# A Functional Manual for Providing Linguistically Competent Health Care Services as Developed by a Community Health Center


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Funded by the Bureau of Primary Health Care, The Department of Health and Human Services

**Asian Pacific Health Care Venture, Inc.**

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**Disclaimer**

This manual is limited to linguistic competency in health service delivery to APHCV's different LEP patients. APHCV continues to consider changes in demographics, types of services or other needs and to reevaluate its policies and procedures for serving LEP patients. Each clinic is different and some of the steps in Title VI compliance taken by APHCV may not apply to your particular site and/or LEP patients.

This manual is intended only as a sample to assist in the development and documentation of your individual Title IV compliance plan. While the documents may be freely replicated please note that these documents are specific to the community which APCHV serves and will need to be modified to be effective in other situations and with other populations.

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## List of Sample Documents

**Acknowledgements**

**Asian Pacific Health Care Venture, Inc. would like to gratefully acknowledge the following individuals who have made this manual development possible:**

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**Development of this manual was funded by the Health and Human Services Bureau of Primary Health Care.**

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## I. Introduction

In 1990 there were over 32 million Americans who spoke a language other than English at home. By 2000, that number had increased to almost 45 million.[1] Based on the 2000 Census, over 28 million speak Spanish and almost 7 million speak an Asian or Pacific Island language at home. Many of these people are Limited English Proficient (LEP), making access to adequate and appropriate health care a serious problem.[2] Depending on ethnicity, 44% to 77% of all Asian Americans and Pacific Islander (AAPI) patients are linguistically isolated, meaning they do not speak English well or at all (LISC, 1996).[3]

Such linguistic isolation prevents LEP AAPIs from accessing proper health care in a number of ways:

LEP patients may not go to see the doctor at all, if they know that the doctor or staff do not speak their language.

LEP patients often lack access to critical verbal or written information if this information is not provided in the patient's primary language.

Patient confidentiality is often compromised because patients must rely on family members, including minor children, to act as interpreters

.

LEP patients face increased chances of being misdiagnosed due to the lack of bilingual staff or staff trained in medical interpretation.

Unfortunately, despite this population growth and the barriers to health care that LEP patients face, linguistically and culturally appropriate health care services remain unavailable to thousands of LEP patients nationwide. Thus, it is crucial that health centers nationwide ensure linguistically appropriate health care to LEP patients.

Title VI of the Civil Rights Act of 1964[4] provides guidance to address this issue. Under Title VI, discrimination on the basis of national origin, as it affects persons with limited English proficiency, is prohibited.

Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C. Section 200d et.seq. states: "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."

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[1] U.S. Census Bureau (2001). "Census 2000 Supplementary Survey, National & State Profiles," website http://www.censu.gov/c2ss/www/.

[2] U.S. Census Bureau (2001). "Census 2000 Supplementary Survey, National & State Profiles," website http://www.censu.gov/c2ss/www/.

[3] Tanjasiri, Sora park, MPH, *Local Initiatives Support Corporation (LISC) Project Needs Assessment*, December 18, 1995

[4] http://www.usdoj.gov/crt/cor/coord/titlevi.htm

In order to ensure compliance with Title VI, recipients of Federal financial assistance must take steps to ensure that LEP persons who are eligible for their programs or services have "meaningful access to the health and social service benefits" that they provide. The most important step in meeting this obligation is for recipients of Federal financial assistance (such as grants, contracts, and subcontracts) to provide the "language assistance necessary to ensure such access, at no cost to the LEP person." [5]

In Los Angeles County (L.A.), the number of AAPIs jumped 35% to 1.2 million between 1990 and 2000, making AAPIs the fastest-growing racial group in the County[6]. Access to adequate health care in L.A. remains limited for many of the county's 9.5 million residents, particularly for the 1.2 million Asian and Pacific Islanders (AAPIs)[7].

Asian Pacific Health Care Venture, Inc. (APHCV) in L.A., has developed a number of promising practices for providing linguistically and culturally appropriate services to LEP AAPI communities.

APHCV has worked to improve the health and well being of L.A.'s low-income, LEP AAPI communities for over 15 years. Founded in 1986 by concerned health and human service providers, APHCV is a non-profit community health center which seeks to plan, provide, promote, and coordinate accessible, affordable, culturally competent, and effective health care services that target underserved AAPI's in L.A., including Hollywood, Echo Park, Silver Lake, and North Hollywood. Regardless of race, ethnicity, language, religion, gender, sexual orientation, ability to pay, or other factors, APHCV provides primary health care and health education services to all individuals in the community. Additionally, APHCV supports programs of economic development for the benefit of low-income AAPI communities in L.A. County.

APHCV's primary care clinic, launched in 1997 at its current East Hollywood location has 6.6 full-time equivalent providers and a staff of over 70. APHCV provides services including full life-cycle check-ups, immunizations, prenatal care, family planning, STD testing and counseling, referrals, and other services to over 4,500 unduplicated individuals annually. The vast majority of these patients are monolingual in an Asian language. To address patients' limited English proficiency, bilingual clinic staff and Support Service Liaisons (SSLs) provide culturally and linguistically-appropriate interpretation, as well as health education and case management services in Thai, Cambodian, Vietnamese, Filipino, Japanese, Cantonese, Mandarin, and Spanish for LEP clients.

In addition to direct clinical services, APHCV offers a variety of outreach and health education programs at APHCV and at off-site locations in the community. Bilingual Outreach Workers from each target AAPI community provide Medi-Cal/Healthy Families application assistance and case management, parent education classes, and education on various health topics such as immunizations, HIV/AIDS, tobacco

[5] Department of Health and Human Services. *Office for Civil Rights: Title VI of the Civil Rights Act of 1964: Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency,* January 2002.
[6] 2000 Los Angeles County Demographic Profile, L.A. County Department of Regional Planning, 10/4/200.
[7] U.S. Census Bureau, *Census 2000*, 2000.

cessation, women's health issues, and CPR training. Through these programs and services, APHCV conducts outreach to over 10,000 individuals annually.

APHCV's staff and Board of Directors reflect and represent the diversity of the local community, thereby allowing APHCV to serve the community properly. Approximately 95% of staff members are bilingual in languages including Thai, Cambodian, Filipino, Korean, Japanese, Vietnamese, Indonesian, Chinese, Spanish and other languages. The Board of Directors is equally diverse. Patient representatives from the Japanese, Thai, Filipino, and other AAPI communities comprise over 50% of the Board; and community health and human service experts make up the remainder.

**Definition of Key Terms**

The following are the definitions used in this manual:

**LEP** (Limited English Proficient) refers to an individual who does not speak English as his/her primary language and who has a limited ability to read, write, speak, or understand English and is entitled to language assistance with respect to a particular type of service, benefit, or encounter. (DOJ Guidance 2002: 41459)

**Linguistic Competency** is "the health care organization's ability to provide its non- and limited-English speaking patients and hearing/speech impaired patients with timely, accurate and confidential interpretation services, and quality, culturally-appropriate translated materials."[1]

**Interpretation** is "facilitating oral communication between individuals who do not speak the same language and may not share the same culture." It is the act of listening to something in one language (source language) and orally translating it into another language (target language). [1]

**Translation** is "changing written documents from one language into another."[1] It is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language). [1]

## II. How to Use this Manual

This manual outlines some of the practices APHCV has implemented to comply with Title VI. APHCV has been at the forefront in providing culturally and linguistically competent health care because of its commitment to reduce the language barriers experienced by monolingual AAPIs.

The Policy Guidance on Title VI, issued January 28, 2002 by the Department of Health and Human Services, recognizes that to provide "meaningful access" to benefits and services for LEP persons, a health center must ensure that the language assistance provided results in accurate and effective communication between the provider and LEP applicant/patient about the types of services and/or benefits available, and about the applicant's or patient's circumstances. The Guidance gives four key elements to Title VI compliance among successful programs serving LEP persons:

Key 1 Assessment
Key 2 Development of Written Policies and Procedures
Key 3 Training of staff
Key 4 Vigilant Monitoring

This manual will highlight some possible ways of complying with Title VI under the framework of the Keys to Compliance. Each chapter focuses on one of the four key elements above and appendices with sample documents will follow each chapter.

The Department of Justice Recipient LEP Guidance is consistent with Title VI regulation to provide "reasonable, timely and appropriate language assistance to the LEP population" the clinic serves. APHCV's plan takes into consideration the Four Factor Analysis which will be discussed in greater detail in Key 1.

APHCV's current practices were developed with the goal of ensuring that LEP patients receive meaningful access to its programs and activities. Quality and accuracy of the language service is critical in order to avoid serious negative consequences to the LEP person and to APHCV as well.

This manual is also intended to serve as a resource tool for Bureau of Primary Health Care (BPHC)-funded community health centers and other health care providers to assist them in serving LEP patients by 1) Documenting elements of APHCV's LEP program and 2) Providing templates that support the replication of APHCV's multi-lingual health care service model. This is intended to be an example of how one health center has sought to comply with the flexible compliance standard and Title VI Regulatory Enforcement that requires recipients of Federal funding to provide meaningful access to LEP persons.

It is our hope that this manual will provide a framework from which other health care providers can develop an appropriate and cost-effective means of compliance with Title VI that is unique and appropriate for the populations they serve.

# Key 1 Assessment

The first key to ensuring meaningful access to language services requires the federally funded recipient to assess the language needs of the affected population. In order to do this the provider should:

Identify the non-English languages that are likely to be encountered in its program and estimate the number of LEP persons that are eligible for its services.

Identify and document the language needs of each LEP patient/patient.

Identify the resources that will be needed to provide effective language assistance.

Identify the location and availability of these resources.

Identify the arrangements that must be made to access these resources in a timely fashion.

An assessment looks at the balance that must be found between the LEP person's needs, the costs associated with providing interpreter and translation services and the resources available to the federally funded recipient. The Department of Justice Guidance provides a **Four Factors Analysis** for identifying and addressing the language assistance needs of LEP patients, which APHCV takes into consideration in its individualized assessment. These Factors include: 1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; 2) the frequency with which LEP individuals come in contact with the program; 3) the nature and importance of the program to people's lives; and 4) the resources available to the grantee/recipient and costs. An overview of APHCV assessment procedures are found below.

## Identifying the Number of LEP Persons in the Service Area.

The following are the methods APHCV used in ascertaining the languages and number of persons in their service area:

APHCV determines the changes in LEP individuals' demographics through the tracking of patient information. Intake personnel are required to obtain information such as primary language, age and address and enter such data into Medical Manager, APHCV's practice management software. This information can then be culled to identify growing LEP populations and their location within the service area. For example, APHCV's fiscal manager provides a monthly encounter report by language and ethnicity as a part of his management report. The APHCV management team, comprised of the Executive Director, Medical Director, Fiscal Manager, Nursing Manager, Health Education Manager, clinic coordinator and associate managers, review this report on a monthly basis to see if there is a significant increase of patients

among certain language or ethnic groups. The Fiscal Manager and the Health Education Manager can further research and prepare patient language or ethnicity data by zip code and cities if the Management Team believes that additional information is needed. This topic will be discussed in more detail in Key 4 Vigilant Monitoring.

APHCV also uses demographic data from the U.S. Census Bureau, State and County Report to find the following statistics for its service area:

Race/ethnic group by zip code
Age by zip code
Household income by zip code
Health care insurance coverage by area
Language

From this information, APHCV is able to compare the most recent data with previous patient demographics and compute increases and decreases in the percentage of LEP persons among the various ethnic groups. This information also helps APHCV determine whether there are new language groups moving into the service area. By using the Census' predictive figures, APHCV can forecast possible changes in the patient population and respond appropriately.

