

**Addressing Language Access Barriers When Serving Refugee Patients**

**RHTAC Webinar Transcript**

**Wednesday, March 28, 2012**

Operator: Ladies and gentlemen thank you for standing by. Welcome to the Addressing the Language Access Barrier when Serving Refugee Patients Webinar.

During the presentation all participants will be in a listen only mode. If you would like to ask a question during the presentation please use the chat feature lowered in the lower left corner of your screen.

If you need to reach an operator at any time please press star zero. As a reminder this conference is being recorded Wednesday, March 28, 2012.

I would now like to turn the conference over to Jennifer Cochran and Cynthia Roat. Please go ahead.

Jennifer Cochran: Hello and thank you. I want to welcome everyone to our presentation today addressing Language Barriers when Serving Refugee Patients.

My name is Jennifer Cochran, I'm Project Director for RHTAC or the Refugee Health Technical Assistance Center. This is a project administered by the Refugee and Immigrant Health Program at the Massachusetts Department of Public Health.

I want to acknowledge and thank the Office of Refugee Resettlement of the U.S. Department of Health and Human Services for their funding of the Technical Assistance Center. Their support makes today's Webinar and the larger series of Webinars on refugee health and mental health possible.

As the slide notes we are Web broadcasting so please listen to the Webinar over your computer speakers or headphones. And if you need a call in number, as many of you have found out already, you can chat with the chairperson.

So now some of you are likely aware of the statistic that approximately 9% of the U.S. population over the age of five is Limited English Proficient, or LEP. And this comes from the 2010 U.S. Census. But I will guess that many, many more of you are aware of the fact that among newly arrived refugees the percentage of LEP is far higher than that.

Language access is critical in so many areas and today we're going to be focusing on health, health and mental health services in particular. And we're really pleased to be working in partnership with the National Council on Interpreting in Health Care or NCIHC to bring you a series of three Webinars on language access starting today with a general discussion of the topic and continuing later this spring with interpreting in mental health encounters and finally working with remote interpreters.

Our structure for today is summarized on this slide, so we're going to start with a presentation by Cindy Roat, whom I will introduce in a minute, and she'll speak for about 50 minutes and then we'll have a question and answer session that will follow.

And we understand that you may have questions during the presentation so at any time please type your questions via the chat function on the lower left of your screen and we'll try to get to as many of your questions as we can during that Q&A segment but if we don't get to all of them we'll post responses in a summary document online after the Webinar.

So in addition to that if you come to the Web site we'll post the recording, the transcript and the slides from today's presentation. We'll also be putting up

“Addressing the Language Access Barrier when Serving Refugee Patients”  
RHTAC Webinar, March 28, 2012

additional resources and I encourage you really to check back regularly and maybe go visit some of our earlier Webinars as well.

I've put the e-mail address here, [refugeehealthta@jsi.com](mailto:refugeehealthta@jsi.com) so please feel free to e-mail after the Webinar if you have any questions. Finally a short survey will appear as you leave the Webinar and we sincerely appreciate your taking the time to complete that.

So our objectives for today are several, and they are here on the slide, they are to describe the relationship between language access and health to define the term languages of lesser diffusion or LLD, as you may learn a new acronym today, to identify obstacles to find, screen, train and qualify interpreters in languages of lesser diffusion and to describe strategies, so not only identify barriers but really think of solutions or strategies to improve language access for languages of lesser diffusion.

So to wake us all up to get going we would like to start with a quick poll so just to let us know who's here today, who's on the Webinar. So if you will just turn to your screen and put your response in we'll give you just a couple seconds to do this, remember how to you feel today in terms of which identity you have. And I'm going to have, so responses are still coming in so we'll go five, four, three, two, one and we'll close that poll and see the results.

So we have a mix, there are a number of people who work with refugee health programs, and refugee resettlement program staff, so a very nice group of people so I have another quick short question, do you currently interpret in a medical setting, so again go ahead and respond.

And I think we can close that poll. So we have a mix about over a third do interpret and some two-thirds do not. So with that it's nice to know for us as we're in this virtual room here to know who is joining us today, so thank you for that.

And I want to introduce our presenter, Cynthia Roat. We're really pleased to welcome Cindy. She's a consultant on Language Access and Healthcare with an MPH from the University of Washington. She's certified by Washington State as a Medical and Social Service Spanish/English Interpreter.

She has made significant contributions in many areas of the language access field. In addition to training interpreters and providers and consulting with healthcare administrators she's the author of a wide array of key resources. Her most recent book, Health Care Interpreting in Small Bites is being adopted as an ancillary text in many interpreter training programs.

Ms. Roat is the founding member of the Washington State Coalition for Language Access and the National Council on Interpreting and Health Care, which she's a long time board member and currently co-chairs the standards, training and certification committee.

Again we're very pleased to have Cindy join us today and with that I will turn the floor to Cindy, I will advance to your first slide, so thank you.

Cynthia Roat: Thank you so much Jennifer and it is quite a pleasure to be here and to have the opportunity to talk to so many of you who are doing such important work out there in the field of trying to help refugees adjust to their life in their new and often undesired home and also to try and help them get access to the services to which they have a right and which they really need.

So what I'm going to be talking about today has to do in kind of a general way of how to provide language access in what is some of the more difficult languages to find, but let's start out going up maybe to the 30,000 foot point of view and say you know why do we even care about this?

Why is language access such an issue? Why not simply, you know do what we've done in the past, which was you know kind of take this all at a, as every time that a limited English proficient person came into a hospital it was a crisis that we had to deal with, run around, try to find somebody who spoke the language. Why do we care about good language access?

Well the first reason that we care is demographics. As you can see, and I think you probably all know these, this data, these data much better than I do, but this is a graph that shows the demographics of refugee admissions just in brute numbers over the past ten years.

As you can see the numbers go down, they go up, they go down, they go up, they go down a little bit but what is really important to remember is that this is not a down sloping graph. We are not ever going to get to the point I hope where we have no refugees coming into the country and this country has been built on immigrant and refugee talents and it is one of the things that makes me proud of the United States that we continue to be a resettlement area for people in need from other countries.

So we are always going to have populations coming into the country that are not going to be speaking English as their primary language so this issue of language barriers is not going to go away.

The second reason when we look at demographics that this is so important is when you start to consider the languages that we're dealing with if you look at language access across the United States in general, you know number one language by a huge, huge majority would be, anybody want to guess out there? I bet you said it. Spanish.

Probably about 80%, 85% of the interpreting services provided is being provided in Spanish, but when you start looking at refugee languages you start to see this incredible diversity of languages and they keep changing, so for

example the top languages in 2007 were coming from Myanmar (Burma), Karen, Burmese, Kirani, Somali from Somalia, Farsi from Iran, Kirundi and Spanish.

But when you look at the two years later all of a sudden we've got Arabic and Chaldean and then many of the same that we had before and a couple years after that okay now we've added Chin, now we've added Nepali, we've got also Tigrinya and Farsi on the list.

