



# *Addressing Language Barriers When Serving Refugee Patients*

**Wednesday, March 28, 2012  
1:00-2:30pm EDT**

**Listen to webinar via computer speakers or headphones  
Chat to Chairperson for phone number**

**REFUGEE  
HEALTH**  
TECHNICAL  
ASSISTANCE  
CENTER

Cynthia E. Roat, MPH  
NCIHC Standards, Training and  
Certification Committee Chair



# Webinar Overview

- ▶ Presentation by Ms. Cynthia Roat (50 minutes)
- ▶ Q&A via Chat Window (20 minutes)
- ▶ Slides, webinar recording, Q&A, and additional resources will be posted to <http://refugeehealthta.org>
- ▶ Email [refugeehealthta@jsi.com](mailto:refugeehealthta@jsi.com) if you have any questions after the webinar
- ▶ Evaluation form will appear immediately after



# Objectives

- ▶ Describe the relationship between language access and health
- ▶ Define the term Languages of Lesser Diffusion (LLDs)
- ▶ Identify obstacles to find, screen, train and qualify interpreters in languages of lesser diffusion
- ▶ Describe strategies to improve language access for languages of lesser diffusion



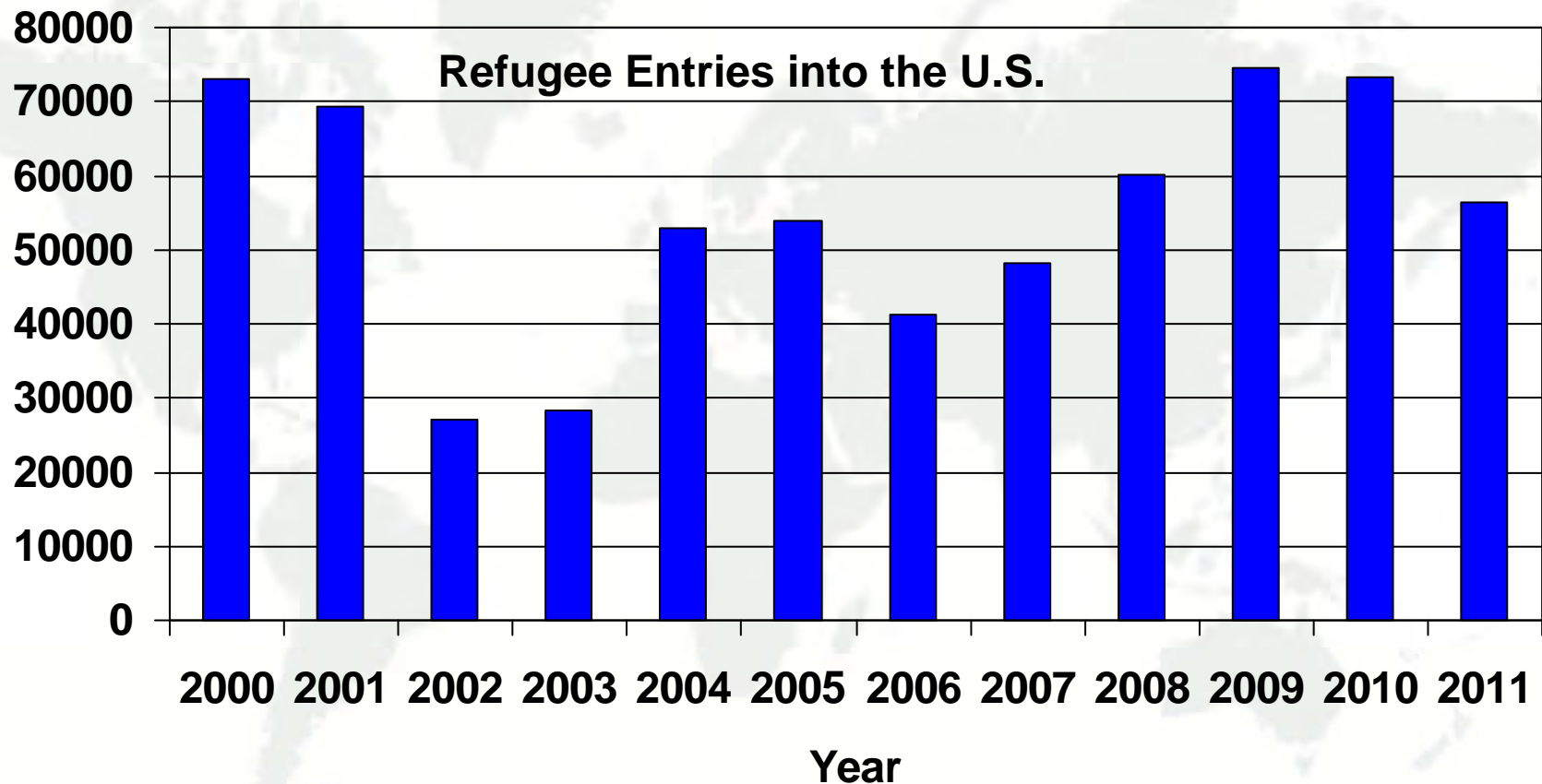


# Why is language access an issue?



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# Demographics: Refugee Admissions



Source: Department of State, Bureau of Population, Refugees and Migration;  
<http://wrapsnet.org/Reports/AdmissionsArrivals/tabid/211/language/en-US/Default.aspx>



# Demographics: Languages Spoken

Year	Top Countries of Origin	Languages spoken among refugees from these countries*
2007	Burma, Somalia, Iran, Burundi, Cuba	Karen, Burmese, Karenni, Somali, Farsi, Kirundi, Spanish

**\* Not complete list of languages**

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2009	Iraq, Burma, Bhutan, Iran, Somalia	Arabic, Chaldean, Karen, Burmese, Karenni, Chin, Nepali, Farsi, Somali