Through this research APHCV is also able to compare the U.S. Census Bureau figures (per race and ethnic group) with APHCV's current figures, and determine the percentage of the population group that has opted to use APHCV based on health care coverage, household income, geographic proximity and availability of service providers within the same service area.

Finally, APHCV uses the data to compare the patient demographics with staff demographics and their language capacity. This is an essential step in determining the future hiring needs of the health center.

## Identifying the Language Needs of LEP Individuals Served by the Facility.

APHCV also created a number of in-house practices to identify the language needs of the patients they serve. These practices begin at the **first point of contact**: telephone call or walk-in (please see the Typical Patient Flow chart on page 9). All new patients will be surveyed for the need of an interpreter when scheduling an appointment over the phone, or at the Front Desk for walk-in patients. These positions are staffed by bilingual staff who are trained to be culturally competent in the data collection process. For instance, the staff will first attempt to determine an LEP person's primary language by using tools such as "I SPEAK" cards. These cards generally have a phrase such as "Please point to the language that you speak" translated in various languages. The patient will identify the language that s/he speaks by pointing to the appropriate translation on the card. Examples of "I speak" cards are the **Census Bureau's Language Identification Flashcard** (Appendix A) and the **Interpretation Services Available** card (Appendix B) produced by the Los Angeles County Department of Health Services.

APHCV staff may also use other English proficiency assessment tools, provided they can be administered in a manner that is sensitive to and respectful of individual dignity and privacy. For example, when APHCV staff receives a telephone call and cannot determine what language the caller is speaking, a telephone interpreter service is used as necessary for effective communication.

Through these methods APHCV seeks to identify the preferred **written and spoken language** that a patient is most comfortable using in a **health care encounter**, and whether or not there is **the need for an interpreter**. APHCV shall rely on the person's own assessment of his/her English proficiency in determining the need for an interpreter.

APCHV staff is also responsible for informing patients of the reasons the clinic collects data on race, ethnicity, and immigration status and for emphasizing that this data is confidential and will not be used for discriminatory purposes. This data is collected during routine queries about the patient's most current address and phone number (e.g. during calls to make appointments or check-ins with receptionists).

Once a patient is identified as LEP, this data is recorded in the **Patient Registration Form** (Appendix C). In order to track a patient's LEP status and inform APHCV staff of an LEP person's primary language and need for interpreter services, a distinctive mark, such as a colored sticker or number is placed on the patient's medical chart. This chart accompanies the patient throughout his/her visit, and becomes a part of their permanent file.

APHCV captures race, ethnicity, and language information in the APHCV computer system as well as the patient's medical chart, thereby making this information available to all staff who come in contact with the patient. This computer system and medical chart document the languages of the patient and also of the accompanying adult(s), should a patient be a minor or severely disabled.

The data recorded also includes the source of any interpreter used (e.g. bilingual care provider, APHCV-trained interpreter, interpreter from outside agencies, telephone interpreter service, individual interpreting at LEP person's request, or other interpreter source) and the name of the interpreter. If an interpreter is not provided, the LEP patient medical record should indicate the reason and document any attempts made to obtain an interpreter. To document the information APHCV staff uses the **Request/Refusal Form for Interpretive Services.**

**The Request/Refusal Form for Interpretive Services** is used to document the patient's understanding of his/her rights for free interpretive services and his/her language needs. On the form, patients will be asked to 1) Identify whether s/he would need interpreter services; 2) In what language; and 3) From APHCV or someone else (i.e. family member and friends). If the patient requires interpretive services and wishes to use family member or friends, a staff member will explain the issues related to such a practice and encourage the patient to use APHCV interpreters or a designated interpreter service. This information needs to be collected regardless of who the patient sees for medical service. In other words, information on a patient's need for interpretive

services will be collected, even if the patient sees a bilingual provider/clinician who is able to communicate with clients directly.

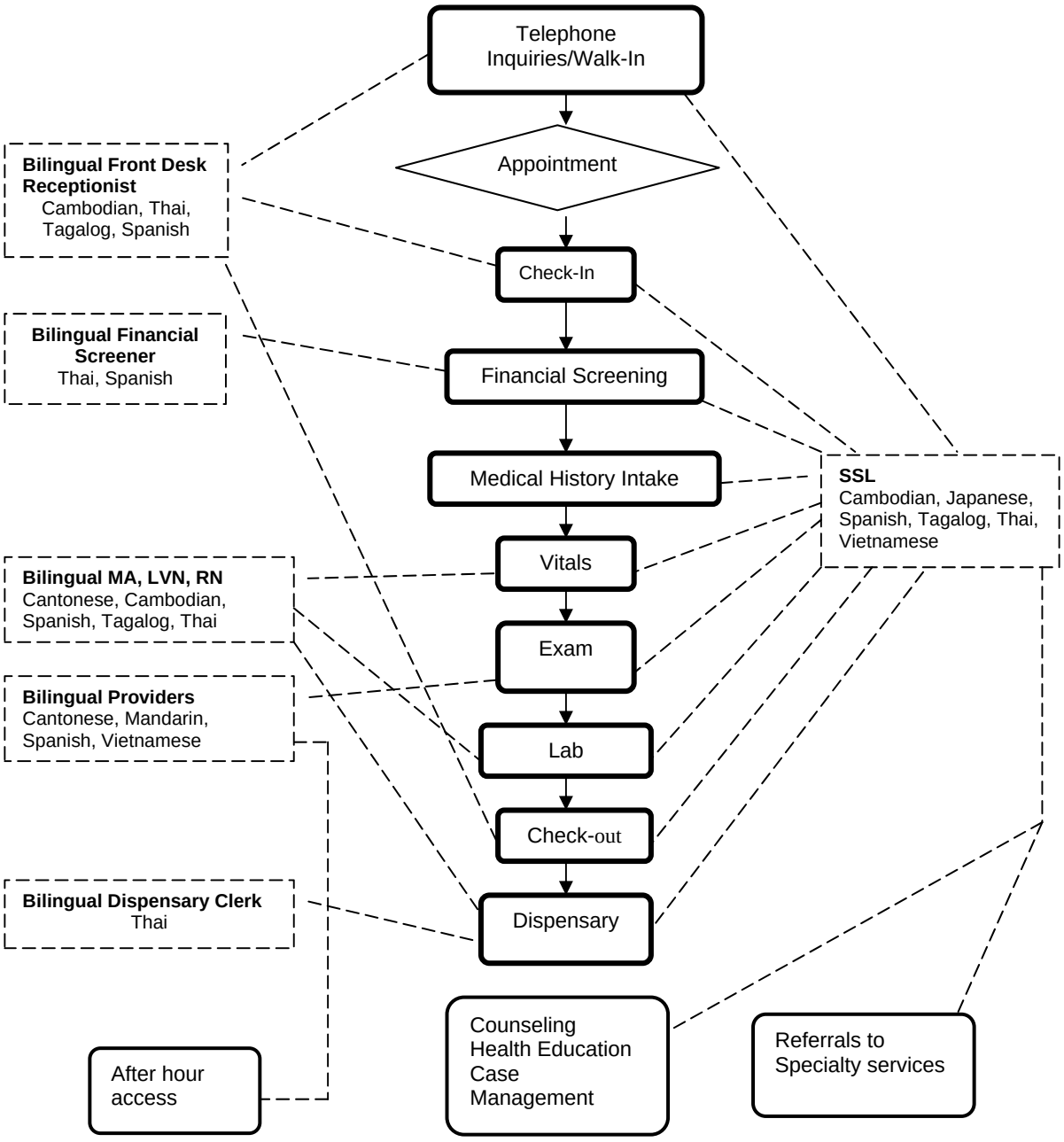
This form is translated in five AAPI languages (Khmer, Japanese, Thai, Tagalog and Vietnamese) and in Spanish. The language-specific form will be given to the patient at his/her first visit, and filed in the patient's chart once the form is completed. The validity of the information collected (i.e. whether a patient needs an interpreter or not) will be verified with the provider at the time of the visit and the provider will make an appropriate correction of the form. For detailed guidelines on how to use this from, please see Appendix D.

APHCV staff is also trained to inform patients that they are not required to provide race, ethnicity, language, or immigration status information, and that they will not be denied care or services if they choose not to provide such information. The staff will also notify patients that APHCV will provide language services at no cost to the patient, family member or companion, as required by law. In addition, this information is posted in areas where patients are likely to see it, such as the patient reception room, exam rooms and laboratory areas.

**Scheduling an interpreter**

Once a patient is identified as LEP, the patient is either assigned to an interpreter who assists the patient throughout their time at the center, or is matched with a clinician who speaks the patient's language. The interpreter will continue to assist such patients at each subsequent visit.

**Figure 1. Typical Patient Flow at APHCV**




## The nature and importance of the program

APHCV has over 24,000 patient encounters annually and provides full life-cycle primary care services to underserved populations in the service area. APHCV's full life-cycle primary care services include pediatric, adolescent, adult and senior services. Obstetric, gynecological care, and preventative services such as cancer screening, family planning, and immunizations are provided as well. The clinic also offers a significant amount of chronic illness management where 36% of encounters are for on-going diabetes, hypertension and hyperlipidemia management. APHCV also provides

behavioral health counseling and case management services for patients with depression, posttraumatic stress disorder (PTSD), and anxiety issues.

The underserved population served by APHCV is characterized by low-income, uninsured and underinsured. This population, in addition to consisting of recent immigrants that are LEP, often lacks adequate transportation to health care services, and is unfamiliar with the US health care system. The most significant characteristic is having limited English proficiency. Over 80% of APHCV's patients are not proficient in English. Providing language services to LEP patients is therefore a critical part of overall clinic operation and directly impacts APHCV's ability to provide quality health care services. APHCV not only services LEP patients within its service area (Los Angeles County), but also often sees patients from neighbor counties and states. Some LEP patients travel more than 70 miles to APHCV, simply because the clinic provides medical services in their languages. APHCV and its board of directors understand the importance of equal access to health care services and believe that it is a right not a privilege. APHCV believes that being LEP should not hinder one's ability to receive health care services, and is committed to providing all feasible and appropriate language services.

At APHCV, medical services are provided through a combination of bilingual staff and interpreters (staff or contractual) and Community outreach and health education programs are provided by bilingual staff. APHCV has determined that it is more cost efficient to provide community outreach and health education programs with bilingual staff since the program usually has very specific target population groups which do not require the higher level of language proficiency required for the provision of medical services. For medical services, APHCV uses both bilingual staff and interpreters to address language needs identified in the CHC, and the lack of bilingual medical professionals in a region.

## Available Resources

A) Funding

It is necessary to evaluate the cost associated with developing a language assistance program. APHCV utilizes bilingual staff and staff interpreters as well as other options. With this system, resources that can support the staff expenses must be identified. APHCV uses project revenue as well as patient revenue to fund some of the bilingual staff and SSL time.

Since medical interpretation is currently not a billable service in the state of California, APHCV strategically seeks clinical program grants that allow for bilingual staff or interpreters as a line-item budget as a source for funding. At the same time, APHCV shall use general patient revenue to cover expenses related to the use of outside interpretation services, or services of other APHCV staff that are not part of the program budget. Such expenses are recorded in the Federally Qualified Health Center (FQHC) cost report at the end of the year.

APHCV currently employs 9 full time equivalent (FTE) SSLs to support 6.6 FTE providers with more than 2,200 encounters a month of which about 80% are with LEP patients. The Support Service Unit is comprised of 9 FTE SSLs, a part-time bilingual Comprehensive Perinatal Service Program (CPSP) coordinator and a Health Education Department Manager. The CPSP coordinator and Health Education Department manager serve as back-up medical interpreters for their respective languages.