So as you can see that not only do we have a, and will continue to have a constant in flow of refugees we also have a constant change in the languages that we're trying to address. And these are often, often communities that do not have a history of bilingualism with English in their country of origin and so we're not getting people who speak another language and English, we're getting mainly people who are mono-lingual speakers of their non-English language.

And another, there's some other reasons that we're very concerned about language access and that is what are the, what is impact of having a language barrier, and I'm just going to talk about health care, but many of these same reasons you can apply them to the courts, you can apply them to work with the police, you can apply them to social services, education, I'm going to look today just at health care.

So first of all language barriers impact access to care. When you look at research about, with communities, refugee communities and immigrant communities about what are their barriers to trying to access health care?

Inevitably one of the very top things they mention is language, and so we realize that from, in many different ways when people can't speak the language of the providers or the providers can't speak in the patient's language this becomes difficult then for these people to be able to access care.

“Addressing the Language Access Barrier when Serving Refugee Patients”  
RHTAC Webinar, March 28, 2012

A second reason is language barriers impact the quality of the care provided. Research now is consistently showing in many different ways that un-addressed language barriers lead to worse care and worse health outcomes. So anything you want to look at, level of intubation for in-patients much higher with limited English proficient patients than with English speakers.

Control of asthma, much worse results among patients who are limited English proficient rather than English-speaking, and even when you control for ethnicity we see this happening. So clearly when you don't have the ability to communicate clearly the quality of the care suffers, and why should this surprise us right?

We know that the most effective and most widely used and I might say least expensive diagnostic tests that providers use is the medical interview, and if providers can't get a good, or don't have good communication with patients, they can't get a good history, they can't ask about symptoms, they can't share a potential diagnosis, they can't negotiate a treatment plan and they can't get effective information about on a follow-up.

They also can't get informed consent to have other tests done so really when we have unresolved language barriers the quality of the care for the patients that we deal with goes down quite significantly.

Language barriers also impact the cost of care, and for those of us who come at this from a point of view of wanting the patients to get good care or sometimes we get a little annoyed that we're even bringing cost of care into this but the fact of the matter is with our current health care system cost of care is a real issue.

And when we talk to hospital administrators about improving language access, you know one of the first things they say to us is oh my gosh this is

“Addressing the Language Access Barrier when Serving Refugee Patients”  
RHTAC Webinar, March 28, 2012

going to be so expensive, how am I going to pay for this? You know why, you know why do we have to pay more money out to pay for language access.

And in reality as we get more and more research on this being done we're seeing that providing care for limited English proficient patients with an interpreter is less costly than providing care for limited English proficient patients without an interpreter, and that is quantitative analysis of costs.

So even, we can go even further and look at kind of some of the hidden costs but even just the brunt of, you know just looking at an ER visit and the total costs 90 days out for taking care of that patient we find that patients who needed an interpreter and got one spend much less over the next 90 days because they follow-up in primary care, than patients that needed an interpreter and didn't get one who tend to end up back in the emergency room.

And even more interesting is that those patients that needed an interpreter and got one were even cheaper to take care of than patients who needed, who came to the ER and didn't need an interpreter at all, when you compare with their 90-day costs to people who needed an interpreter and got one are even the costs are lower.

So we know that using, having good language access can speed up clinic throughput, we know that it can lower return visits, we know that it can minimize the use of unnecessary diagnostic testing and for all these reasons actually providing good language access is a cost saving measure for hospitals and clinics.

And the final reason that we know that language barriers impact the cost of care is through issues of impacting accreditation, compliance, and the potential legal action.



I'm sure many of you have heard of the 1964 Civil Rights. Title VI of the 1964 Civil Rights Act I'm going to talk about a little bit more in a little bit, but that is something that supports language access.

The joint commission has new standards out this year that are very clear not only about requiring language access for patients who need it but also requiring that those people's qualifications and training be documented. They have to be qualified to do the work that they're doing.

And finally there's tort law around language access, basically hospitals can get sued if there's a bad outcome and the fact that there was no one language access provided to the patient that can be an issue, the hospital can be held liable for that.

So there are of course all these legal reasons as well that we need to be addressing language barriers. So access to care, quality of care, cost of care and legal issues all tell us we need to be paying attention to this issue.

All right. So how many of you I'm wondering actually have seen Title VI, know anything about Title VI? Title VI of the 1964 Civil Rights Act basically says, and you can read the actual language up there, but what it means is if your institution takes any kind of federal funding, that could be Medicare, Medicaid, research grants if you have a residency program those are usually paid for with federal funding, any kind of federal grant, an NIH grant, any of those you must provide language access to your services.

And this is because Title VI says that no program can be run in such a way as to create discrimination on the basis of race, color, or country of national origin. And the Supreme Court has taken language to be an aspect of country of national origin.

So you get federal funding you've got to provide language access, that is a very quick summation of a rather more you know complex thing and actually the Office for Refugee Resettlement has put together a wonderful presentation that you can see on YouTube and on Title VI compliance and if you go to YouTube and just search O-R-R Title VI it'll come right up, great resource that you want to take a look at.

And on that note I think we're going to have a poll. Jennifer?

Jennifer Cochran: Yes. Oh, I'm sorry, I moved right past it. So just a quick check in with people in terms of asking this question how much do you know about Title VI of the Civil Rights Act and I see people are quick to weigh in here, you know a lot, you know a fair amount but not a huge amount, you've heard of it, not quite sure what it means, or have never have heard of it.

We'll give people just another couple seconds here to weigh in on that.

We wait until it gets kind of quiet. Okay.

Cynthia Roat: Wow.

Jennifer Cochran: Yeah. So over half know a fair amount about it, which is great to see. We have more to learn I'm sure and hopefully the, those of you who have not heard of it or are not sure will go to the ORR Web site or to YouTube and see the video there and take some time to learn about it. Great. And Cindy I'm just going to (unintelligible).

Cynthia Roat: Well I'm very, I'm very impressed. I don't usually speak to audiences, I haven't had the benefit of speaking to audiences where that many people knew about this so I'm really impressed by this group. Congratulations. And for those of you who are not sure what it means or you've never heard of it all as Jennifer said I'd really encourage you to learn about this.

The Office for Civil Rights is, was a little bit quiet during the Bush Administration in terms of following up on complaints based on language discrimination but they are back in the saddle, as they themselves have said, and will definitely be pursuing complaints based on this. So definitely sometimes you should all know about.

Okay moving on. So we know what the problem is and we know why we should be paying attention to language access, why the lack of the ability to communicate clearly between patients and providers is a problem but what I'm more interested in sharing with you today is what's the solution, you know what can we do about this and therein lies the rub, right?

Well you know how about bilingual providers, I mean that is of course the best practice when you have a provider who can speak to the patient in the patient's language that is the absolute best practice.

