



# California Healthcare Interpreters Association

*Committed to setting standards of excellence that ensures equal access to quality medical care for all people by supporting and promoting the healthcare interpreting profession.*

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November 9, 2000

Dr. Jack Lewin, CEO  
California Medical Association  
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(Sent via fax: 213-630-1113 c/o Peter Warren, Director of Media and Public Relations)

**RE: Sacramento Bee Article October 9, 2000**

Dear Dr. Lewin:

Professionally trained and tested healthcare interpreters make it possible for Limited-English Proficient (LEP) and Non-English Speaking Americans and new immigrants to accurately, safely, and efficiently communicate with a medical practitioner who does not speak their language. The California HealthCare Interpreters Association (CHIA), as the representative of healthcare interpreters in California, is committed to helping physicians and other health care practitioners achieve effective and safe health outcomes with their patients. CHIA, a member of the National Council for Interpretation in Health Care, is setting the standards of excellence in the emerging discipline of healthcare interpreting in California.

The California Healthcare Interpreters Association would like to take this opportunity to respond to your comments on behalf of the California Medical Association about the August 30 Policy Guidance from the Office for Civil Rights (OCR). This guidance clarified the requirement of MediCal and Medicare providers to provide qualified medical interpreters and translate written materials for language groups comprising 10% or 3,000, whichever is less, of the provider's service area.

CHIA agrees that the only long-term viable solution is for a jointly brokered financial arrangement to pay for professional interpreters from the US Health Care Financing Administration (HCFA), OCR, and the California Department of Health Services (DHS). However, such reimbursement must be for interpreter services that meet at least the basic standards of accreditation supported by CHIA, as the representative of professional healthcare interpreters in California. I would hope that you would participate with us as CHIA develops and implements its Standards of practice for healthcare interpreters.

Unlike Washington State, California has not provided its healthcare providers with any reimbursements for interpreting services. The federal government has offered financial assistance to states to pay for healthcare interpreters. The Health Care Financing Administration (HCFA) in a letter sent to State Medicaid Directors on August 31, 2000, stated, in part, that:

*While we encourage you to contact OCR about the details of the guidance, we would like to emphasize that under both the SCHIP and Medicaid programs, Federal matching funds are available for States' expenditures related to the provision of oral and written translation administrative activities and services provided for SCHIP or Medicaid recipients. Federal financial participation is available in State expenditures for such activities or services whether provided by staff interpreters, contract interpreters, or through a telephone service.*

The availability of additional resources to help pay for interpreters should provide an additional financial incentive to both safety-net County Hospitals and clinics as well as Medi-Cal Managed Care providers for providing trained and qualified interpreters who are able to safely and accurately provide interpretation between patients and their physicians.

You are quoted as saying that the August 30 OCR Policy Guidance is a new requirement for physicians in California. This requirement has existed since 1994 for Medi-Cal Contractors. *Section 9.10, Cultural and Linguistic Services Requirements*, of the Managed Care Contract for Medi-Cal Service Providers, dated September 30, 1994, states:

*The Contractor will provide 24-hour access to interpreter services for all members at all provider sites within the Contractor's network either through telephone language services or interpreters.*

The August 30, 2000 Policy Guidance issued by the Office for Civil Rights, US Department of Health and Human Services, on Title VI's prohibition against national origin discrimination as it affects limited English proficient (LEP) persons makes it clear that,

*A recipient/covered entity whose policies, practices or procedures exclude, limit, or have the effect of excluding or limiting, the participation of any LEP person in a federally-assisted program on the basis of national origin may be engaged in discrimination in violation of Title VI.*

It is clear from a variety of studies that not only is language a significant factor in health outcomes, but that children and family members and other untrained individuals lack the interpreting skills and the medical terminology in the second language to provide the precise interpretation required by practitioners to make accurate assessments and diagnoses, and obtain informed consents from Limited English-Proficient (LEP) and Non-English Speakers (NES) (Baker, Parker, Williams, Coates, & Pitken, 1996; Baltazar, 1995; Berman, Khan, & Siegel, 1996; Bernstein et al., 2000; Binder, Nelson, Smith, & al., 1988; Crane, 1997; David & Rhee, 1998; Enguidanos & Rosen, 1997; Flores, Abreu, Olivar, & Kastner, 1998; Frayne, Burns, Hardt, Rosen, & Moskowitz, 1996; Hornberger et al., 1996; Lee, Rosenberg, Sixsmith, Pang, & Abularrage, 1998; Leman, 1997; Manson, 1988; Perez-Stable, Napoles-Springer, & Miramontes, 1997; Todd, Samaroo, & Hoffman, 1993; Woloshin, Bickell, Schwartz, Gany, & Welch, 1995; Woloshin, Schwartz, Katz, & Welch, 1997).