The social service unit budget constitutes about 8% of the entire agency budget. The majority of the over $400,000 required for personnel expenses is funded through grants and contracts. Federal 330 CHC grants support about 37% and private foundation grants support about 21% of the personnel and operation costs of the Support Service Unit. About 42% is funded through local county funding, grants and contracts/patient revenues. Special fundraising activities can also support interpretation expenses.

If a CHC decides to use outside resources such as interpreter agencies for telephonic and/or on-site interpretation, it should first tap into free or already paid for services. For instance, Medicaid HMOs are required to provide interpretation services, and often contract language assistance out to local interpretation agencies. Most of the time, the service is free both to the patients and the clinic that contracts with the HMO plan.

APHCV also works with other groups and organizations in the community such as churches, and community centers, to lower the cost of interpretation services. Some community-based interpreter organizations receive grants to provide free or pro-bono interpretation and translation services. Utilizing those resources helps CHCs to provide the necessary language assistance services at minimal cost. Local health care interpreter associations are a good resource for identifying interpreters in different languages.

If the CHC uses outside resources such as a professional interpreter agency or community collaborative, it has to make sure that there is enough time to arrange for an interpreter. Most of the time, the interpreters require at least 2-3 days advance notice. For less commonly used languages in a specific geographic area (i.e. Burmese, Indonesian, Sri Lankan, Bengali, etc.), it often takes 1-2 weeks. Telephonic interpreters are more readily available; however, advance noticed is still required if an interpreter in for a less commonly used language is needed. To address this issue, APHCV keeps a list of interpreter agencies that provide rare languages (please see Key 2 Appendix J). APHCV tries its best to provide timely interpretive services for all LEP patients, but if on-site interpretation or telephonic interpretation is unavailable, APHCV asks patients to reschedule their appointment.

APHCV continues to assess the availability of technology required to support interpretive services in order to ensure the timely provision of interpretive services. This includes the availability of telephones at all points of contact (for telephonic services) or other technology to support video-conferencing. APHCV's Executive Director, Fund Development Coordinator and program managers actively search for technology grants that assist APHCV in its efforts to effectively provide linguistically competent services.

B. Staffing Resources

After identifying the needs of the community next step is to evaluate the staff resources you have to address that need. APHCV is committed to using bilingual staff and staff interpreters called Support Service Liaison (SSL) to address the needs of its LEP population. This manual will examine APHCV's practices for hiring bilingual staff and interpreters under Key 2 Development of Written Policies and Procedures. This section will also examine how these staff members can be effectively utilized in a Community Health Center environment. See the table below for APHCV's current staffing.

**Table 1. APHCV Bilingual Staffing**
As of August 2002

| Department/Unit | Position | FTE | Language Proficiency Level* | Language |
|---|---|---|---|---|
| Clinic Operation Unit | Front Desk | 1 | 1 | Spanish |
| | Front Desk | 1 | 1 | Thai |
| | Front Desk | 1 | 1 | Thai |
| | Front Desk | 1 | 1 | Cambodian |
| | Front Desk | 1 | 1 | Filipino |
| | Medical Record | 1 | 1 | Cambodian |
| | Medical Record | 1 | 1 | Thai |
| | Medical Record | .5 | 1 | Filipino |
| | Clinic Operation Coordinator | 1 | 2<br>2 | Thai<br>Lao |
| Financial Screening/Billing Unit | Financial Screener | 1 | 1 | Spanish |
| | Financial Screener | 1 | 1 | Thai |
| | Biller | 1 | 1 | Thai |
| | Biller | 1 | 1 | Filipino |
| | Financial Screening/Billing Coordinator | 1 | 1 | Filipino |
| Nursing Unit | Medical Assistant | 1 | 1 | Filipino |
| | Medical Assistant | 1 | 2 | Filipino |
| | Medical Assistant | 1 | 2 | Cambodian |
| | Medical Assistant | 1 | 2<br>1 | Cambodian<br>Thai |
| | Medical Assistant | 1 | 1<br>1 | Thai<br>Lao |
| | Licensed Vocational Nurse (LVN) | 1 | 1 | Spanish |
| | LVN | 1 | 2 | Spanish |
| | LVN | 1 | 1 | Filipino |
| | LVN | 1 | 2 | Filipino |
| | LVN | 1 | 2 | Thai |
| | Registered Nurse (RN) | 1 | 2 | Thai |
| | RN | 1 | 1 | Filipino |
| | RN | 1 | 2 | Cantonese |
| | Dispensary Clerk | 1 | 1 | Thai |
| | Dispensary Clerk | 1 | 1 | Thai |
| Providers | Physician | 1 | 2 | Cantonese |
| | Physician | .6 | 2 | Mandarin |

| | | | | |
|---|---|---|---|---|
| | Physician | .5 | 2 | Spanish |
| | Physician | 1 | 1 | Korean |
| | Physician | 1 | 2 | Vietnamese |
| | Nurse Practitioner | 1 | 1<br>2 | Cantonese<br>Mandarin |
| | Nurse Practitioner | 1 | 2 | Cantonese |
| | Nurse Practitioner | .5 | 2 | Filipino |
| | Licensed Clinical Social Worker | .5 | 2 | Japanese |
| Support Service Unit (Interpreters) | Support Service Liaison (SSL) | 1 | 2 | Thai |
| | SSL | 1 | 2 | Thai |
| | SSL | 1 | 2 | Thai |
| | SSL | 1 | 2 | Thai |
| | SSL | 1 | 2<br>1 | Cambodian<br>Thai |
| | SSL | 1 | 2 | Cambodian |
| | SSL | 1 | 2 | Vietnamese |
| | SSL | 1 | 2 | Spanish |
| | SSL | .5 | 2 | Filipino |
| | SSL | .5 | 2 | Japanese |
| | CPSP Coordinator | .8 | 2 | Thai |
| | Support Service Unit Manger | 1 | 2 | Japanese |

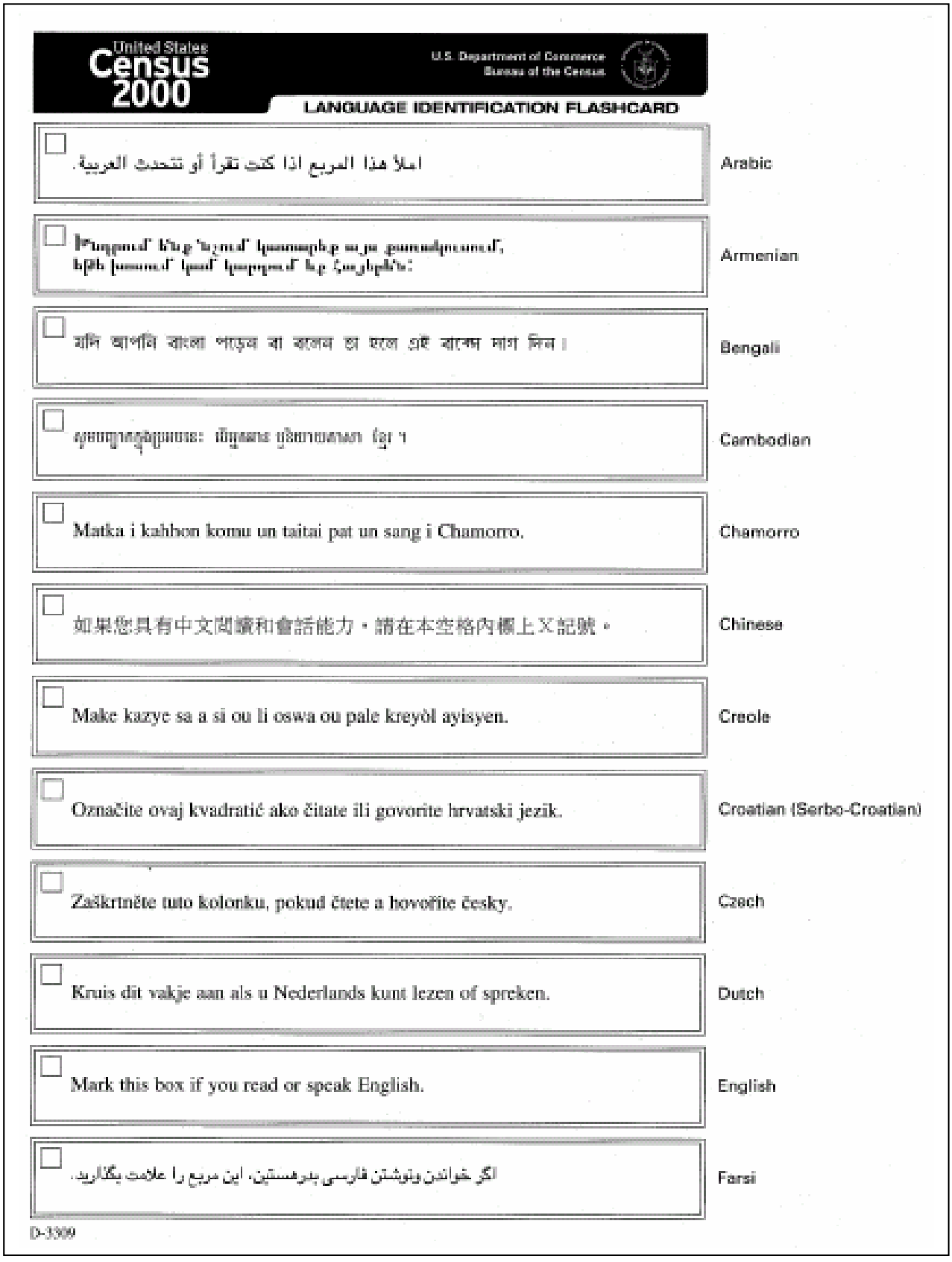
*Language Proficiency Levels are categorized in the following way; Level 1) conversational only, and Level 2) medical interpreting. Only staff with Language Proficiency Level 2 can function as medical interpreter or back-up interpreter.

This staffing is only for clinical services and does not include staffing for administrative, fiscal and APHCV's community health education. This information serves only as an example bilingual staffing and usage of in-house interpreter in a primary care setting.