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2009	Iraq, Burma, Bhutan, Iran, Somalia	Arabic, Chaldean, Karen, Burmese, Karenni, Chin, Nepali, Farsi, Somali
2011	Burma, Bhutan, Iraq, Somalia, Cuba... plus Eritrea, Iran	Karen, Burmese, Karenni, Chin, Nepali, Arabic, Chaldean, Somali, Spanish plus Tigrinya, Farsi

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# Language barriers impact . . .

- ▶ Access to care

Language barriers are regularly cited as the major barrier to accessing health care for limited-English-proficient populations.



# Language barriers impact . . .

- ▶ Access to care

- ▶ Quality of care

Research consistently shows that unaddressed language barriers leads to worse care and worse health outcomes.



# Language barriers impact . . .

- ▶ Access to care

- ▶ Quality of care

- ▶ Cost of care

Research also shows that providing care for LEPs with an interpreter is less costly than providing care for LEPs without an interpreter.



# Language barriers impact . . .

- ▶ Access to care
- ▶ Quality of care
- ▶ Cost of care
- ▶ Accreditation, compliance and potential legal action  
Civil Rights law, The Joint Commission and tort law all require language access.

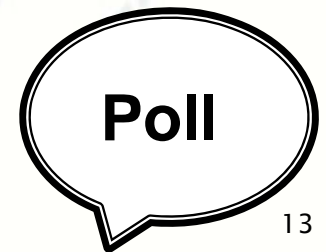


# Title VI of the 1964 Civil Rights Act

*“No person in the United States shall, on the 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.”*

Translation: If you take Federal funding of any kind, you must provide language access.

See a video from ORR on Title VI compliance on [YouTube](#) (search [ORR-Title VI](#))





# So what's the solution?



# Bilingual Providers?



# Bilingual Providers?

Very unlikely in most refugee languages.