Unfortunately as you can, as you remember back when we looked at our language data the number of languages and the types of languages that we see in our refugee populations are such that it's just unrealistic to expect that we're going to be able to see providers available at all levels of health care in most refugee languages, it's just not going to happen and probably never, certainly not in the near future.

Even with older refugee groups like the Hmong we're just now beginning to see an increase in the number of bilingual staff that are in health care that are able to take care of patients in their own languages. And even with that it obviously isn't enough so that a patient could see all of their health care providers in their preferred language.

So this is a good thing and something we should be promoting but it's not an immediate answer to our problem.

“Addressing the Language Access Barrier when Serving Refugee Patients”  
RHTAC Webinar, March 28, 2012

Well how about translation of documents then, let's just translate everything and then we can just hand those documents to people and not worry about the communication?

Well translation of documents number one is very expensive, for technical translation it might be 25 cents a word, you know for a technical translation especially in a language that's not very common. Translated documents are difficult to produce and in many cases we're dealing with people who may have not only low health literacy in general but low literacy levels, they may be pre-literate all together or they may read with difficulty.

And in addition we may have languages, such as Hmong for example, that have no widely used written form. So it doesn't matter if you've got everything translated, people don't read the written language because it was only developed in the very near past or maybe not at all.

And of course trying to do everything in writing is just not appropriate for all interactions. There are additional problems as well, a lot of the written documents that we have in English are written at such a high level in terms of the reading level that even if they're translated they're still relatively unintelligible, and I have to say even for those of us who speak English a lot of times those consent forms are hard to understand, even if you're a native speaker of English with a college education.

So obviously just translating documents is not going to solve our problem either. So what are other options?

I think the clearest option is the use of interpreters, and even though you may hear some places around the country this idea that interpreters are passe and that we need to be just looking at bilingual providers, as I said before for our,

the languages we deal with in particular in refugee work we are definitely going to need interpreters.

And let's define what we mean when we say interpreter, okay? And this is a very important point. In the past we have called interpreter any one who spoke two languages and who was willing to jump into the fray and try to help people understand each other.

For the sake of this presentation that is not what I mean by an interpreter. When I say an interpreter I mean somebody who has had their language skills screened so we know that they speak two languages fluently. They have been trained as interpreters, and this is a very important point, interpreting is not something that you're just born able to do, it is a learned skill. As we often say a bilingual doth not an interpreter make.

Interpreters need to be trained to do this, they need to be trained in the ethics and the protocols of the interpreting profession. They need to be trained on how to convert accurately meaning from one language to another language, from one cultural context to another cultural context. They need to practice and practice and practice in order to get accurate and complete in their interpreting.

And the more that we have experience in training interpreters the more we've come to realize that it takes a long time to become a good interpreter.

The third thing that I mean when I, somebody who has been tested, so this is somebody who not only have their language skills been screened and have been trained to interpret but demonstrated that they can interpret accurately and completely, whether this is a national certification or a test that has been you know just you know put together informally in your back office, at this point the most important thing is that somebody has actually tested their interpreting skills.

And the final thing of course is interpreters follow a professional code of ethics and standards of practice, and this is not just a formality. For example one of the things that interpreters learn when they study a code of ethics is they learn about confidentiality and in refugee communities in particular because they're often much smaller than perhaps a general immigrant community the maintenance of confidentiality between an interpreter and the patient is absolutely critical.

We have so many times when patients don't want interpreters because they are afraid that their business will end up, you know all over the community, so that's a real concern.

So as we move ahead when I say interpreter what I'm referring to is somebody with screen language skills, trained, tested and who follows a professional code of ethics and standards of practice.

So, there we go, how are you going to find interpreters? In general some places that you can go to find interpreters are for example you could recruit them from interpreter training programs. What better, then you get people who are actually trained, they may not have a lot of experience to start out with but at least they've gone through some training.

So if you have in your area either non-profit organizations or universities or colleges or health care institutions that are training interpreters call them up, make them your friends and try to get their lists of their participants when they graduate, when they finish the course and see if you can recruit them.

Another way of finding interpreters is, this is not forwarding, there we go, is to hire bilinguals and train them so this would mean finding people who are already bilingual and training them as interpreters. This means at the very

least about 40 hours of training is the minimum now in the field that's considered kind of an introduction.

That may seem like a lot but as I said the more we learn about this the more we learn about how difficult these skills are to learn and how much practice it takes to actually become good.

So if you're interested in training interpreters the National Council on Interpreting in Health Care in May of last year came out with standards for health care interpreter training programs. You can download for free from our Web site at [www.ncihc.org](http://www.ncihc.org) and you can see all of the things that interpreters need to learn and to be able to do in order to do a good job.

So you can either recruit people that are already trained or you can hire bilinguals and train them yourself.

Another possibility is to contract with people who are already out there working in the field, professional interpreters. These people may work as freelancers, you may want to just contract with them as a freelancer or actually hire them as staff.

And finally you can contract with language companies. These may be local agencies that send people on site to interpret or they could be companies that provide remote interpreting, which either telephonic interpreting or video interpreting one or the other.

But frustratingly enough it is often hard to find trained interpreters in languages of lesser diffusion, that's just because the languages are often relatively new to the United States.

It's hard to find interpreters in those languages, so even though you may go to interpreter training programs or try to contract with professional interpreters

that may work fine if you're dealing with Cubans and you need Spanish but if you are dealing with people coming in from Burma and you need Karenni it is unlikely that you're going to find people from any of these sources in those languages.

Oh and by the way what is a language of lesser diffusion? What does that mean? This is a, as Jennifer said you may find yourself adding an acronym today if you didn't know this already, but a language of lesser diffusion is what we call a language that has relatively few speakers in a defined geographic area. So when I say Somali is a language of lesser diffusion it doesn't mean that few people speak Somalia, Somali, if you go to Somalia lots of people speak Somali.

If you go to Minneapolis a lot of people speak Somali, but if you go to Arizona, not so much and it becomes difficult to find interpreters. German, you'd hardly consider German a small language in terms of how many people speak it, but it is, and if you went to Chicago you would find a fair number of LEP patients that need interpretation in German, but if you go to Seattle it's very rare.

And then again we have some refugee languages like Nuer that is just a language of lesser diffusion everywhere in the United States. Wherever you go this is going to be a hard language to find interpreters in.

So this is a term, it doesn't mean to be disrespectful or to minimize the importance of a language to its people, to those who speak it and in its country of national origin, it's simply a term to help us identify languages that are not very, that have a few defined, that have few speakers in a defined geographic area where you particularly are working.

And I see we have a new poll, another poll coming up here.



Jennifer Cochran: Yes we do. Thanks for advancing there. So just to keep people on their toes, so a language of lesser diffusion is, one that we say isn't spoken in many places, is spoken by a minority, have few speakers in a defined area or isn't very specific, that is it's diffuse.

Jennifer Cochran: ...people are paying attention.

Cynthia Roat: That's right. See they really are listening, that's right. A language of lesser diffusion has few speakers in a defined geographic area.

