English or Spanish:

Beacon Hill (Seattle)  
Bellevue  
Bremerton  
Bryn Mawr (Seattle)  
Burien  
Columbia (Seattle)  
Eastgate  
Federal Way  
Intl. District (Seattle)  
Lakewood  
Oak Harbor  
Sumas  
Tukwila  
White Center

Data Source: 2000 Census  
Modern Language Association Mapping

Counties with 5.8% or more of households where Spanish is spoken

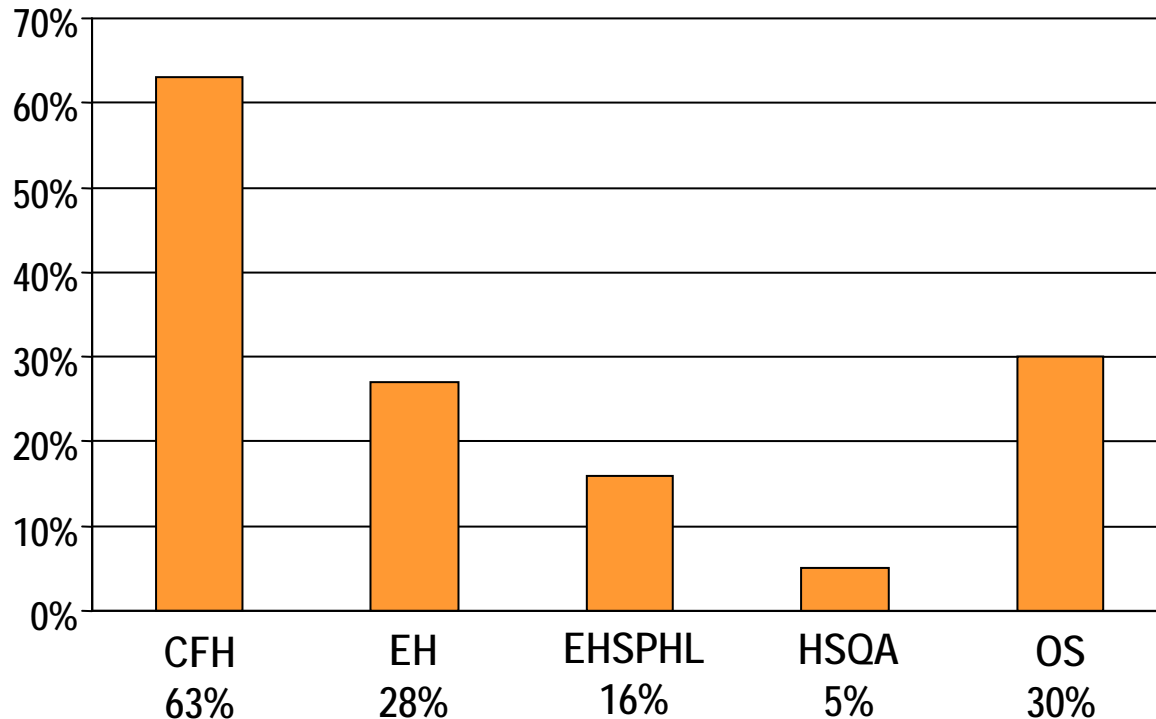


3.0% – 5.7% of households where Spanish is spoken

# How Are DOH Programs Doing with Translation Services?



## Direct Public Contact Drives the Use of Language Services



DOH Baseline 19% -- 36 of 186 programs provided translation or interpretation in the last 2 years

Data Source: Baseline survey conducted January 2007

## Who does the most?

- WIC
- Immunization/CHILD Profile
- EH Spanish Translation Team
- Health Promotion
- Newborn Screening

## Main Languages:

Spanish

Chinese, Korean, Russian, Vietnamese

## Quality Issues:

- No consistent process
- No quality standards
- Only 18 of 36 programs check accuracy of translations

## Future Recommendations from the Work Group

| Issue/Recommendation   | Lead  | Target  |
|--|---|---------|
| <b>Strategic Plan Measure:</b><br>DOH Translation and Interpretation Baseline Survey Report  | Work Group                                  | 5/2007  |
| <b>Quality of translations:</b><br>Quality Improvement Plan; Strategic Plan targets;<br>Best practices and procedures for different needs and response times | Exec Sponsor<br>Work Group<br>Report to SMT | 8/2007  |
| <b>Inconsistencies across the agency:</b> Comprehensive language access policy   | CAG   | 12/2007 |
| <b>Costs and staff time:</b><br>Online step-by-step guide; Contracting; Internal training; Budgeting guidance  | Work Group<br>Report to SMT                 | 8/2007  |
| <b>Training and competency protocols:</b><br>Follow current models (DSHS, Ecology, CHOICE); Dual language employees;<br>Requirements for contracts           | Work Group<br>Report to SMT                 | 8/2007  |
| <b>Ongoing resources:</b><br>Determining/tracking language needs; Monitoring/evaluating services;<br>Agency coordinator(s); Interpretation issues            | Assistant<br>Secretaries                    | Ongoing |

## For More Information

DOH Interpretation and Translation Work Group Web Page:  
<http://dohweb/wgTranslations/index.htm>

### DOH Interpretation and Translation Work Group Members and Participants

|                 |                   |                  |                 |
|-----------------|-------------------|------------------|-----------------|
| Patty Hayes     | Executive Sponsor | Luis Buen Abad   | EH              |
| Don Martin      | Facilitator       | Donna Lynch      | EH              |
|                 |                   | Paula Smith      | EH              |
| Isela Cooper    | CFH               | Charlene Peoples | EHSPHL          |
| Jan Crayk       | CFH               | Gary Resler      | EHSPHL          |
| George Cruz     | CFH               |                  |                 |
| Lana Hamilton   | CFH               | Justin Hahn      | HSQA            |
| Robert Hunter   | CFH               | Karen Jensen     | HSQA            |
| Elisabeth Long  | CFH               |                  |                 |
| Nicole Pender   | CFH               | Todd Bacon       | Human Resources |
| Barbara Schuler | CFH               | Lou Owen         | Human Resources |
|                 |                   |                  |                 |
| Brad Halstead   | Contracts         | Maria Gardipee   | Tribal Liaison  |

# CLAS Standards



- 1 Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
- 2 Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
- 3 Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
- 4 Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- 5 Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- 6 Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
- 7 Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
- 8 Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
- 9 Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
- 10 Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.
- 11 Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
- 12 Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.
- 13 Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
- 14 Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

Standards 4-7 mandatory for agencies receiving federal funding



# 2009 - 2013 Strategic Plan: Translation & Interpretation

# Strategic Plan: Translation

**Goal 3:** Make the work we do understandable, accessible and valued.

**Objective 1:** Provide public health information that is easy to understand and widely available.

**Strategy 2:** Increase the availability of translated public health materials.

**Measure 1:** Percentage of printed materials available in other languages.

# Strategic Plan: Interpretation

**Goal 3:** Make the work we do understandable, accessible and valued.

**Objective 1:** Provide public health information that is easy to understand and widely available.

**Strategy 3:** Increase interpretation assistance to diverse populations.

**Measure 1:** Percentage of department programs providing interpretation assistance.