# Translated documents?



# Translated documents?

- ▶ Expensive
- ▶ Difficult to produce
- ▶ Useless when the written form of a language is not commonly used by speakers
- ▶ Not appropriate for all interactions



# Interpreters!



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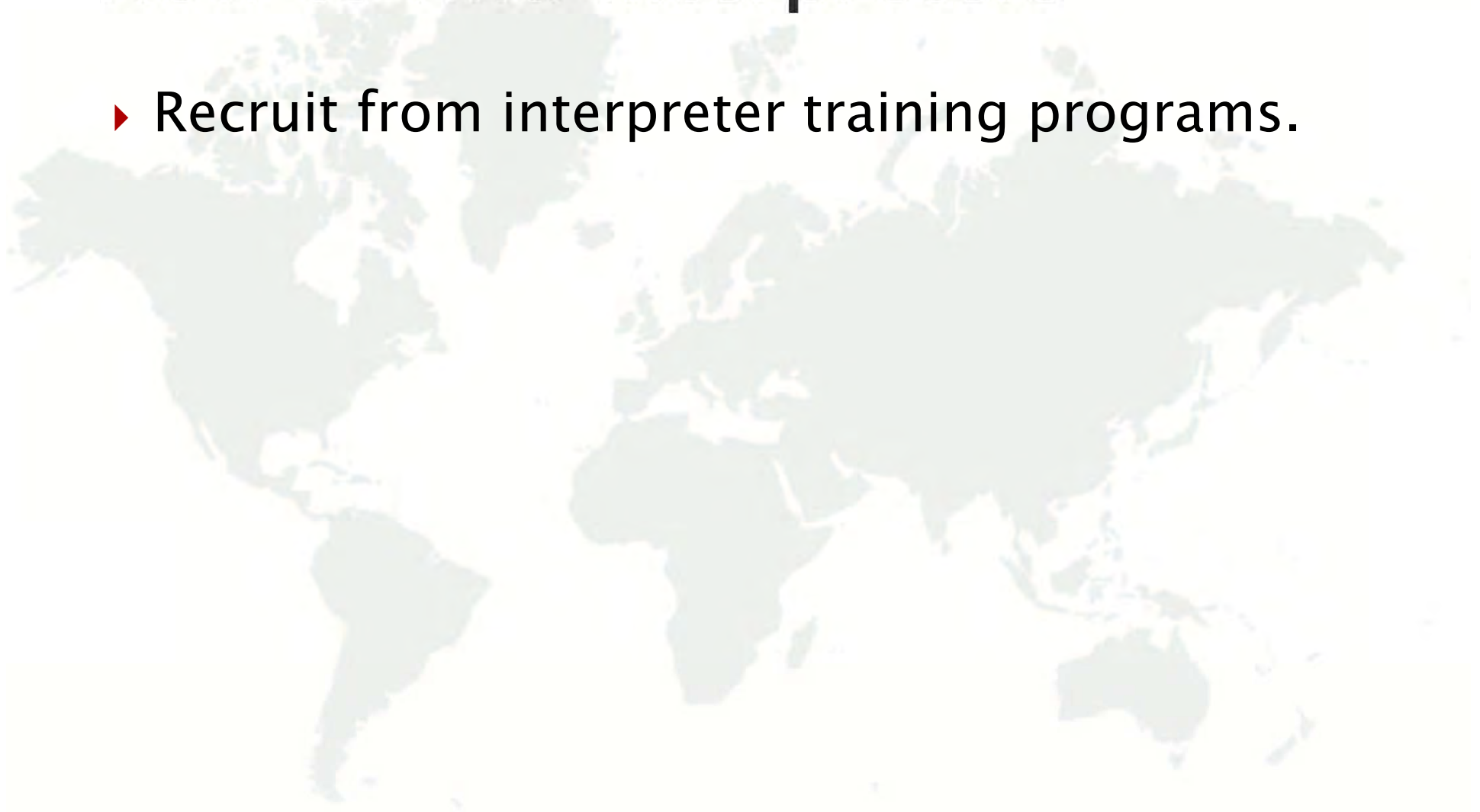
# Interpreters

- ▶ Language skills screened
- ▶ Trained
- ▶ Tested
- ▶ Follows a professional Code of Ethics and Standards of Practice



# How to find interpreters

- ▶ Recruit from interpreter training programs.