Jennifer Cochran: And Cindy if I could back up one second we did have a question that came in, since you used Nuer as an example if you might note who speaks Nuer.

Cynthia Roat: Okay. You know what I think I know the answer but considering who's on this call I think I will let you answer that question.

Jennifer Cochran: Nuer is one of the languages spoken in South Sudan.

Cynthia Roat: That's where I thought it came from. Okay. Yeah when we had a lot of, or a fair amount of refugees coming into the Seattle area from South Sudan and everyone was running around like chickens with their heads cut off you know desperately trying to find Nuer interpreters because you know again, that's not taught in the school system here in the United States and we, you know it was very hard for us to find people who'd be able to interpret in this language.

Okay. So that's what our language of lesser diffusion is. So how the heck do you find interpreters in a language of lesser diffusion? If I said that you know those four sources for interpreters that I mentioned earlier are not probably going to give you interpreters in these languages what do we do? What is our solution?

Okay. Well first of all the first thing you might want to do is go to language companies that provide on site interpreters. When a refugee group comes into an area these companies, who obviously want to be able to serve their clients, and they start to get requests for you know more Nuer interpreters for example, they will go out and try to recruit and train, hopefully, interpreters in these languages.

So you could check with your on site agencies to see if they can come up with interpreters in this language group. The problem is they're going to have the same problem that everybody has is that if there are relatively few speakers of this language it's likely that there will be relatively few qualified interpreters hanging around.

So another option is to go to with telephonic interpreting agencies, like Pacific Interpreters or Cyacom. And I know that, you know people don't like telephonic interpreting too well, a lot of people feel it's kind of impersonal, it's certainly harder for the interpreter I think because it is difficult to sometimes it's hard to hear, you're robbed of the visuals that allow you to get body language, which often is a big, big part of understanding the meaning behind something that was said.

But when you've got languages of lesser diffusion that you're trying to serve, you know it's certainly better to have a trained Nuer interpreter over the phone than to have no interpreter at all, or even worse, to be using a child as an interpreter.

So even if those kids come in they go to school, you know within a year they're speaking great English, even so these are not appropriate interpreters to be interpreting for their parents or for older people in the community.

So telephonic interpreting companies may be a better bet. Because these people, because these companies pull interpreters from all over the country

they are first of all they may be able to keep an interpreter busy enough that that interpreter actually has a motivation to get trained and to do this as a profession and get lots of experience and so they're likely to get very good.

When you're just dealing with on site agencies it's unlikely that they're going to have enough demand in a language of lesser diffusion to make it worthwhile for a bilingual individual to really take interpreting seriously as a profession.

So with these languages you may get much better interpreting if you use a telephonic interpreter. The other reason that sometimes telephonic interpreters are better with these particular groups is that the likelihood is that the interpreter will be from some other part of the country and therefore not a part of the refugees often intimate social milieu.

So if a patient comes in and wants to talk about something that they find difficult to discuss that they don't want their community to know about it may be helpful to have an interpreter on the phone who lives on the other side of the country and who is less likely to be closely related, although we have had those cases too when people get resettled in completely different places and they end up being closely associated anyway, but you have a better chance of not having that happen using telephonic interpreters.

So I think this is a, it may not be the best solution but it may be your best possible under this, under these circumstances.

Another possible place to go look are association directories. The ATA, which is the American Translators Association and CHIA, the California Health Care Interpreter Association both have in directories of interpreters and it is possible that you might find somebody who is registered there for example as an Arabic interpreter that also speaks Nuer, or an Arabic interpreter that also speaks Somali.

You might find somebody registered there who is a professional translator, and although this is a different skill than interpreting they might know other people in their community that they could refer you to who would be good interpreters. So again, association directories can be helpful.

Another thing you can go look at are court registries. So if you went to the website of the National Center for State Courts, and that's just [www.ncsc.org](http://www.ncsc.org) I think, yes. And you look at the interpreter programs page you can look at the court registries of the interpreters that they have, these are legal interpreters but you know, who cares, you know at this point a trained interpreter is a trained interpreter.

And it would be you know definitely better to get somebody like that into a health care setting again than to be using family members or an untrained interpreter. So these are some possibilities.

Other possibilities are freelance portals. I don't know if any of you have heard of these, the two biggest ones for interpreters are one called ProZ or PROZ as sometimes people call it, and Aquarius, and these are places where freelance interpreters actually post their own resumes and are looking for work.

And you can go in and search these, so again you can go in and search for an interpreter in a particular language group that is rather unusual and you might come up with somebody who sees themselves as a professional and who's, and who would be a good possible interpreter.

They may not be actually in your geographic area, so again it may be a telephonic interpretation but if you're having difficulties finding interpreters at all again telephonic better than nothing.

You know but my experience has been even accessing these areas, which are actually trying to get you to people who are professional interpreters, it is still going to be hard to find professional interpreters for a lot of the language groups that we work with with refugee populations.

So here's my last suggestion, okay, you can't find a trained interpreter but you can find a person who's bilingual. So, given the fact that you're going to have to find somebody who's not a professional interpreter but who's bilingual the idea would be to find this person and to try to guide them, work with them to help them be the best interpreter that they can be.

And where do you find these people? Where do you find these bilingual individuals again, in these languages that are so hard to find?

One place to look are government institutions. We found that going to consulates and embassies can be enormously helpful. Oftentimes we see people in those places who are themselves bilingual, very bilingual, they speak English very well and of course they speak the language of their country of origin.

So you've started out with a good step forward, you've started out with people with very good language skills. Oftentimes these people are not willing to do this day in and day out but oftentimes you don't need that, you need it once in awhile and so this might be a good place to look.

And I've put up here some links, they're probably no good to you if you look at this in a, in a written out format but I'm expecting many of you might want to look at this presentation online and if you click on either of these links it will bring up these databases of foreign embassies in the U.S. and embassies worldwide, so that's a possible resource.

Another place to look are educational institutions. These could be universities, foreign student associations or language teaching associations. And when I first thought about this I thought oh yeah but you know those are going to be the “big” languages, right the languages of common diffusion. But actually that’s not necessarily true.

If you look at the Association of Departments of Foreign Languages you’ll find an increasing number of places teaching maybe not Nuer but you know teaching languages that we wouldn’t have seen ten or 20 years ago.

You can, there’s a number of resources here you can look at, the Less Commonly Taught Languages Project, the National Council of Less Commonly Taught Languages, Minority and Languages and Cultures of Latin America that may be helpful for those of you dealing with refugees from Central America or Southern Mexico who are dealing with indigenous languages like Mixteco.

The African Language Teachers Association and the South Asian Language Teachers Association may be able to get you linked up with people who are speaking “refugee” languages from those areas as well.

Where else, where else can we look? Well how about looking at ethnic and national institutions? For example the Directory of Ethnic Medical Associations, there you might find yourself dealing with people who are actually doctors who are bilingual. Ethnic Physicians Association Directory, the World Church Service Resettlement Affiliates.