In particular, the research of Downing on the impact of using untrained interpreters makes clear that the error rate of untrained "interpreters" (including family and friends) is sufficiently high as to make their use more dangerous in some circumstances than no

interpreter at all. This is because having someone claiming to speak both English and the language of the patient creates a false sense of security to both provider and client that accurate communication is actually taking place. In a close analysis of one encounter between a nurse practitioner, a Russian-speaking patient, and his son acting as interpreter, Downing uncovered 49 miscommunications by the "interpreter" in a conversation of only 25 exchanges of information. The following seven examples of miscommunication are typical: the interpreter misinterpreted because of lack of understanding of particular words and idioms - five times; the interpreter's failure to interpret the question led the patient to try to guess what the question was and attempt an answer - four times; the interpreter failed to interpret an answer offered by the patient - six times; the interpreter seriously distorts the message in the process of interpreting it, by adding information (twice), omitting information (four times), or changing the meaning (seven times); and the reply that the nurse practitioner received from the patient through the interpreter was the answer to a different question than the one she asked, but she didn't know it - two times. This example dramatically illustrates the potential of misdiagnosis, inappropriate treatment, and liability when using unqualified individuals to interpret (Downing, 1991).

Volunteer services, therefore, are acceptable only if those volunteers are trained in healthcare interpreting protocols, ethics, and medical terminology, and understand how to convey cultural health belief information appropriately and accurately. This is an area where CHIA members may be able to assist. CHIA would support the creation of a DHS-sponsored 1-800 number staffed and subcontracted with trained and certificated CHIA members with the capacity to do triage and referrals.

The California Healthcare Interpreters Association is currently developing California-wide standards and a certification process for professional healthcare interpreters. We would welcome your thoughts and participation in this developmental process, and will certainly include you in the public comment process of the draft standards as they are developed.

CHIA welcomes your comments about determining the need for interpreters in CA, and hopes that we will be able to work together to provide trained and qualified healthcare interpreters for providers and LEP patients across California.

Signed on behalf of the Board of Directors and the Executive of CHIA:

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## **Background to CHIA:**

### **Goals and objectives:**

- 1) **establishing standards of practice**, including a code of ethics, and a **certification** program for California's healthcare interpreters; and
- 2) **promoting the profession of healthcare interpreting** through sponsoring internships and scholarships; advocating for cross-cultural awareness through education of healthcare professionals; encouraging the development of advanced level training in healthcare interpretation at institutions of higher education; promoting the networking of institutions that provide interpretations services; and making recommendation on existing or new policies affecting patients with limited or no English proficiency.

### **History:**

*November 1996:* a group of interpreters and others, representing healthcare organizations throughout the state, meeting at Stanford University Hospital, agreed to create a support network and professional organization for healthcare interpreters. The group appointed a governing board and applied to the IRS for status as a 501(C) 3 organization.

*May 1998:* CHIA becomes a 501(c)(3) non-profit association. CHIA more than doubles its membership as activities begin to take place across California. Chapters began to form in the Bay area as CHIA North, and in the LA/San Diego area as CHIA South. Training and educational sessions were organized and Committees, including Testing, Resource Development, Education/Training and Linkages.

*February 2000:* CHIA receives funding from **The California Endowment** to develop its infrastructure as the representative of professional healthcare interpreters, and to begin the process for a California-wide standards and certification process.

*September 2000:* CHIA hires an Executive Director (Niels Agger-Gupta, Ph.D. Candidate) and launches California-wide Interpreter Standards and Certification process.

### **Policy Development:**

CHIA is breaking ground in attempting to establish professional standards and certification procedures in a discipline that is not yet fully defined and recognized. CHIA is at the beginning stages of agreement on the essential elements of professional standards, and the creation of a standardized certification testing process. The professional healthcare interpreter is not yet considered a full member of the healthcare team in many California health organizations. CHIA would like to acknowledge the unpaid debt owed to all individuals who have been thrust into the position of interpreting by default, without any training in interpretation protocols.

### **CHIA Members:**

CHIA members include health interpreters, managers, and educators across California, located in the Bay Area, Merced and the Central Valley, Los Angeles and San Diego.

CHIA's membership of professional healthcare interpreters, and others interested in healthcare interpreting, CHIA, through its Chapters, is working on creating continuing education opportunities for healthcare interpreters. CHIA works with policy advocates nationwide to incorporate the learning from other states into our strategies in California. This includes dialogue with: Massachusetts Medical Interpreters Association (MMIA), the Society Of Medical Interpreters (SOMI) in Washington State, and the National Council for Interpreting in Health Care (NCIHC)

### **Support:**

CHIA has depended on volunteer support and a modest budget, financed primarily by membership dues. Many organizations have provided in-kind support. CHIA's commitment is to support professional interpreters and to provide training and continuing education opportunities for skill and performance development. CHIA exists to support the work of all interpreters in their current and future efforts.

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