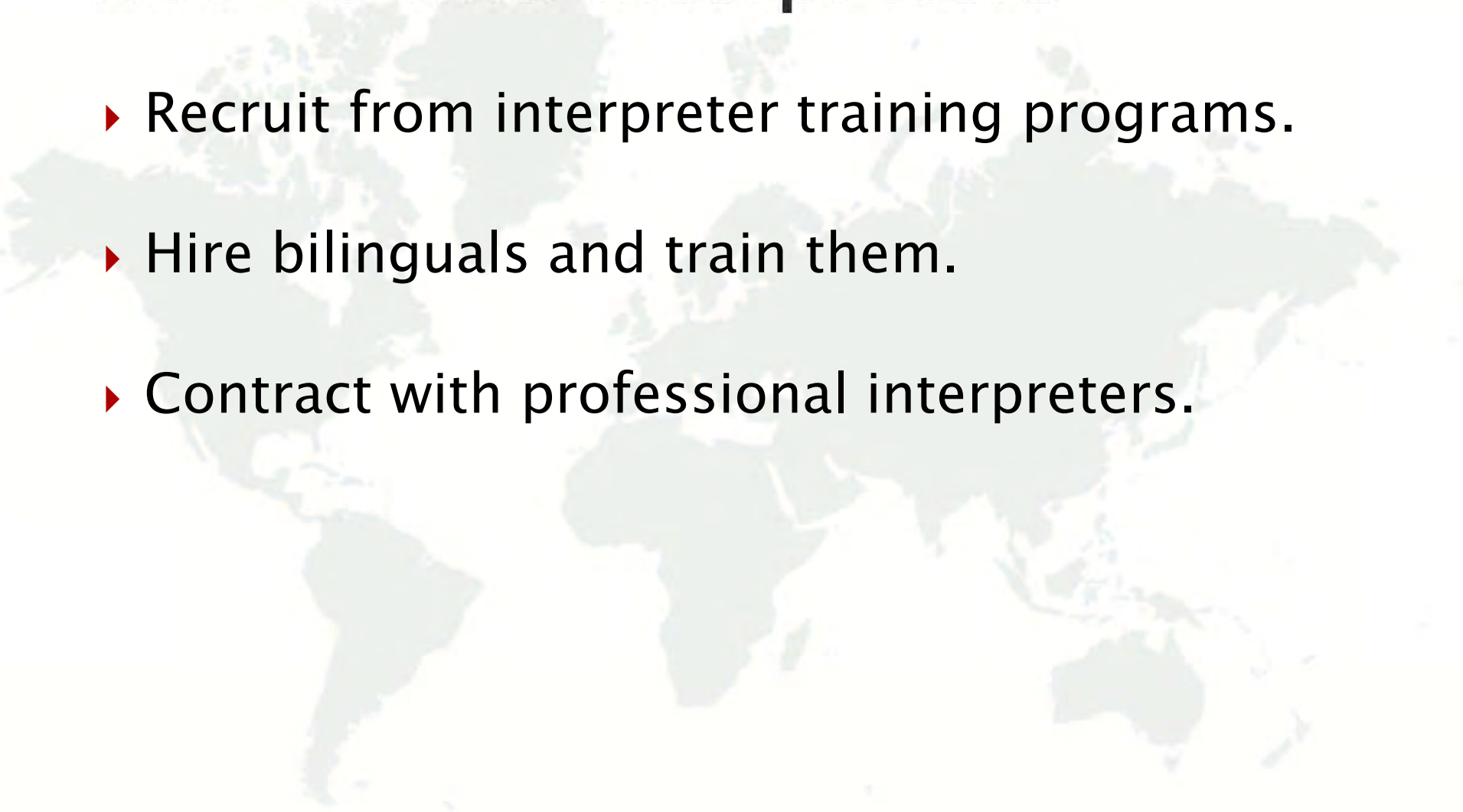


# How to find interpreters

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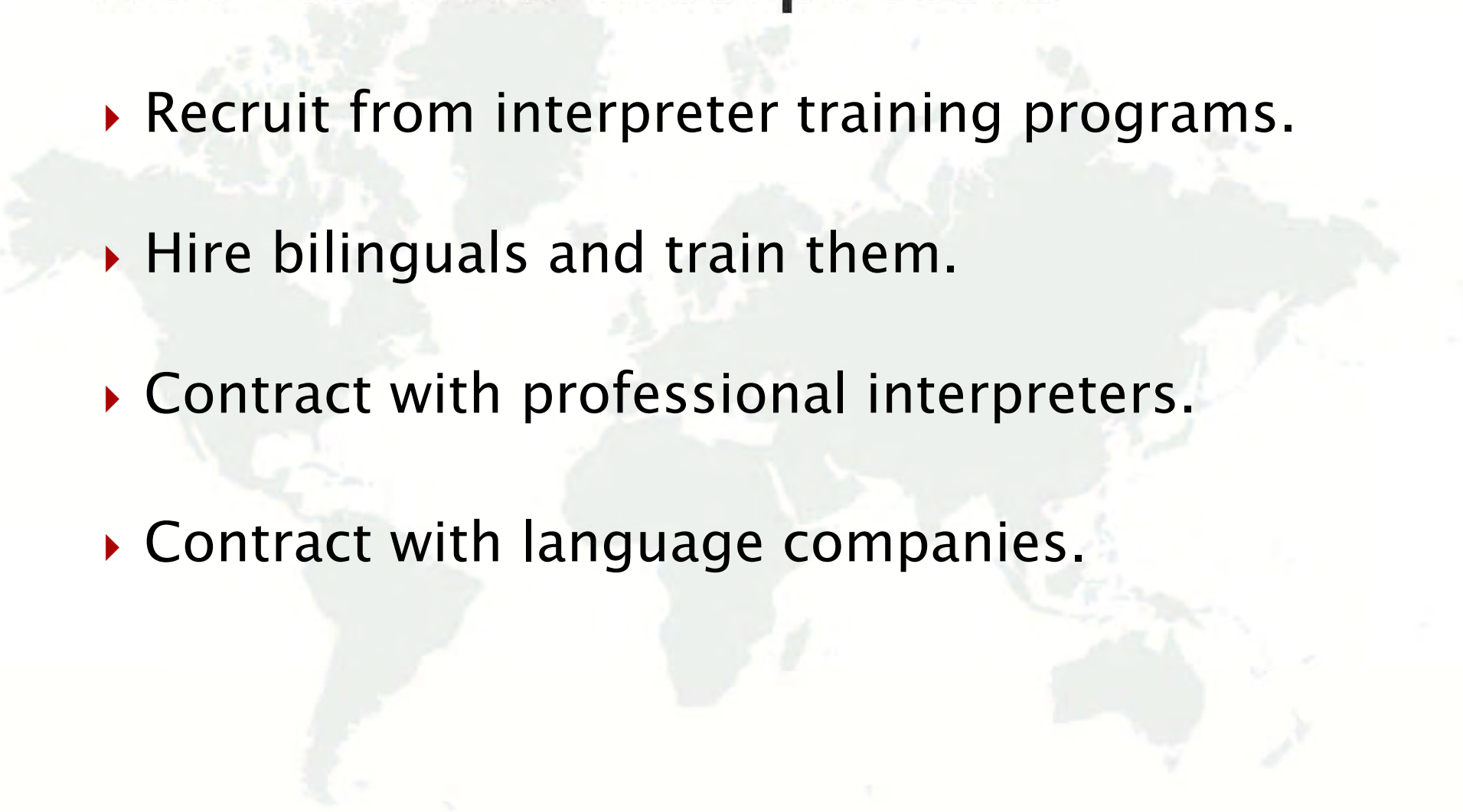


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But it's often hard to find trained interpreters in languages of lesser diffusion.



*Pssst – what’s a ‘language of lesser diffusion?’*



# A language of lesser diffusion is:

A language that has relatively few speakers in a defined geographic area.

- Somali is a language of lesser diffusion in Arizona, but not in Minneapolis.
- German is a language of lesser diffusion in Seattle, but not in Chicago.
- Nuer is a language of lesser diffusion everywhere in the U.S.

**Most new refugee groups speak languages of lesser diffusion in their new home cities.**



A faint, light gray world map is visible in the background, centered behind the text.