And I put these last two in here, again these are specifically for indigenous languages of Southern Mexico and Central America are the [Spanish spoken] and the [Spanish spoken] in Guatemala.

The Inali in particular has been tremendously helpful to us in helping us find language resources here in the United States and sometimes over the telephone to help provide services to those indigenous populations who are working or who are refugees here in the United States.

Where else, where else can we go? Well how about within the refugee community itself? Here in Seattle we have quite a number of mutual assistance associations that have jumped up. You know you might want to look for you know who interpreted in the refugee camps. Sometimes you'll find people whose English is actually fairly good in addition to of course speaking many times multiple languages of their country of origin.

Whoops I think I went forward too many. Okay. So there's a number of places you can go to try to identify people who are bilingual but as I said before bilingual does not an interpreter make.

So once you've got this bilingual person you know what do you do with him, you know what do you do with her? Well in the best of all possible worlds the first thing you'd want to do is screen their language skills.

Most of the time the non-English language is not the issue unless this non-English language that you're looking for is a third or fourth language that might be a problem, but for most of the time what you're looking at is making sure you get people who speak English well enough that they'll be able to interpret.

And again whether or not, which one you test will depend on the history of how they learned their languages, so basically you want to test their weakest languages, whichever those would be.

The next thing you want to do, because it's unlikely that in a lot of these languages people are going to be willing to go to 40 hours of training,

“Addressing the Language Access Barrier when Serving Refugee Patients”  
RHTAC Webinar, March 28, 2012

especially if they're not going to be interpreting that much, but at least, at least you need to give them an orientation.

You know you, it's really unfair to somebody to take a bilingual person and just throw them into an interpreting milieu and expect them to do a good job. You know we wouldn't take somebody and expect them to practice medicine with no training, you know we wouldn't put anybody in any professional area and expect them just to be able to do it, and interpreting is the same way.

So even if you don't have time or this person is not willing to go through a whole 40-hour training program or a whole program at a community college, at the very least you need to orient them, and here are the things that if I had to cut it down to the absolute most basic this is what I would include, confidentiality.

You know they absolutely cannot, cannot discuss with anybody what they're going to hear in the session. That is protected information, they can't discuss it with their family, with their spouse, with anybody, anybody. It needs to be kept secret.

The second thing I would impress upon people is the whole concept of objectivity. Their role there in the interpreted session is to help the patient and the provider talk to each other, not to mediate the conversation. So it isn't the patient telling them, the patient conversing with them and them conversing with the doctor, it's the doctor and the patient conversing with each other and the interpreter is just this tube through which the information is going to go.

That is a gross over-simplification of what interpreters do, but if you only have you know if you only have a few hours to teach somebody about this you know that is the best thing for them to learn, that they need, they're not there to take sides they're just there to help these two people understand what the other one is saying.



And the final thing I would really emphasize with people is what does it mean to be accurate? The whole idea that they interpret everything that's said, they leave nothing out, they don't make a judgment about whether it should be included or not, whether it's good or bad, no, they just interpret everything as accurately as they can. So orientation is absolutely critical.

The third area that you need to do is to support these people and provide ongoing training if at all possible. So once the interpretation is over don't let them just escape for goodness sakes, you know here's somebody that now has some experience, heavens you might want to use them again.

So support the people, maybe have a de-brief with them afterwards, how does it, how did it go? You can't get into the specifics of what was said but you can ask them about how the interpretation went and what problems they had you know help them learn from that how to do it better, and maybe they may find that they enjoy this and that they'd actually like to get more training as a professional interpreter.

So remember that when you find a good bilingual who's got the bilingual skills you know this simple orientation is absolutely critical but it will not make this person a skilled interpreter. That takes years of study and practice so you can't expect the same thing out of these oriented interpreters as you would out of somebody who is a trained professional, that's again just not fair.

Another approach that you may find yourself wanting to take if you really can't find people is doing relay interpreting and I'm, we'll see in a minute how many of you have ever even heard of relay interpreting.

A relay interpreting is where let's say you can't find someone who speaks Somali and English well enough to do this work but you can find someone who speaks Somali and Arabic and you have somebody else who speaks

Arabic and English, then you'd have the patient speak to the Somali interpreter who will interpret into Arabic, that person then takes the Arabic, the next interpreter takes the Arabic and renders it in English.

Same thing, it could be Nuer and French, French to English, Chin to Burmese, Burmese to English, whatever are the combinations that you can find. Is this the best possible way of doing things?

Oh well it's slow, it's there's a high possibility of errors, it's tedious, the doctors go nuts because it takes so long, but it may be for some of your language groups the best possible way of providing care to the patient in a way where you can understand, the patient and provider can understand each other so we put it out there as a possibility.

And I see we have another poll.

Jennifer Cochran: And we do have another poll and I want to, I'm sure people read the last piece on the slide too, the political realities mean sometimes make relay interpreting challenging as well.

So the question here to you is have you ever participated in a relay interpretation?

Cynthia Roat: I'm watching the responses come in and I'm, that's very interesting.

Jennifer Cochran: That's very interesting. And it looks like they slowed down Allison if we want to close it.

Cynthia Roat: I am really amazed at how many of you have, are using relay interpretation. That is, you're probably all going yeah, it really is tedious, but again for a lot of people this is going to be your best bet in trying to improve the language access and the clarity of the communication so good for you. Good for you I

mean it means getting two interpreters instead of one but that's really impressive. Good job.

Okay. So let's say you've found your bilingual person, you know, you know they're not a professional interpreter, you put them through, you know a couple of hours of orientation so they have some idea what they're walking into, so the doctors will know how to work with them right, you know we should you know, know the doctors are going to be okay with this.

Well, actually I wish that that were the case but in reality a lot of providers are going to need to be prepped before working with this sort of bilingual staff person.

As the interpreting profession improves and grows and just becomes more professional providers are getting more and more used to working with professional interpreters and so their tendency will be to expect the same from your oriented interpreter as they would expect out of a professional trained interpreter, and that's just as again it's not fair to the interpreter and it really isn't fair to the patient.

So you may need to let the provider know that the person that is coming to interpret is not a professional interpreter but they are, they've received some orientation and to guide the interpreter to, excuse me, to prep the provider to work most effectively. So here's a couple of things they need to remember, and I don't make them too many or doctors just, they can't remember it all.

The first thing I need to do is slow down. By speaking at a reasonable pace and in relatively short sentences it makes it much easier for the, the person who's interpreting to do a good job and to be accurate.

Secondly they will need to guide the interpreter. All those things that interpreters learn in training about protocols, about where to stand, how to

introduce themselves, you know how to handle it if they don't understand, you know these interpreters won't know that and so the provider will need to help the interpreter along.

You know the provider would need to introduce the interpreter to the patient for example, the provider would need to guide the interpreter as to where to sit. If the interpreter starts to have side conversations with the patient the interpreter, the doctor would need to, the provider would need to intervene and bringing the interpreter back to just interpreting.