# Appendices: Key 1 Assessment

A. Census Bureau's Language Identification Flashcard
B. Los Angeles County Interpretation Services Available Sign
C. APHCV Patient Registration Form
D. APHCV Request/Refusal Form for Interpretive Form

## Appendix A Census Bureau Language Identification Flashcard



United States Census 2000

U.S. Department of Commerce
Bureau of the Census

LANGUAGE IDENTIFICATION FLASHCARD

| | |
|---|---|
| املأ هذا المربع اذا كنت تقرأ أو تتحدث العربية. | Arabic |
| Խնդրում ենք նշում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն: | Armenian |
| যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন। | Bengali |
| សូមធ្វើសញ្ញាកាកបាទក្នុងប្រអប់នេះ បើអ្នកអាចអានសរសេរ ខ្មែរ។ | Cambodian |
| Matka i kahhon komu un taitai pat un sang i Chamorro. | Chamorro |
| 如果您具有中文閱讀和會話能力，請在本空格內標上X記號。 | Chinese |
| Make kazye sa a si ou li oswa ou pale kreyòl ayisyen. | Creole |
| Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik. | Croatian (Serbo-Croatian) |
| Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky. | Czech |
| Kruis dit vakje aan als u Nederlands kunt lezen of spreken. | Dutch |
| Mark this box if you read or speak English. | English |
| اگر خواندن ونوشتن فارسی بلدهستین، این مربع را علامت بگذارید. | Farsi |

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| | |
|---|---|
| ☐ Cocher ici si vous lisez ou parlez le français. | French |
| ☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | German |
| ☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | Greek |
| ☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस गोले पर चिह्न लगाएँ। | Hindi |
| ☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | Hmong |
| ☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet. | Hungarian |
| ☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | Ilocano |
| ☐ Marchi questa casella se legge o parla italiano. | Italian |
| ☐ 日本語を読んだり、話せる場合はここに印を付けてください。 | Japanese |
| ☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | Korean |
| ☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືສາມາດເວົ້າ. | Laotian |
| ☐ Zaznacz tę kratkęjeżeli czyta Pan/Pani lub mówi po polsku. | Polish |
| ☐ Assinale este quadrado se voce lê ou fala Português. | Portuguese |

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| | |
|---|---|
| ☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi Româneşte. | Romanian |
| ☐ Пометьте этот квадратик, если вы читаете или говорите по-русски. | Russian |
| ☐ Maka pe fa'ailoga le pusa lea pe afai e te faitau pe tusitusi i le gagana Samoa. | Samoan |
| ☐ Обележите овај квадратић уколико читате или говорите српски језик. | Serbian (Serbo-Croatian) |
| ☐ Označte tento štvorček, ak viete čitať alebo hovoriť po slovensky. | Slovak |
| ☐ Marque esta casilla si lee o habla español. | Spanish |
| ☐ Markahan ang kahon na ito kung ikaw ay nagsasalita o nagbabasa ng Tagalog. | Tagalog |
| ☐ ให้กาเครื่องหมายลงในช่องสี่เหลี่ยมถ้าคุณอ่านหรือพูดภาษาไทย. | Thai |
| ☐ Faka'ilonga'i 'ae puha ko'eni kapau 'oku te lau pe lea 'ae lea fakatonga. | Tongan |
| ☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою. | Ukrainian |
| ☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانہ میں نشان لگائیں۔ | Urdu |
| ☐ Xin đánh dấu vào ô này nếu quý biết đọc và nói được Việt Ngữ. | Vietnamese |
| ☐ צייכנט דעם קעסטל אויב איר שרייבט אדער ליינט אידיש. | Yiddish |

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## Appendix B Los Angeles County Interpretation Services Available Sign

County of Los Angeles - Department of Health Services

# Interpretation Services Available

**English: Point to your language. An interpreter will be called.**

**Amharic** አማርኛ
ማስቴርጎም ያሥልጉት
አስተረጓሚ መጠሩ

**Arabic** اللغة العربية
اشر إلى لغتك الأصلية وسوف نستدعي المترجم اللازم

**Armenian** Հայերէն
Ցոյց տուէք ո՞ր մէկ լեզուն կը խօսիք՝
որպեսզի թարգմանիչ մը կանչել տանք.

**Cambodian** ភាសាខ្មែរ
សូមចង្អុលភាសារួក
យើងនឹងហៅអ្នកបកប្រែមកជួន

**Cantonese** 廣東話
唔該點出您講嘅語言.
等我哋幫您搵翻譯.

**Farsi** فارسی
زبان مادری خود را مشخص کنید.
مترجم بطور رایگان در اختیار شما گذاشته خواهد شد.

**French** Français
Montrez-nous quelle langue vous parlez.
Nous vous fournirons un/e interprète.

**Hindi** हिन्दी
अपनी भाषा इशारे से दिखाइये।
आपके लिए दुभाषिया बुलाया जाऐगा।

**Italian** Italiano
Faccia vedere qual è la sua lingua.
Un interprete sarà chiamato.

**Japanese** 日本語
あなたの話す言葉を指さしてください。
通訳を呼びます。

**Korean** 한국말
당신이 쓰는 말을 지적하세요.
통역관을 불러 드리겠어요.

**Lao** ພາສາລາວ
ຊີ້ບອກພາສາທີ່ເຈົ້າຕ້ອງການ
ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້

**Mandarin** 國語
請指認您的語言.
以便爲您請翻譯.

**Russian** Русский Язык
Укажите, на каком языке Вы говорите.
Сейчас Вам вызовут переводчика.

**Samoan** Gagana Samoa
Tusi lou a ao i lau gagana. O le a vala'ulna se tasi e fa'amatala'upu mo'oe.

**Somali** Soomaali
Tilmaan afka aad ku hadasho.
Tarjumaan ayaa la wacayaaye.

**Spanish** Español
Señale su idioma.
Se llamará a un intérprete.

**Swahili** Kiswahili
Onyesha lugha yako.
Tutamwita mtu atakayekufasiria.

**Tagalog** Tagalog
Pakituro po ninyo ang inyong wika.
Magpapatawag kami ng interpreter.

**Thai** ภาษาไทย
ท่านชี้ให้เราดูหน่อยว่าภาษาใดหรือภาษาที่ท่านพูด
แล้วเราจะจัดหาล่ามให้ท่าน

**Tongan** Tonga
Tuhu kihe lea oku ke lea aki.
'E fetu'utaki kihe fakatonulea.

**Urdu** اُردو
آپ کون سی زبان میں بات کرنا پسند کرینگی؟
آپ کی مدد کیلئے ابھی کی ترجمان کو بلایا جائے گا۔

**Vietnamese** Tiếng Việt
Chỉ rõ tiếng bạn nói.
Sẽ có một thông dịch viên nói chuyện với bạn ngay.

## Appendix C Patient Registration Form

Date: _____ Chart #: _____

1. Patient s Name: _____ 2. Birth date:_____
   Last First Middle Mo/Day/Yr
3. Address: _____
   Street City State Zip
4. Birthplace: _____ 5. Sex: Male Female
   City State or Country
6. Social Security #: _____ - _____ - _____ 7. Mother s Maiden Name: _____
8. Home Phone: ( ) _____ Work Phone ( ) _____
   OK to call OK to call
9. Spouse/parent(s)/significant others: _____
   Relation to patient: _____ Phone # (If different than patient): ( ) _____
10. Contacts in case of emergency:

_____ (___) _____
Name Relation Phone

_____
Address City State Zip

11. Marital Status: Never married Married Separated Divorced Widowed
12. Race: African American/Black Caucasian
    Asian/Pacific Islander: Latino:
    - Asian Indian
    - Cambodian
    - Chinese
    - Guamanian
    - Hawaiian
    - Hmong
    - Japanese
    - Korean
    - Other Asian: _____
    - Laotian
    - Mien
    - Filipino
    - Samoan
    - Thai
    - Tongan
    - Vietnamese
    - Other Pacific Islander: _____
    - Central American
    - Mexican American
    - South American
    - Other: _____

    Native American
    Other: _____
13. Need Interpreter? Yes No 14. Primary language: _____
    (If patient is a minor, indicate primary language of patient s legal guardian)
15. Citizenship: U.S. Permanent Resident Visitor Other: _____
16. # of years in U.S.: _____ 17. # years of education: _____
18. How did you hear about us?: APHCV Staff Friend/Family Fair/Festival Newspaper
    Radio T.V. Building sign Poster Other_____
19. Employment Status: Full time Part time Unemployed Student Retired Disabled Child
20. Occupation: _____ Business Food Service Health Care Homemaker
    Laborer Retail/Wholesale Self-employed Other: _____
21. Health Payment Coverage: Medi-Cal Medicare Private Insurance: _____
    List
    Sliding Scale: _____ Self-Pay HMO: _____
    List
22. Miscellaneous: _____
    _____Intake Staff: _____

24-HOUR EMERGENCY HAND OUT GIVEN: _____ _____

## Appendix D Request/Refusal Form for Interpretive Services

Patient name: _____

Patient/Parent's language: _____

I understand my rights to receive interpretation services free of charge, and was offered access to such services. Staff also explained the issues surrounding my use of family members, friends and/or untrained individual as an interpreter.

Yes, I am requesting interpretive services.
Language (s): _____

I prefer to use my family or friend as an interpreter.

No, I do not require interpretive services. I am able to communicate with providers in English.

N/A

Please explain: _____

_____

_____

_____

_____ _____

**Patient Signature** **Date**

_____ _____

Parent's or Guardian's signature Date

MR #: _____ Staff Name & Title: _____

## Usage of Request/Refusal Form for Interpretive Services

Under Title VI, every patient that utilizes services at APHCV has a right to receive interpretive services free of charge. Patients need to be informed of such rights through written notices and explanation from staff members.

1. When the patient arrives at the clinic for the first time, ask them to fill out the Request/Refusal Form for Interpretive Services.

2. The financial screener or SSL will review the form with patients to ensure that patients understand their rights to free interpretive services as well as the issues surrounding the patient's use of family members, friends and/or untrained individuals as medical interpreters.

3. The financial screener or SSL will go over issues of confidentiality and the danger of using untrained individuals in medical interpretation. The patients will also be told that they can change their mind at future visits; however, they would be requested to inform the clinic staff immediately so that the clinic staff can make the appropriate arrangements (cancellation or scheduling of interpretive services).

4. Once this understanding is established, patients will sign the form indicating their request or refusal for interpretive services.

5. The clinic staff (most likely the financial screener or SSL) that reviewed the form with the LEP patient will also sign the form.

6. The form will be filed in the patient's medical record.

# Key 2 Development of Comprehensive Written Policy and Procedures

The second key to ensuring meaningful access to language services, is to develop and implement a comprehensive oral and written language assistance program to address of LEP patients. APHCV provides **oral language services, translated written materials and notice to LEP persons** of their right to free language assistance.

## Provision for Oral Language Interpretation

APHCV utilizes the following procedures for hiring and providing trained and competent interpreters and other language assistant services, as stated in the OCR's guidance on Title VI, including:

Hiring bilingual staff who are trained and competent in the skill of interpreting.

Hiring staff interpreters who are trained and competent in the skill of Interpreting.

Contracting with an outside interpreter service for trained and competent interpreters.

Formally arranging for the services of voluntary community interpreters who are trained and competent in the skill of interpreting.

Arranging/contracting for the use of telephonic language interpreter services.

## Points of Contact where Language Assistance is Needed

Another important step in providing language services to LEP patients involves identifying the points of contact where interpretive or bilingual services are required. The circumstances in which an APHCV trained interpreter or bilingual staff may be needed include, but are not limited to:

Making appointments/telephone inquiries.
Reception/check-in.
Determination of a patient's medical history or description of ailment or injury.
Provision of patient's rights, informed consent or permission for treatment.
Financial screening and explanation of eligibility and benefits.
Explanation of diagnosis or prognosis of an ailment or injury.

Explanation of procedures, tests, treatments, treatment options and/or surgery.
Explanation of medications prescribed, including dosage as well as how and when medication is to be taken and any possible side-effects.
Explanation regarding follow-up treatment, therapy, test results or recovery.
Discharge instructions.
Provision of health education and case management.
Provision of HIV counseling and testing.
Resolving billing or insurance issues that may arise.
After-hours services (use of message centers and answering machine).
Any health education classes, including nutrition, CPR, diabetes and asthma management, etc. that are not available in the LEP language shall be provided with oral interpretation during such classes, programs or services; or shall sponsor alternative classes, programs or services in the primary language(s) of the requesting LEP person(s).

Those points of contact are identified through analyzing the typical patient flow at APHCV (see Typical Patient Flow Chart in Key 1 section) and are based on a typical Community Health Center program's scope of services.

## Staffing for oral interpretation services

APCHV has found that using bilingual staff is the most effective and cost-efficient way to provide linguistic services when there is only one dominant language used besides English. When the clinic has multiple dominant languages, the use of both bilingual staff and staff interpreters is more suitable. Hiring bilingual staff at every access point allows direct communication with LEP patients. For the clinic with multiple languages, it is challenging to hire bilingual staff in several languages at every access point, and therefore the use of interpreters has to be considered. APHCV, for example, has seven (7) dominant languages that patients speak: Cambodian, English, Japanese, Thai, Tagalog, Spanish, and Vietnamese. Individuals who speak seven languages fluently are rare. There may be some staff who can speak two to three Asian languages -- it is important to assess their level of proficiency in each language that they would be utilizing for their particular job functions. An interpreter will be called whenever the patient does not have a language match with the bilingual staff.