**So how do I find interpreters in languages of lesser diffusion?**



# Finding interpreters in LLDs

- ▶ Language companies that provide on-site interpreters





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- ▶ **Court registries** (e.g. the Interpreter Programs page at the National Center for State Courts website)





# Finding interpreters in LLDs

- ▶ Language companies that provide on-site interpreters.
- ▶ Language companies that provide telephonic interpreting.
- ▶ Association Directories (e.g. ATA, CHIA), Court Registries and Freelancer Portals.
- ▶ Court registries (e.g. the Interpreter Programs page at the National Center for State Courts website).
- ▶ Freelancer portals (e.g. ProZ, Aquarius)



# Finding interpreters in LLDs

But it **STILL** may be hard  
to find trained  
interpreters  
in these languages.



**I can't find a trained interpreter,  
but I can find a person who's  
bilingual. . . .**



# Where to look for bilingual individuals

- ▶ **Government institutions (e.g. consulates and embassies)**
  - [List of foreign embassies in the U.S.](#)
  - [Searchable database of embassies worldwide](#)

*List of resources by Nataly Kelly*



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- ▶ **Educational institutions (e.g. universities, foreign student associations and language teaching associations)**
  - [Association of Departments of Foreign Language](#)
  - [Less Commonly Taught Languages Project](#)
  - [National Council of Less Commonly Taught Languages](#)
  - [Minority Languages and Cultures of Latin America](#)
  - [African Language Teachers Association](#)
  - [South Asian Language Teachers Association](#)

*List of resources by Nataly Kelly*



# Where to look for bilingual individuals

## ▶ Ethnic and national institutions

- [Directory of Ethnic Medical Associations](#)
- [Ethnic Physician Association Directory](#)
- [Church World Service Resettlement Affiliates](#)
- [\*Instituto Nacional de Lenguas Indígenas\* of Mexico](#)
- [\*Academia de las Lenguas Mayas\* de Guatemala](#)

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  - [Academia de las Lenguas Mayas de Guatemala](#)
- ▶ **Within the refugee community itself (e.g. Mutual Assistance Associations, those who interpreted in the refugee camps)**

*List of resources by Nataly Kelly*



## Qualifying bilingual individuals to interpret

- ▶ **Screen language skills**  
English or non-English depending on the history of language acquisition.





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  - Confidentiality
  - Objectivity
  - Accuracy



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- ▶ **Support on-going training, if possible**



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- ▶ **Support on-going training, if possible**

Remember, a simple orientation will **NOT** make this person a skilled interpreter; that takes years of study and practice.



# Relay interpreting

Somali ↔ Arabic ↔ English

Nuer ↔ French ↔ English

Chin ↔ Burmese ↔ English

Be sensitive to political divisions symbolized by language differences.



So, I'm working with a bilingual person who isn't a professional interpreter. The doctors will know how to work with him, right?





Uh, well, actually . . .





# Uh, well, actually . . .

Providers will need to be prepped before working with bilingual staff.



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They need to:

- ▶ Slow down.





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- ▶ Guide the interpreter.



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- ▶ Simplify their language: vocabulary, grammar, sentence structure.



# Uh, well, actually . . .

Providers will need to be prepped before working with bilingual staff.

They need to:

- ▶ Slow down.
- ▶ Guide the interpreter.
- ▶ Simplify their language: vocabulary, grammar, sentence structure.
- ▶ Watch body language.



# Be prepared!

- ▶ Research *future* language needs (planned refugee resettlement initiatives, immigration trends, etc).
- ▶ Build relationships with organizations over time, ideally prior to making requests.
- ▶ Ask community leaders to point out promising potential interpreters.
- ▶ Establish a point person or group to collect and maintain language data.
- ▶ Partner with anyone doing interpreter training to provide training to your bilingual staff.



# You can do it!

And you must do it.

For the sake of your clients,  
their families,  
and the providers who serve them.



## Question and Answer session

# The National Council on Interpreting in Health Care

[www.ncihc.org](http://www.ncihc.org)

Cynthia E. Roat, MPH, at [www.cindyroat.com](http://www.cindyroat.com)



- ▶ We are planning a webinar that will cover interpreting in mental health sessions. Do you have a particular question related to the mental health interpreting that you would like to share with the planners?