And a helpful resource in this is that there's a number of videos and training resources out there that will help providers learn how to work both with professional and untrained interpreters and so these could be very helpful to any of your doctors that are working with your refugee patients.

And finally simplifying, not finally but next to the degree to which doctors, the providers can simplify their language it will be a lot easier for this interpreter, so using standard English vocabulary as opposed to technical medical terminology, not using acronyms, using straight-forward grammar as opposed to complicated sentence structures, you know this makes it easier for people who perhaps are just learning the language or who are trying to render this in another language it will make it easier for them to be accurate.

And finally we want to guide providers to be watching the body language of the patient, to not get so caught up in dealing with the interpreter that they are not paying attention to the patient and watching the body language to make sure the patient is okay with everything that's been going on.

So these are some things that you can do to try to help your bilingual, your oriented interpreters as you, if you like and your providers work together more effectively. And there's some other things that you can do to try and make sure that the difficulties are minimized you know over the long term.

You know one is you know research your future language needs, I mean I'm sure you all do this already but you know what's coming down the pipeline, you know where do we expect to be getting refugees from you know in the next year or in the next two years.

You know let's say that there's a, you know a major political incident in a particular part of the world, if you know that you may be seeing refugees from that part of the world now is the time to start trying to build relationships that will help you be able to identify interpreters, potential interpreters or actual interpreters when these groups finally end up in your city.

Another thing to do ahead of time is build relationships with organizations over time, you know so before you have to end up at a community-based organization or a mutual assistance association for a particular community, you know go to their festivals, learn who the leaders are, make friends so that when you end up coming and asking for help finding an interpreter there's already a relationship there.

In so many parts of the world relationships are everything. We don't, you know you don't work with somebody just because they are an employee of some institution, you work with them because you know them. And before you show up making requests having that initial relationship is very, very important.

Ask community leaders to point out who might be promising potential interpreters, look at those young people who are in high school or who are college age, see you know whose English is good, who still, you know who speaks well the language of the country of origin. Who might you want to bring in and try to nurture and maybe actually as I say send to training so that they're available when you might need to call for somebody?

Establish a point person or a group to collect and maintain language status so that there's always somebody at your institution that is, whose job it is to track this. Oftentimes this responsibility of who is going to provide the interpreter or who is going to get the interpreter is diffuse, I mean it's kind of everybody's responsibility, but you know what they say about things that are everybody's responsibility, right.

If it's everyone's responsibility it's no one's responsibility and so you'll find yourself again with that person who needs help and all of a sudden you don't have anybody, you don't now where to go.

Have one point person or a group that's maintaining that information, making the relationships, keeping track, there's somebody who can be a point person on this.

And finally you know find out in your area who is doing interpreter training. If it's a college, a university, a non-profit organization, a hospital, a clinic, find out who the trainers are.

They may be willing to come and provide abbreviated training to your bilingual staff so again if you have an outreach worker who is a bilingual speaker of you know English and fill in the blank see if you can't get this person into training.

Or if they can't do the whole training program see if some of those interpreter trainers would come maybe to give a series of workshops to your bilingual people so that again they can start to build their interpreting skills if you are going to use them in that way.

I know that this sounds like a lot and I know that you're probably already very overwhelmed with the work that you're already doing, so it can feel like this

is an enormous piece of work on top of what you're already being asked to do, but you know you can do this.

This is setting up a new support system that absolutely must be there. As we said at the beginning the best health care system in the world is absolutely useless to patients if there isn't clear communication.

If they can't access the care, if they can't understand the doctor once they get there, if they can't take advantage of the technology that medical, the medical technology that's available then our health care system is going to be of very little use to our refugee clients and many of them come with very desperate needs both for medical and mental health services.

So really even though this may feel like a pain in the neck to go out and build relationships and identify bilinguals and try to get them oriented or trained, this is probably one of the most important things that you can help do in order to erase these barriers of language that are getting in the way of our clients getting the care and the services that they need.

So on that note I am going to end and I wanted to put up here the Web site of the National Council on Interpreting and Health Care as well as my own Web site. If you'd like to contact either one of us, either the council or myself there's some contact information and I would be of course happy to talk to either, to any of you as would all of my colleagues at the National Council.

Finally thank you for all of the work that you do on behalf of these people who have been in many cases living in fear and despair for a long time and you are providing them with hope to move forward to a better part of their lives. So thank you for that work and I'm glad I could be a small part of it today.

Jennifer Cochran: Great. And thank you very much Cindy. This is Jennifer Cochran again and I want to thank everyone for the questions that have been coming in. We have just some great questions and comments. I'm going to let Cindy get a drink of water, she's been going non-stop for quite a while here.

And we're trying to group the questions into some themes, and I am going to start with a couple of comments, and Cindy if you want to comment on the comments you're welcome to, and these were where might you consider looking for interpreters?

And one person commented on return Peace Corps volunteers from any number of countries who are quite fluent in the languages of those countries and many return Peace Corps volunteers are organized in groups based on their home countries. And the person commenting says I wonder if there has been any attempt to connect with some of the return Peace Corps volunteers.

The second, I'm going to give you both of these comments and then Cindy I'll pass it to you. And the second comment that came up was around being connected with, sorry I'm trying to find it, with some of the Muslim community organizations, they may be mosques, schools, social service organizations.

But because many refugees coming in today are from, I'm sorry I'm trying again to find it, are from Iraq or from other countries that connecting with some of the Muslim free health clinics or youth centers which may not necessarily be associated with a mosque may be a great source of potential interpreters as well.

Cynthia Roat: As a matter of fact I wrote both of those down, I'm going to add those to my list. I think our PCV is not one that I'd thought of which is odd since I myself am a return Peace Corps volunteer, I don't know why I didn't think about that.



Of course when you're working with our PCVs one of the key things to remember is to test their non-English language because for some of them it will have been a long time since they spoke it and of course the longer they go without speaking [the language] or whatever it was the, you know the more difficulty they may have.

Another thing to remember is you're dealing with a very specific vocabulary in health care that these PCVs may not have. You know these are probably not the things that they discussed unless they were in a health program and so they may need help with the vocabulary, but having said that again if what you're looking for is a bilingual person who could be oriented I think that that's a great potential option.

Same thing with religious organizations, great idea, that's a great place to go to try to find people who might be bilingual. And remember in both of these cases you'll be dealing with people who on the good side are real helpers, these are people who want to help they, you know as part of either being part of a religious organization or they went to the Peace Corps because they wanted to help.

The bad side is these are people who want to help, and so they will need to be oriented that their idea, that their role there is not as a social worker, their role there is just to help patient provider actually talk to each other.

Jennifer Cochran: Great. Thank you Cindy. I have two questions that came in, they actually came in back-to-back and they seem like I can connect them, so I hope that I can take the liberty to do that.

The first question says have you dealt with privileged communication and confidentiality? Say if a bilingual staff from say a resettlement agency interpreted for a medical provider are they working under the providers privilege and liability? So that's one question, I'll let Cindy think about that.