Every clinic must decide on the role of staff interpreters. Depending on the design, interpreting may be the sole responsibility of the staff interpreter; or s/he may have other responsibilities, (e.g. health educator, case manager or outreach worker), due to cost considerations or the density or dearth of patient flow. Clinics facing challenges in funding staff interpreters may need to creative ways to support the position.

At APHCV, a position called Support Services Liaison (SSL) has the primary function of interpretation and translation; however, they have additional health-related functions such as case management and patient counseling and education. These services are all critical parts of clinical services and require either a bilingual staff or an

interpreter. SSLs provide case management services that include reminder calls, follow-up calls for missed appointments or abnormal lab results, and referrals to specialty care. The interpreter services required for the Comprehensive Perinatal Service Program (CPSP), a state program that provides assessment, case management, and intervention for Medicaid prenatal patients, and patient education services required by Medicaid HMO are also provided by SSLs at APHCV. The challenge with this model is that it requires staff to have a broad range of skills and knowledge, in addition to the potential scheduling conflicts that may arise when staff is forced to multi-task (See Appendix E for **Sample Job Description for SSL**).

In addition to SSLs, APHCV fully utilizes bilingual staff whose primary function is not interpretation. APHCV defined language proficiency on two levels; 1) Conversational proficiency, and 2) Medical proficiency. APCHV will assess the level of language proficiency for each bilingual clinic staff hired. APHCV defines "bilingual staff" as a person that has the capacity to perform their primary job function in both English and a relevant non-English language. By definition, certain clinic positions only require Level 1 language proficiency, and others require Level 2 language proficiency. Examples of Level 1 bilingual positions include front desk receptionist, financial screener and outreach worker. Positions that require Level 2 language proficiency (medical/clinical) include providers and nursing staff. Level 2 bilingual staff can be utilized as back-up interpreters when there is not enough SSLs to provide timely interpretive services. For example, an RN who has been assessed as Level 2 language proficiency in Thai can be called in to provide interpretation for a medical exam when an SSL is not available. However, the front desk receptionist who has been assessed as Level 1 language proficiency can not be asked to interpret in the exam room. (See Appendix F for **Sample Job Description for Bilingual Staff)**.

*Use of freelance interpreters:*

The agency may also choose to have a list of per-diem interpreters who are not staff interpreters and will be called in only as needed. To establish such a list or roster of interpreters requires commitment on the clinic's part to ensure competence of interpreters and translators. Another challenge is finding interpreters for less commonly used languages. In this situation, APHCV would endeavor to research which agencies and community based organizations that provide such language services. Maintaining a roster of these interpreters helps ensure future availability and the timely provision of linguistic services. The clinic will be responsible for the assessment of the interpreters' language skills and for on-going monitoring of the quality of interpretation services being rendered.

Interpreters from an outside agency usually provide interpretation services only. The clinic has to decide how other services such as case management (reminder calls, rescheduling, patient education, follow up to no-show appointments, etc.) will be provided to the LEP patients who receive language assistance from outside agencies. More specifically, a clinic has to identify a staff member who will be responsible for communicating with those clients using an outside interpreter.

Whatever the design for language assistance, the clinic has to assess which access points will be covered by bilingual staff, staff interpreters or outside agencies in order to deliver the most cost-efficient language assistance program.

## Hiring the Necessary Staff

Hiring bilingual staff for patient and patient contact positions facilitates the participation of LEP persons in health care and social services. Hiring bilingual staff offers one of the best, and often most economical options. The definition of bilingual staff in this context is staff who has bilingual capacity, but whose primary job function is not interpretation. APHCV uses both bilingual staff and staff interpreters to provide linguistically competent services.

APCHV has determined that two levels of bilingual staff are needed to address its LEP patients. Level 1 pertains to a conversational level of proficiency, and Level 2 pertains to a medical/clinical level of proficiency. Staff interpreters must be at the bilingual staff Level 2 proficiency, and must possess language proficiency in the medical field.

Being bilingual does not automatically qualify an applicant to interpret for patients, or to provide services to the patient in the target language. If bilingual staff are used to interpret for English speakers and LEP persons, or to orally interpret written documents from English into another language, they should be proficient in the skill of interpreting and have passed the Level 2 proficiency exam.

To encourage the hiring of qualified bilingual staff, OCR's Policy Guidance suggests that agencies follow minimum criteria for choosing culturally competent employees. The Guidance states: "in order to provide effective services to LEP persons, [APHCV] must ensure that it uses persons who are competent to provide interpreter services. Competency does not necessarily mean formal certification as an interpreter. On the other hand, competency requires more than self-identification as bilingual."(p. 4975).

To this end, APHCV has developed minimum criteria for the hiring of bilingual staff and interpreters. Per suggestions in the Association of Asian Pacific Community Health Organization's (AAPCHO)1996 Language Access Report regarding the establishment of standards for language access, APHCV is prepared to make an investment in the recruiting, hiring, and training of bilingual/bicultural and multilingual/multicultural staff (p. 38).

Generally, APHCV recruits persons from the target community for bilingual staff positions and staff interpreter positions. Local staff members are usually well-regarded and trusted by the community. They are also familiar with the customs and cultural nuances that are important in understanding and serving their patients (CPCA, p. 17).

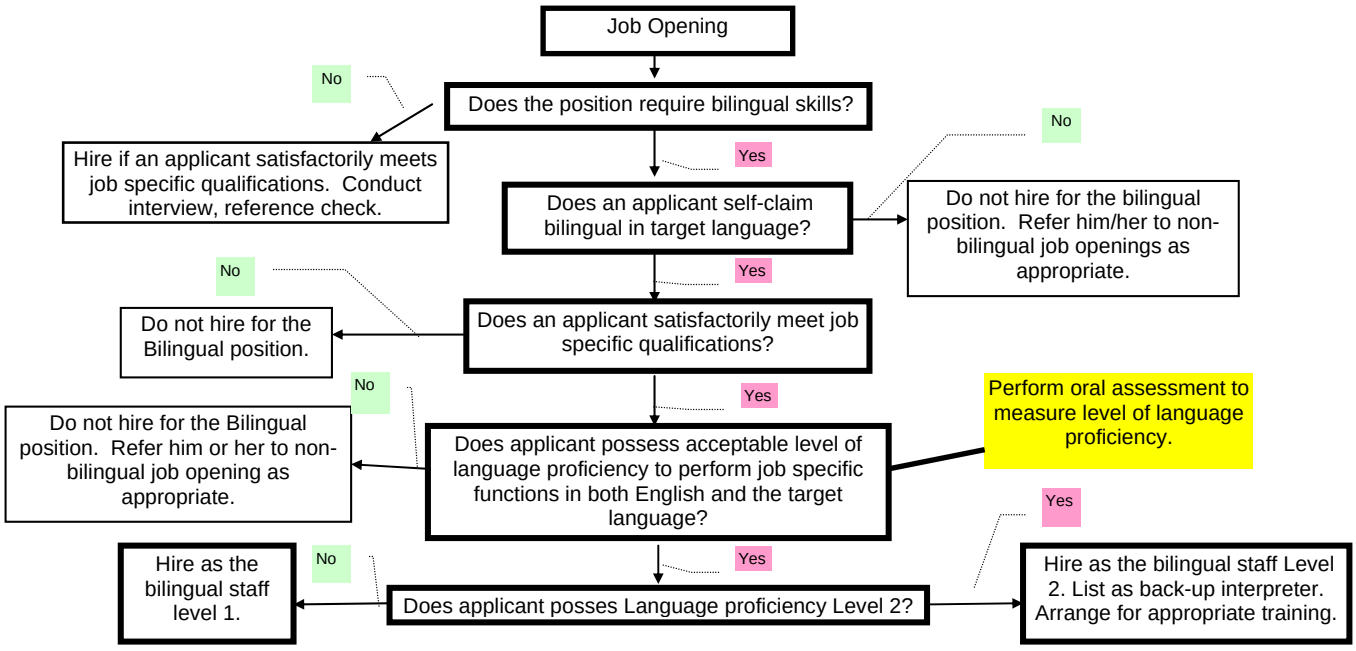
Recruiting efforts may involve dissemination of job announcements through local community groups, including community-based organizations, businesses, churches, temples, schools and other venues. APHCV may also display job announcements in the APHCV waiting area to patients and other members of the community. In addition,

APHCV may also advertise jobs in local ethnic media, including newspapers, television, radio, church bulletins, community newsletters, and/or in mainstream media, such as newspapers, job-hunting websites, and school websites.

While it is always best to hire the most skilled interpreters possible, trained interpreters (equivalent to bilingual staff Level 2) are hard to find in some AAPI communities. To address this issue APHCV works with other community-based organizations that have medical interpreter training programs. APHCV either recruits directly from these school or sends promising applicants from the interviews and linguistic proficiency test to the training program. CHCs may also choose to develop their own training program for interpreters to address this shortage of trained interpreters.

The **Bilingual Staff Hiring Flow Chart** below outlines the steps and guidelines APHCV follows when hiring bilingual staff.

**Figure 2. Bilingual Staff Hiring Flow Chart**




These language proficiency tests are only recommended for applicants who meet other job qualifications. Depending on the language that an applicant speaks, the test might not be conducted internally. When the test is outsourced, the price involved could easily be $50 or more per applicant. For that reason, the supervisor will first determine whether an applicant meets all the necessary job specific qualifications, and conduct the language proficiency test only for those who are otherwise qualified for the position. In this way, if an applicant has other good qualities, the supervisor has the opportunity to consider them for other non-bilingual positions. Please see Appendix G for the **Testing Protocol for Language Competency** and Appendix H for the **Sample of Oral Assessment Tool**.

# Providing Oral Language Interpretation

APHCV protocol for providing oral language interpretation to patients is outlined below. The protocol follows the typical patient flow at APHCV and addresses identification of language assistance need, assignment of interpreter and provision of interpretive services at each patient point of contact.

In the succeeding pages, Figure 3 **Language Assistance for Incoming Patient Calls Incoming,** and Figure 4, **Language Assistance Flow Chart for Patient Visit** detail the points of contact where language assistance might be needed. Also, please see Figure 1**, Typical Patient Flow at APHCV** on page 9.

### Prior to Clinic Visit

1. Outside of urgent care visits, APHCV requires appointments for office visits. Patients can either walk-in or call to make appointments. When LEP patients call for an appointment, they are first greeted in English by a bilingual Front Desk receptionist. If the LEP patient does not speak English, the trained receptionist will do his/her best to determine what language the LEP patient speaks. If the receptionist speaks the same language as the LEP patient, they will provide the necessary assistance (e.g. making appointment.) If the receptionist does not speak the language of the LEP patient, another Front Desk receptionist staff that has the language match, or a Support Service Liaison (SSL) who has the matching language skills will be called. The agency utilizes a paging system that is linked with the telephone, and individual two-way radios to call for an interpreter on staff.

   Walk-in patients will be handled in a similar way. When a patient's language does not match that of the bilingual Front Desk receptionist, APHCV will use "I speak" cards to determine the patient language (Please see the Key 1 section for more information on these cards). If no one on staff speaks the patient's language, a telephone interpreter will be called to assist in the appointment-making process.