And the other question that came in around the same time is from a community organization and says as the social worker when, oh okay sorry I'm going to reframe it just a little bit, that sometimes the bilingual staff from a social service agency will not be accepted to be an interpreter in another organization.

They say they prefer will call, their own interpreter, which can be fine but sometimes they feel like there's still some language disconnect, so say between Arabic spoken by a refugee from Iraq compared with an interpreter who's from Lebanon. So some of the interpretation may not go well and there may be some level of frustration.

So again if I can put these two questions back to back, on is the interpreter from a community organization coming into a medical setting and are they covered by the providers privilege and liability and the second, how come sometimes people aren't accepted and to interpret.

Cynthia Roat: Okay. Let me take that first one. Interpreters are legally liable for the quality of the service that they provide, whether they're volunteers or being paid, and realistically speaking if you are sending them on behalf of a refugee agency you probably should have liability insurance that would cover them for what's called original missions insurance.

If they make a mistake they could be sued. I think it's a lot more likely that if somebody, if there was a mistake that led to a bad outcome I think it's much more likely that the institution providing the health care is going to be sued rather than some poor interpreter that has nothing, which is generally the case with all of us, but you know I think it is important to note that the interpreter is held liable.

And as a matter of fact the doctor is liable for the interpreter's mistake, so if the interpreter messes up the interpretation and you know the provider and the outcome is a bad outcome, I you know providers can be taken to court over that, which is why I think they would be much more concerned about who they have interpreting than many providers seem to be.

In terms of privilege, that means you know can an interpreter be subpoenaed to court on the basis of what they heard. And this is a really hot issue with interpreters and the short answer is yes, they can be subpoenaed and you know of course they would you know point out in court that they, professional code of ethics covers, you know says that they have to hold everything that they are, that they learn in the appointment confidential but if the judge is you know orders them to do that just like doctors do they would have to talk about it.

What most interpreters I think do in the very rare cases that this has happened what we most of us say is I don't remember because you probably won't by the time this thing goes to court you probably wouldn't remember what was said and interpreters don't keep charted notes, and as a matter of fact if you do take any notes during an interpreted session you should shred them at the end because that's part of you know confidential patient information.

So I hope that that answers the question, you know interpreters are expected to keep everything confidential but you could be subpoenaed in court and you will be held responsible for the quality of the interpretation.

In terms of the second question, and what was that again that it was about?

Jennifer Cochran: So it, when there is a bilingual...

Cynthia Roat: Oh, yeah.

Jennifer Cochran: ...staff person from a social service agency and their services may be turned down...

Cynthia Roat: Right.

Cynthia Roat: You know I don't know why particularly in any given particular instance I couldn't tell you, you know why the hospital did that in particular, I suspect that the reasons may be number one, they may be have, they may have internal standards about what kind of training they expect of their interpreters and if you're bringing a bilingual staff person who's not been trained as an interpreter they frankly may find that person unqualified to do the work.

The second reason may be that the, the person, a person who comes from the refugee resettlement agency may have a particular role as a case worker and it's very hard for interpreters to wear two hats at the same time, you can't be both a case worker and an interpreter at the same time, they're different roles.

And so it's very confusing for both patients and case workers as to role are they, what hat do they have on at any given time and it's confusing for providers and so a lot of hospitals have simply said you know what it's just easier, if the case worker wants to come and be there as a case worker then we'll have them as a case worker and we'll have an interpreter there to interpret and therefore we won't have a confusion of the roles. I hope that makes sense.

Jennifer Cochran: Yeah. Thank you Cindy. I'm going to back up to an earlier comment on recruiting interpreters, so this may be since you said you're going to update your slide set and a couple of comments came in about kind of the unique situations that refugees may be in where contacting an embassy may not be the best thing to do because of the, you know, the reality that refugees have fled from persecution from these same governments.

And so there may be some concern about ever going to a government agency in, working with the refugee, the refugee may be uncomfortable with any person who's identified in that way. A couple of people sent that comment in.

I want to turn if I can Cindy a little bit to...

Cynthia Roat: Can I respond to that?

Jennifer Cochran: Yes.

Cynthia Roat: That may be true that you don't want somebody from the Embassy or from the Consulate itself but without mentioning who you are calling for or who would be the person receiving the interpreting, people at the embassies and the consulates may have a good idea of who's a, you know who's in town who is bilingual.

You know he may know oh well there's somebody over at the University, you know doctor so-and-so who's studying at the University, or they may know where the populations are.

You know again I suppose that if you think that they would name people who are closely associated with them and would get back to the Embassy and that would be a problem then I can understand the concern but they, but it might be an avenue for identifying other bilinguals in the community, in the wider community that could be of help to you, people who are here professionally or who have other reasons for being in the United States.

Jennifer Cochran: Great. Thank you. Do you want to take on training?

Cynthia Roat: Sure.

Jennifer Cochran: There are a number of questions that have come in around training, everything from say is there any online training for interpreters, and you talked about the core elements, I want to remind people that Cindy did say there's of course standards for interpreter training on the NCIHC Web site, which is currently up on your screen.

So there were, there are questions around are there Webinars or online low cost or free training for orientation to interpreting how do you find interpreter training organizations. Just if you have a little bit to say there and then of course you can add more in the online resources.

Cynthia Roat: Sure. And so much of this depends on where are you located and what language are you looking for and how adept is the individual who you want trained at doing work online, you know and there's all sorts of issues around trying to find something that's appropriate for the particular individuals that you're trying to work with.

The first question, free and low cost. Well you know I hate to say this but you know would you ask that if this were asking about a doctor? You know can we find anyplace to train our people free or low cost to provide medical care? You know no.

There isn't and I think the bigger issue, the best response to that would be kind of slow and over time. I don't think you're going to find anything free, I don't think you're going to, you know low cost is a relative term so I don't know what you would consider low cost, but training as an interpreter is something that needs to be done over time and in kind of a consistent sort of way.

So although there are Webinars out there that you can listen to or online training, this growing number of online continuing education trainings. For

example I just, I'm working to put one up online on palliative care, how do you interpret palliative care, and that will be an online training.

But I think those courses assume that people have had basic training. So they assume that people start out knowing what it is to be an interpreter and then this is the second level of continuing education on interpreting in a particular area.

So what you're really looking for is basic training and basic training, well let's see how are some ways that you could find out what's going on?

Well you could, you know search on the Web, you know a Web site that has a lot of trainings listed, although I haven't looked at it lately is the Web site of the International Medical Interpreter Association, what used to be the Massachusetts Medical Interpreter Association. Their Web site at, let's see I think it's...

Jennifer Cochran: It's IMIA...

Cynthia Roat: ...IMIA.

Jennifer Cochran: Yeah. Dot org.

Cynthia Roat: Is it just IMIA.org?

Jennifer Cochran: Yes.