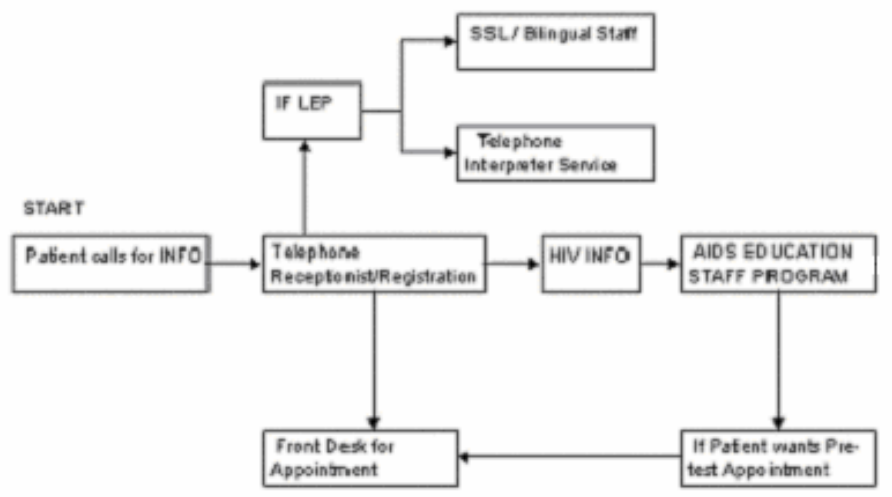
2. The need for an interpreter should be assessed once a patient makes an appointment. Regardless of what language they speak (English or other language that both the receptionist and the LEP patients speak), APHCV's bilingual receptionist will ask the question: "Do you need a medical interpreter to assist you in filling out the medical history form, and in discussing your medical problems with the providers?" APHCV shall provide bilingual services to patients based on the patient stating that he or she requires bilingual assistance.

3. Once the preferred language (other than English) is determined, it will be indicated with the specific language code in their appointment. If the patient speaks a language that APHCV has the internal capacity to serve, the receptionist will make an appointment for both the provider and the interpreter (an SSL) at the same time. Each SSL is assigned with a unique identification number, and the number will appear on the appointment screen to inform the receptionist of the language spoken by the patient.

If the language is not supported by internal staff (SSLs or Bilingual staff Level 2), the **interpreter request** (see Appendix I) form will be filled out and forwarded to the Health Education Manager or staff member responsible for operating the language access services at the clinic. The receptionist will indicate the request for outside interpreter in the LEP patients' appointment by using a specific code. In this way, the language access service is coordinated before the actual date of service.

If there isn't a language match between the bilingual receptionist and the patient, the above mentioned process is done through SSLs.

**Figure 3. Language Assistance for Incoming Patient Calls**




**Check-in**

1. APHCV Front Desk receptionist staff will greet the patient in English and ask the patient to check-in. APHCV staff will ask the patient, "May I know what language you speak?" If it's not already indicated on the appointment screen. The patient may identify the language s/he speaks by verbally naming his/her language. The identification will be recorded in the patient's encounter form by APHCV's Front Desk receptionist.

2. If the patient does not respond or does not otherwise seem to understand, a laminated "**I speak**" card will be presented to the patient (See Appendix A and B). The language identified by the patient will be recorded in the patient's encounter form by APHCV's Front Desk receptionist.

3. If the patient cannot read, or if the patient's language is not listed on the "I speak" card, the receptionist will verbally attempt to determine the patient's language by asking the patient, "Do you speak____?" until the patient identifies his/her preferred

spoken language. The patient will identify the language he/she speaks by verbally naming his/her language. If the patient has a family member with him/her, APHCV can ask the family member to help identify the patient's language. The identification will be recorded in the patient's file accordingly by APHCV's Front Desk receptionist.

4. The language appropriate bilingual receptionist or interpreter will be called and will then inform the patient of his/her right to receive free interpretation services by reading the following statement in the **patient's language**, as written on the "I speak" card, to the patient: "You have the right to receive free interpretation services in your language. Would you like to have an interpreter assist you today?" The patient can respond either "yes" or "no."

5. If the patient says yes, then the receptionist will assign a staff person who speaks the patient's language to assist the patient.

6. If the patient says no, then the Front Desk receptionist will assign the appropriate available staff to assist the patient. Only in urgent or emergency situations can assessment and treatment of a patient begin without an interpreter. For example, one instance would be when a patient's medical condition might be compromised by waiting for an interpreter to arrive.

7. If there aren't staff that speak the patient's language and if s/he cannot read or otherwise does not understand his/her rights to free interpretation services, APHCV will contact an outside agency for translation assistance in the patient's language to inform the patient of his/her rights to free interpretation services, and to provide interpretation services.

## Financial screening

1. Bilingual financial screeners will call patients and interpreters as necessary based on the language identification on the patient registration form and/or patient encounter form.

2. The financial screener conducts financial screening of the patients and obtains consent for services.

3. The financial screener will use the consent form translated in the appropriate language for the patient.

4. The financial screener will enter patient demographic data including patient ethnicity, and primary and secondary language and interpreter needs into the practice management system, Medical Manager.

## Medical history intake

APHCV's medical history forms are in English. SSLs will be called by financial screeners through the agency paging system to interview LEP patients and help them

complete the medical history form. Bilingual patients are asked to fill out the form themselves. The patient will be asked to indicate the reason for the visit.

### Vitals and patient preparation

Based on the language indication on the patient encounter form, the nursing staff, if unable to speak the patient's language, will call an interpreter using the paging system or two-way radio as necessary.

### Medical Exam

1. Medical exams are provided by bilingual providers or with an interpreter.

2. If an interpreter has not been called to the exam room, the provider will call for one using a two-way radio system.

3. Health education, counseling and case management needs are identified during the exam and all patients with such needs will be referred to an SSL who speaks the patient's language.

### Lab services, Check Out and Dispensary

1. Blood draw, immunizations, EKGs and other lab services are provided in-house by bilingual nursing staff.

2. The staff provides language-specific vaccine information sheets from CDC, as well as other lab information, and obtains the necessary consent for such services. If an interpreter is required, s/he will be called through the paging system.

3. Bilingual Front Desk receptionist, with the assistance of SSLs, conducts the check-out procedure. This procedure includes completing patient assistance program forms, scheduling a return appointment, collecting fees, handing out prescriptions and providing referral information.

4. Patients using APHCV's dispensary are greeted and prescriptions are processed by the bilingual dispensary clerk. The dispensary is staffed with a bilingual RN, LVN, and clerks. If there is not a language match between staff and patients, SSLs will be called for an explanation of the medication and refill policy.

### After-hour Access

1. APHCV after-hour service is provided by bilingual clinicians. Once the clinic is closed, an after-hour answering machine with multiple language messages is used.

2. The machine will direct LEP patients to press a language specific number for the after-hour instruction. The following is a sample of the after-hour phone tree and sample messages in English.

   *"(In English) You have reached Asian Pacific Health Care Venture community health center. For assistance in English, please press #, (in Khmer) for assistance in Khmer please press #, (in Japanese) for assistance in Japanese, please press #, (in… …) for assistance in …. please press # "*

   The language specific line is connected to specific SSL's extensions. Once a patient is connected to the language specific line, s/he will hear the following message in his or her own language.

   *"Asian Pacific Health Care Venture community health center is now closed. Our office hours are Monday and Friday, 9:00am through 5:30pm and Tuesday, Wednesday, and Thursday, 9:00am through 7:30pm. We're closed for weekend and national holidays. If this is an emergency, please hang up and dial 911 or go to the nearest emergency room. If this is not emergency, please leave your name, phone number and short message, we'll call you when the clinic is open,"*

   This message is available in 5 AAPI languages, English and Spanish.

   SSLs are not available after hours, therefore, LEP clients who are experiencing emergency conditions will be directed to the nearest emergency room by the voicemail message in their languages.

   The script in English will include the following statement:

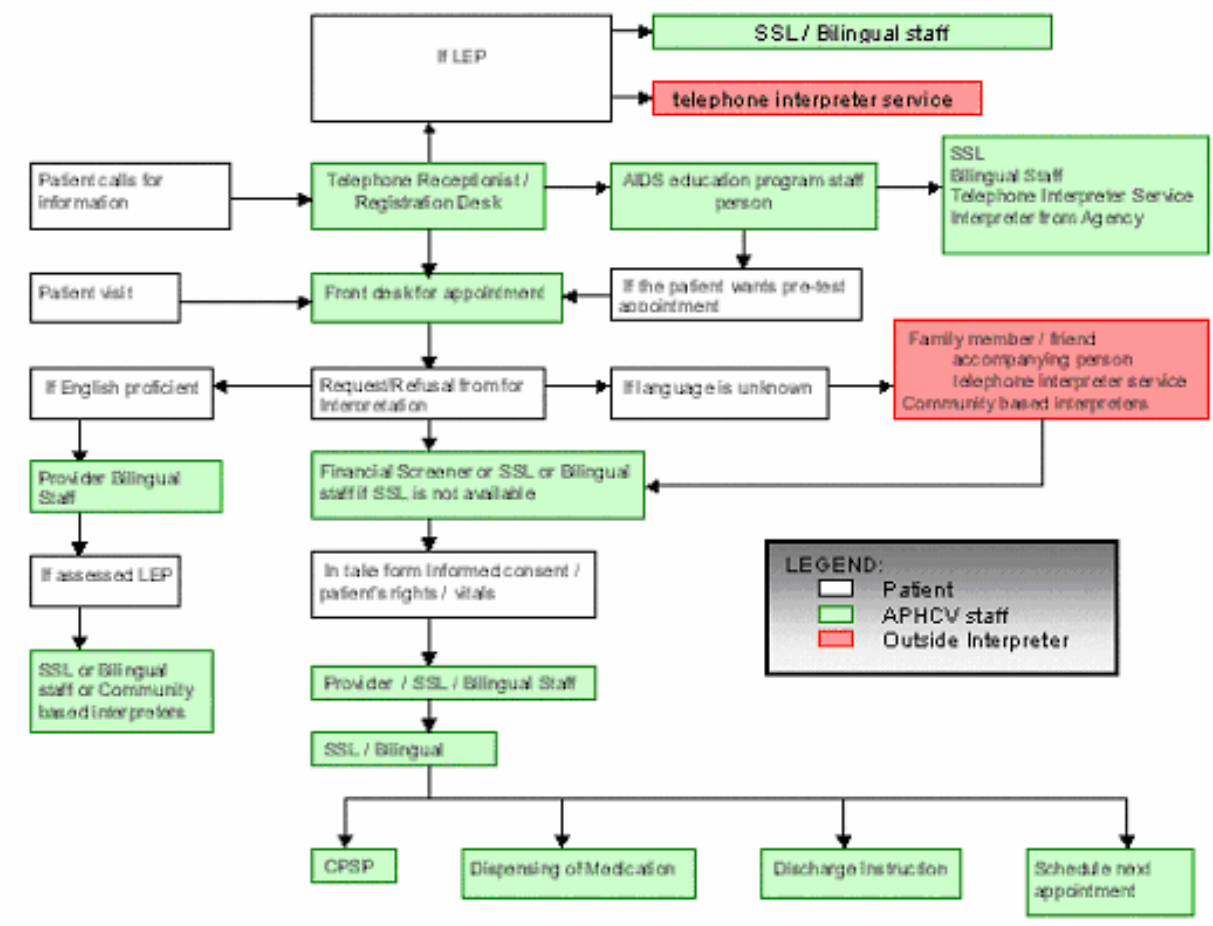
   *"If this is emergency room staff calling, please press extension # for further instructions"*

   The extension directs calls to an on-call provider and gives emergency room staff a pager number that can reach the provider.

   *"You have reached Dr. John Hoh. If this is an emergency, please hang up and dial 911 or go to the nearest emergency room. If this is from emergency room staff or patient waiting at an emergency room, please dial this pager number ####. You must call the pager number if you're a managed care patient waiting for admission and/or authorization for treatment. Please note that APHCV is located at 1530 Hillhurst Ave… …."*

3. If a patient goes to the ER, the emergency staff can contact the APHCV on-call provider using the specific pager number mentioned in the above script.

**Figure 4. Language Assistance Flow Chart for Patient Visit**




## Assigning APHCV Staff

If a APHCV Bilingual Staff has been assessed for their language capacity, determined as competent in carrying out their specific function and speaks the patient's language, the bilingual staff will assist the patient directly with intake, financial screening, triage, medical services, scheduling appointments, or other services as necessary. For example, a patient, Mrs. Choto, speaks Thai. A Thai-speaking staff Registered Nurse (RN), Nitta, will assist Mrs. Choto with triage.

If a Bilingual Staff person who speaks the patient's language is not available to provide services directly, an SSL who speaks the patient's language will provide interpretation for the patient and the provider.

APHCV shall inform LEP persons who have declined an APHCV trained interpreter that they have the right to change their minds and request an APHCV trained interpreter, at any subsequent time.

When APHCV staff has reason to believe that an LEP person's preferred interpreter is hampering effective communication between APHCV health

providers and a LEP person, APHCV shall provide an APHCV trained interpreter or other qualified interpreter.

If an SSL is not available, a bilingual staff person who has been screened for interpretive skills, Level 2 proficiency, and received the necessary medical interpreter training, will interpret for the patient and the provider. For example, the bilingual staff Level 2 nurse, Nitta, will provide interpretation between Dr. Hoh, who is bilingual in Cantonese, and the Thai-speaking patient.

### Assisting the Patient at Future Visits to APHCV

Once the patient's language is documented in the patient's file, the patient will receive assistance in his/her language for all future appointments; unless the patient specifies otherwise.

If there is an increasing need for new staff that speak the patient's language, APHCV will consider providing interpretive services internally or arranging for outside interpreters for that language. APHCV will conduct regular reviews of languages commonly encountered in the facility to determine staffing needs.

## Use of Outside Interpreters and Other Options for Oral Interpretation

In addition to bilingual staff and staff interpreters, contract interpreters (either in person or by telephone) may be a cost-effective way of providing linguistic services to LEP persons for languages that are not commonly encountered in the facility.

If APHCV does not have trained staff (either bilingual staff or staff interpreter) who speak the patient's language, the clinic will contact an outside agency for interpretation assistance in the patient's language to inform the patient of his/her rights to free interpretation services, and to provide interpretation services for the patient's visit. For patients who speak an Asian or Pacific Islander language, APHCV will first contact Pacific Asian Language Services (PALS) for assistance. For patients who speak languages other than those offered by PALS, APHCV will contact another agency, such as MCI Interpreters, Inc. for interpretation services (See Appendix J **List of Agencies Specializing in Interpreting Services**).

The need for interpretation service must be identified at the first point of contact with patient by asking questions, using a telephonic interpreter or "I speak card" (please see Appendix A and B). Once the need for an interpreter and the language that the patient speaks are identified, the front desk will complete the interpreter request form and submit it to the Health Education Manager or his/her designee. The Health Education Manager or his/her designee will arrange for interpretation services using established contacts with an outside interpretation agency. On average, an on-site interpreter request requires at least 24 hours advance notice. Depending on the language, APHCV usually submits interpreter

service requests 1 week to 1 month prior to a patient's scheduled appointment. Telephonic interpreters may be available within 20 minutes from when the request is submitted, depending on the outside interpreter's capacity. (See appendices for more detailed protocols)

APHCV contracts with professional agencies that promptly provide qualified interpreters or telephone interpreter services when APHCV trained interpreters are not available.

If an LEP person declines an APHCV staff interpreter and requests another person as his or her interpreter, APHCV may use that individual as an interpreter if its staff reasonably ascertains that the person is willing and able to provide effective communication. APHCV staff shall indicate in the patient's medical chart that an offer of an interpreter was made and declined, and shall enter the name of the person who is serving as an interpreter at the patient's request.

Whenever possible, telephone interpretation will not be used as the sole means of communication, but will rather be utilized as a supplement to live interpretation. (L.A. Care Health Plan Partner Manual, LA Care, 2000, p. 4).

If the telephone interpreter service lines cannot provide assistance to the patient, APHCV may reschedule the patient's appointment to a day when an interpreter is available, or it may refer the patient to an agency that can more easily accommodate the patient's language needs.

The use of community volunteers or per-diem interpreters can provide a cost-effective supplemental language assistance strategy under appropriate circumstances. All interpreters that interpret for English speakers and LEP persons, or interpret documents, should be competent in the skill of interpreting and knowledgeable about applicable confidentiality and impartiality rules. APHCV has established formal arrangements with such individuals and obtained proper documents (such as a confidentiality policy and a health assessment) to ensure accountability for their services. In order to provide medical interpretation, they must receive appropriate training through APHCV or by another community-based trainer recommended by APHCV.

**Ensuring Competency when Using Outside Interpreters**

All interpreters directly contracted with APHCV, whether volunteer or per-diem interpreters, are subject to APHCV's standards to ensure competency. For an outside interpreter agency, APHCV will ask the following questions prior to establishing a contractual agreement:

How does the interpreting agency hire its interpreters?

If the interpreter is certified, who issued the certification? Is it a credible organization that issued such certification? What kind of standards does the organization that issued the certificate use?

How does the interpreting agency screen the interpreter's fluency in both oral interpretation and written translation?

What is their standard of "fluency"? What are the threshold proficiencies for their interpreters?

What kind of trainings do the interpreters go through after they are hired?

What kind of on-going quality assurance activities does the agency engage in?

Answers to these questions must be carefully reviewed before requesting an interpreter from any agency.

## Use of Family, Friends, and Minors as Interpreters

In order to ensure complete, accurate, impartial, and confidential communication, family, friends or other individuals related/associated with the patient (including minors), should not be required, or used as interpreters.

APHCV strongly discourages the use of family and/or friends as interpreters. AAPCHO's language access report [8]cites that this method of translation is generally not acceptable because of its several potential legal and ethical implications. APHCV cannot assume responsibility for the accuracy and/or quality of the translation if family or friends of a patient are used as interpreters. Informed consent, which may be required for treatment, cannot be guaranteed. Further, using family or friends to translate may violate a patient's confidentiality. The risks for potential problems increase when the role of interpretation is assumed by family members who are minors.

OCR also finds that the use of family and friends as interpreters may jeopardize an agency's compliance with Title VI regulations: "[APHCV] may expose itself to liability under Title VI if it requires, suggests, or encourages an LEP person to use friends, minor children, or family members as interpreters, as this could compromise the effectiveness of the service. Use of such persons could result in a breach of confidentiality or reluctance on the part of individuals to reveal personal information critical to their situations. In a medical setting, this reluctance could have serious, even life-threatening, consequences. In addition, family and friends usually are not competent to act as interpreters, since they are often insufficiently proficient in both languages, unskilled in interpretation, and unfamiliar with specialized terminology."

[8] Association of Asian Pacific Community Health Organizations (AAPCHO), *Development of Models and Standards For Bilingual/Bicultural Health Care Services for Asian and Pacific Islander Americans: The Language Access Project,* August 1996.

APHCV may consider using the family member or friend as an interpreter, if the LEP person declines APHCV's free interpreter service, and if the clinic determines that this would not compromise the effectiveness of services or violate the LEP person's confidentiality. APHCV will document the offer for free interpreter services and the patient's declination of these services in the patient's file using the **Request/Refusal Form for Interpretive Services** (See Appendix D). Even if the patient elects to use a family member or friend, APHCV will suggest that a trained interpreter sit-in on the encounter to ensure accurate interpretation.

## Translation of Written Materials

As recommended by the OCR guidance, APHCV provides translated written materials as part of its language assistance program. The written materials are provided in languages other than English where a significant number or percentage of the population eligible to be served or likely to be directly affected by the program needs services or information in a language other than English to communicate effectively. To ensure compliance with the obligation to provide written translations in languages other than English, APHCV will abide by the "Safe Harbors" for translation of written materials. "Safe Harbor" is the circumstances in which providers are found in compliance with obligations under Title VI regarding written translations. These circumstances are detailed in OCR's Policy Guidance.

APHCV will provide translated written documents, including vital documents, for each eligible LEP language group that constitutes ten percent (10%), or 3,000 persons, whichever is less, of the population of persons eligible to be served or likely to be directly affected by APHCV's services. Ordinarily, persons eligible to be served or likely to be directly affected by APHCV's programs are those persons who are in APHCV's geographic service area, and who are either eligible for APHCV's benefits or services, or otherwise might be directly affected by APHCV's benefits or services. Depending on clinic size and patient volume, a clinic might decide to translate materials into LEP languages if a steady increasing pattern of LEP patients is apparent.

For LEP language groups that do not fall within the paragraph above, but constitute five percent (5%), or 1000 persons, whichever is less, of the population of persons eligible to be served or likely to be encountered, APHCV will ensure that, at a minimum, vital documents are translated into the appropriate languages of such LEP persons. Translation of other documents, if needed, can be provided orally.

For LEP groups with fewer than 50 persons in a language group that reaches the five percent trigger in the preceding rule, APHCV does not translate written materials but provides written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

These Safe Harbor provisions apply to the translation of written documents only. They do not affect the requirement to provide meaningful access to LEP individuals through competent oral interpreters where oral language services are needed and are reasonable.

The translation process should include translation by a trained individual, back translation (back translating the translated material to the original language such as English) and/or review by target audience groups, and periodic updates. Materials should be responsive to the cultures as well as to the levels of literacy of patients.

## Identification of "Vital Documents"

According to the Office of Civil Rights, "vital documents" include applications, consent forms, letters containing important information regarding participation in a program, notices pertaining to the reduction, denial, or termination of services or benefits, of the right to appeal such actions or that require a response from beneficiaries, notices of free language assistance, and other outreach materials. It is particularly important to ensure that vital documents be translated into the non-English language of each regularly encountered LEP group served or likely to be directly affected by APHCV's services.

APHCV has access to the following vital documents in languages predominately spoken by outpatients. Some of these documents have been translated by APHCV and are included in the appendices as examples (Appendix K-M).

- **Administrative and legal documents-** consent forms that include a statement(s) regarding an obligation, or acknowledgement of certain legal or financial rights and responsibilities, patients rights and responsibilities; changes in program (eligibility, termination, etc.); grievance policy, appointment cancellation policy, donation policy, non-discrimination policy, information on patient services, patient satisfaction survey, parking instructions, reminder letters, and patient contact letters.

- **Clinical information** Prevention and treatment instructions, including how to prevent transmission of a contagious disease, what to do before, during, and after a procedure or treatment, how to take medications, and how to perform routine self-care or self-monitoring.

- **Patient education, health prevention and promotion, and outreach materials** Brochures, fact sheets, promotional flyers and posters, health warnings, immunization notices, and other materials that support treatment programs (e.g. for chronic disease or reproductive health) and prevention activities (e.g. for cancer or high blood pressure).

If an LEP person is literate in any of the languages in which APHCV has printed the materials, APHCV shall give him/her a copy in the appropriate language. APHCV will also provide notice of the availability of oral interpretation of written materials to LEP

individuals who cannot read or who speak non-written languages. In these cases, APHCV shall communicate the contents of the materials through an APHCV trained interpreter or a telephone interpreter service. Materials in alternative formats (such as videos) should be developed for these individuals as well as for people with sensory, developmental, and/or cognitive impairments.