Cynthia Roat: Okay. They have a listing of trainings around the country and you know especially go in and again you want to look for basic training for somebody, you can look at you know go online and just, you know kind of Google interpreter training, that might help.

There are, there is I think there's a couple of programs that I know about online that are online basic training for interpreters in multiple languages, you know if you'd like to e-mail me, yeah this, I'm seeing this, the IMIA Web site is [www.imiaweb.org](http://www.imiaweb.org). I thought there was another word in there, IMIAweb.org.

What was I saying, oh so you can go online and if you want to e-mail I have a list of online trainings that I try to keep, try to keep current but actually IMIA may be doing a better job than I am because I can't keep up with it all the time.

Locally you can go to your local community colleges, that tends to be where interpreter trainings are housed is in community colleges, talk to your you know hospitals and clinics, ask who trains their interpreters, you know do they have a program they offer, is it open to the community?

The other thing you could try calling is the Cross Cultural Health Care Program in Washington State has a course called Bridging the Gap that they train and that they license to a lot, a lot of places around the country. And they might be able to tell you in a particular city who is the licensed trainer of Bridging the Gap if there is one.

So again that's the Cross Cultural Health Care Program. Their Web site is [Xculture.org](http://Xculture.org) and they might be able to help, hook you up with some training opportunities as well.

Jennifer Cochran: And it's Jennifer. I'm just going to jump in and say we will be posting these resources on the Refugee Health TA Center Web site, so again that's [RefugeeHealthTA.org](http://RefugeeHealthTA.org), after the Webinar so you should be able to connect with a number of these.



Cindy I have another piece for you to mention, it's related to interpreting as a profession. You know clearly it would be, we'd be very thrilled to see refugees recruited into the interpreting profession but there was a comment that you know how is interpreting as a profession viewed, that some people may feel that it's not really a full time job, they may not be able to make a living and in fact it may not...

Cynthia Roat: Yeah.

Jennifer Cochran: ...have that much respect associated with it and so they end up taking another job. So what's, where is interpreting going as a profession, if you look in the future what do you see?

Cynthia Roat: Yeah you know overall, overall I think that interpreting has come a phenomenally long way towards becoming a profession and gaining professional respect over the last 20 years that I have been in the field. You know when I was in the early, I started the field in the early 1990s and you know interpreters were you know kind of seen as well, you know it's nice of you have one but you know we can get by with charades if we don't.

And I think that that has changed a lot and partially because of the standards coming from the joint commission and things coming out of the Office of Minority Health, which is part of DHHS, there's just been a lot of emphasis even among, from the American Hospital Association or the American Medical Association recognizing that you know you need to have good interpreters in order to provide good health care.

So I think that the respect overall in general has been increasing. Whether that is true in your particular city or at the particular hospital where you send your clients I can't tell you because there certainly are a lot of places where, you know that is not the case and where people are still using kids to interpret, which in some places in the country is actually illegal.

So I think that the profession is growing and I think you know if you actually look at the data from the Department of Labor they're projecting that language fields like interpreting and translating is going to be the fastest growing sector in the American economy over the next ten years.

So I think that that bodes well. Now speaking about you know refugee languages in particular if you're speaking about languages of lesser diffusion volume is an issue, it is a real problem, people can want to become a professional interpreter and there just is not enough work to keep them busy because the local community is just isn't big enough.

In that case you know if people are really interested that actually have a better chance of keeping busy if they start to work remotely, so if they start to work for a telephonic interpreting company or for a video interpreting company, because in these cases the interpreter can meet a national level need as opposed to just a local level need. So there may be enough work for them to keep busy.

But I know that this is a huge problem and it's one of the reasons we have a hard time getting interpreters in languages of lesser diffusion into training because why take a 40-hour training when the chances are you're only going to spend 20 hours in a whole year interpreting, you know it doesn't seem to be worth it from the individuals point of view, so I do sympathize.

But I actually do think that this is a field that's going to grow overall.

Jennifer Cochran: Yes. I have a chat note that came in and I think that this is not the only state where this is true, but the individual writes that Virginia, the State of Virginia or the Commonwealth of Virginia is starting a free interpreter training workshop. So there may be additional training, interpreter training resources

either through your state refugee programs or your refugee health programs to be aware of as well, or through the Medicaid serving agencies.

Cynthia Roat: You know it's very interesting I'd like to note that one of the big boosts to the whole field of medical interpreting came in the early years when I was in the field in the mid-1990s from the Office of Refugee Resettlement. I think it may have been in '96 that they put out a big amount of money for interpreter training in refugee resettlement organizations.

And a lot of these actually contracted with the Cross Cultural Health Care Program where I was working at the time to train trainers for bridging the gap. So not only did we train bridging the gap but we trained groups of trainers in various refugee resettlement organizations so that they could continue to teach the course internally on their own at whatever price they wanted to pay.

So you know ORR has been a real supporter of this field and I think that Northern, that (AHEX) are another area that have been very supportive in developing interpreter trainings so I can imagine that within the refugee community there might already be resources out there and certainly worthwhile developing new ones.

Jennifer Cochran: Great. I'm mindful of the time so I'm actually going to start wrapping up and before we close I want to almost go back to one of the first slides that Cindy put up which is you know that language is part of accessing quality care, and I mean to give an announcement and invite you to join a Webinar coming up next week on April 5th where on the Affordable Care Act and refugees and I strongly encourage you to register for that through the Refugee Health TA Web site.

We have speakers from CMS, the Center for Medicaid and Medicare Services, who will talk about outreach enrollment and what the Affordable Care Act

will offer refugee clients, and how the resettlement community can really become involved and try to increase access in this way.

And you know another comment that came in was you know with the push towards increased access to healthcare, to primary care this may be a tremendous opportunity for interpreters and language access as well.

So I want to thank everyone for joining us today, I think it's been a very rich Webinar. I want to thank Cindy in particular for presenting to us today.

Here's a few reminders about next steps, as you exit today's Webinar there will be a short survey that comes up so I encourage, strongly, strongly encourage you to complete that and I think that we're going to put up one additional poll question here.

We will be hosting the resources online, again that's [www.refugeehealthta.org](http://www.refugeehealthta.org) and you'll find the slide set, the transcript, the question and answer document and some resources to go with this as well.

I'm looking for, okay so we do have a poll on this, as I mentioned at the beginning we are planning a Webinar that will cover interpreting in mental health sessions coming up and we thought this would be a great opportunity to ask those of you on this call if you have any particular question related to mental health interpreting, not that you won't have any actually on the Webinar as we have it.

But any particular question that you would like to share with planners you're welcome to do that either submitting here or through chat, and we will, we'll watch for that.

So again I thank ORR for sponsoring today's Webinar through the Refugee Health Technical Assistance Center. I want to thank Cindy Roat and the

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National Council for Interpreting in Health Care for partnering with us for this series of three Webinars, and to each of you for joining today. I hope it has been as interesting for you as it has been for us on this side, so thank you.

END