The Health Education Manager shall be designated to receive and respond to questions or concerns about the adequacy or availability of interpreter services or translated documents at APHCV facilities. The Health Education Manager shall also give any person who wishes to file a complaint a copy of "**Notice about Investigatory Uses of Personal Information**" in the language that person speaks (See Appendix N **Complaint/Consent Release Form**). If the "Complaint Consent/Release Form" is unavailable in a patient's language, the Health Education Manager shall direct the person to contact the "Coordination and Review Section" of the Department of Justice.

## Translation Process of Materials for LEP Patients

It is important that the translated material is culturally appropriate for the target population and uses culturally appropriate concepts, that best communicate the intended message. At times, translators may utilize stories or other cultural analogies that may more accurately convey the message or make it more understandable for the patient.

Translating materials from English into an AAPI language is a four-step process. Staff participating in this process would have passed the Level 2 Proficiency Exam for the interpreter/translator screening process and would be on a list of back-up interpreters.

1. Primary Translation. APHCV will choose a qualified Primary Translator to translate the English version of the material into the target LEP language. The Primary Translator may be an outside consultant. The Primary Translator will translate the material. Then the Primary Translator or another person qualified to type in the target AAPI language will type the material into the target AAPI language.

2. Back Translation. APHCV will hire a qualified Back Translator, who is unfamiliar with the Primary Translator, to translate the AAPI language material into English. The purpose of using a Back Translator is to ensure that the translated material conveys the same message as the original text.

3. Editing. Primary and Back Translators will work with a third party, an Editor, to edit the translation and reconcile any discrepancies in the translation.

4. Typesetting. A qualified typist will typeset the final version of the translated materials.

5. Field testing. It's recommended that the translated material go through a field testing process with the target community to ensure appropriateness of translation and context. Field testing can be conducted through one-on-one

interviews, focus groups and pre and post tests. This process requires a volunteer who participates in the field testing for each language group, and a bilingual staff or interpreter to conduct the testing and analysis of findings. A clinic may look at the following criteria when deciding to conduct field testing: significance of document, urgency of document, size of distribution and legal issues surrounding the document.

**Challenges:**

A clinic that serves multiple small language groups often does not have enough interpreters and/or Level 2 bilingual staff to participate in the above translation process. In such situations, the clinic should do its best to ensure accuracy by using at least two translators (Primary and Back Translators).

The clinic may recruit volunteers who meet the translator criteria. The clinic may also choose to outsource translation services or a part of translation process (i.e. editing and typesetting).

When the clinic identifies translators, it must realize that there might be variance in use of words depending on regional or generational differences. It is ideal to choose translators who come from the same region as the target group, and understand differences in usage among different generations or age groups within the language group. This is often not possible, but it's important that translators are aware of these issues.

Typesetting in-language is critical to ensure the professional appearance of the translated materials. The clinic needs to have adequate fonts and other internal technical support to print translated materials internally to keep costs down. Various fonts are available on the Internet and also through software companies that specialize in multi-language systems or fonts.

## Notice to LEP Patients

Another essential part of a well-functioning Title VI compliance program includes having effective methods for notifying LEP persons of their rights to language assistance and that this assistance is free of charge. APHCV informs the public of the availability of interpreter services, by posting and maintaining signs in regularly encountered languages other than English, at initial points of contact with patients.

These posters shall be prominently displayed at key locations in every APHCV facility, including the following:

Registration desk
Front desk
Financial Screening Room
Dispensary Reception

General Medical Exam Rooms
Pediatric Clinic/OBGYN Medical Exam Rooms
Lab Rooms

The sign should state the following: "You have the right to receive free interpretation service in your language. If you would like to receive such services, please inform the Front Desk" (See Appendix O **Sample Notice for Posting** and Appendix P **Los Angeles County Interpretation Service Available Sign**).

It is critical to inform all patients of their right to free language assistance services, and the availability of these services in their language. For literate patients, this can be done through written signs or materials in English and in their own language. Otherwise, it is appropriate to verbally inform non-literate patients of these services.

APHCV has employed the following effective methods of notifying patients about their rights to free language assistance based on the DOJ Guidance (Federal Register, June 18, 2002: 41465):

Use of language identification cards or "I speak" cards, which allow LEP patients to identify their language needs to staff (please see appendix A and B).

Posting and maintaining signs in regularly encountered languages other than English in intake areas, waiting rooms, reception areas and other initial points of entry.

Stating that free language services are available at APHCV, in brochures, booklets, outreach and recruitment information and other materials that are routinely disseminated to the public. These statements can be translated into the most common languages encountered, and can be located on the front of these materials.

Uniform procedures for timely and effective telephone communication between staff and LEP persons. Use of a telephone voicemail menu in the most common languages encountered that provides information.

Including notices in local newspapers in languages used in the clinic other than English.

Providing notices on non-English-language radio and television stations.

Presentations and/or notices at schools and religious organizations.

# Appendices: Key 2 Development of Written Policy and Protocol

E. Sample Job Description for SSL (staff interpreter)
F. Sample Job Description for Bilingual Staff
G. Testing Protocol for Language Competency (to be used for bilingual staff and interpreter hiring)
H. Sample Oral Assessment Tool
I. Interpreter request form
J. List of Agencies Specializing in Interpreting Services
K. Sample vital documents: patient consent form
L. Sample vital documents: follow-up letter,
M. Sample vital documents: reminder card.
N. Complaint/Consent Form
O. Sample Notice for Posting
P. Los Angeles County Interpretation Services Available sign

## Appendix E Sample Job Description for SSL

**Job Title**: Patient Support Service Liaison
**Reports to:** Health Education Dept. Manager

**Job Summary**:Under the supervision of the Health Education Dept. Manager, the Support Service Liaison will provide patient support services by: assisting patients in intake process, providing interpretation services between Limited English Proficient (LEP) patients and clinic staff, calling patients for reminder of appointments or follow up, making appointments, providing health education, and appropriate referrals, all in accordance with Asian Pacific Health Care Venture, Inc's (APHCV) policies and procedure. Additionally, the Support Service Liaison will function as a Comprehensive Perinatal Health Worker and provide various CPSP program services including assessments, referral and education.

**DUTIES and RESPONSIBILITIES:**

Patient Support Service

1. Assist Limited English Proficient (LEP) patients in registration and financial screening process.
2. Provide sight interpretation for medical history form.
3. Provide interpretation at scheduled and walk-in patient visits.
4. Coordinate with front desk receptionist to make and/or cancel appointments for LEP patients.
5. Call patients 1-2 days before their appointment to remind their appointment.
6. Provide appropriate referrals to APHCV patient (e.g. specialty care providers, MediCal application, behavioral health counseling, job support, etc.)
7. Provide PPP (chronic illness) case management services per clinician's order.
8. Provide health education to patients on various health topics.
9. Provide HIV testing, Family Planning, Teen Smart counseling, and financial screenings to clients.
10. Provide interpretation at classes on various health topics
11. Follow up with phone calls from LEP patients.
12. Obtaining consent from patients for services.
13. Follow up clients with abnormal lab results and no-show in accordance with the follow up protocol. Document such patient contacts in his/her medical records.
14. Assist clients in applying for pharmaceutical patient assistance programs
15. Advocate for patient's concerns (medical or clinic operation).
16. Work with clinic operation and medical staff to facilitate efficient patient flow.

Comprehensive Perinatal Services Program (CPSP)

1. Conduct client orientation to all prenatal patients
2. Provide initial assessment in areas of health education, psychosocial, and nutrition
3. Work with a client to develop individualized care plan and review at each OB visit to document their progress
4. Make sure client receive prenatal vitamins
5. Provide follow up assessment at the beginning of each trimester and postpartum assessment
6. Provide individual and/or group prenatal education to CPSP clients
7. Provide and/or coordinate referrals specialist for high-risk clients and MediCal, WIC and pediatric services.

Translation

1. Translate clinic documents, outreach materials and health education materials in timely manner

2. Participate in the process to evaluate the accuracy of translation
3. Type set or coordinate with other staff to type set translated materials.

**PROFESSIONAL DEVELOPMENT/OTHERS:**

1. Attend APHCV staff meeting, clinic staff meeting, and other meetings as assigned by supervisor
2. Attend trainings as assigned by supervisor
3. Communicate training needs to supervisor
4. Participate in agency wide event

**PREFERRED SKILLS:**

Knowledge of health care system in U.S.
Knowledge of health promotion and education
Computer literacy in English and targeted language
Working experience in medical field
Ability to teach or instruct others
Interest in community health
Detail oriented
Skilled in time management with multiple priorities.

**QUALIFICATION & REQUIREMENTS:**

High school diploma or 1 year minimum of substantial volunteer or working experience in the targeted community
1 year interpretation and/or translation experience
basic knowledge of health in general
Ability to speak, read, and write fluently in targeted language (must have conversational and medical terminology proficiency).
Knowledge of targeted communities
Strong communication skills.
Regular predictable attendance during clinic hours.
Ability to work efficiently, accurately, and with minimum supervision
Able to follow directions and follow up on recommendations from supervisor.
Able to work with people of diverse cultural, educational, socio-economic, and linguistic backgrounds
Legal authorization to work in the United States, a valid California Driver's license, and access to insured automobile

## Appendix F Sample Job Description for Bilingual Staff

**JOB TITLE:** Front Desk/Medical Records Clerk
**REPORTS TO:** Clinic Coordinator

In conjunction with other clinic staff, the Front Desk/Medical Records Clerk will provide patient services by greeting patients and visitors, answering phone calls, routing clinical calls in accordance with Asian Pacific Health Care Venture Inc.'s policies and procedures, schedule appointments, and assist in processing patients through the clinic services. The Front Desk/Medical Records Clerk will perform the duties in a professional and courteous manner while observing strict patient confidentiality at all times. Maintain and organize medical records system and files.

### DUTIES and RESPONSIBILITIES:

Front Office Responsibilities:

1. Answer telephone calls and identify caller's needs. Provide information about the clinic and services within the limits of the APHCV policies and procedures; route clinical questions and emergency calls to clinical staff according to established policies and procedures. Identify patient's language and route calls to appropriate staff.
2. Schedule patient appointments and prepare and update appointment schedules daily.
3. Notify provider of "no-show" patients and make sure providers' review their charts; works with support service liaisons on patient follow up as directed by providers.
4. Greet, direct, and instruct all patients and visitors appropriately.
5. Explain clinic policies and procedures to patients (including late appointment policies)
6. Collect patient fees and donations according to agency policies and procedures
7. Review new and annual patient registration forms for completeness and assess patient's need for assistance in completing the forms.
8. Verify patient information and update patient records, index cards, and automated system
9. Maintain recall file system by completing recall cards and mailing them at appropriate time
10. Send completed encounter forms to billing daily and research missing encounters
11. Send reports to patients and consultants under the direction of the providers
12. Assist patients with referrals as needed.

Medical Records Responsibilities (need **immediate** attention on a daily basis):

13. Identify and pull medical record charts for following day appointment.
14. Insert progress sheets in the chart
15. Ensure that medical record forms are secure, complete, and up-to-date
16. Ensure that labs are in patient's medical record chart before appointment and contact appropriate lab if results are not in the chart
17. Retrieve and disseminate labs to providers for review
18. Pull charts with abnormal lab for review and follow up by support service liaisons.
19. Send referrals and consultation request as directed by providers
20. File medical record charts at the end of the day

Promote Effective and Efficient Patient Care as a Clinic Team Member:

21. Work as a team player and be willing to assist other staff in other duties within his/her capabilities, to aid the clinic team in providing good efficient patient care.
22. Facilitate patient flow by working effectively and efficiently.
23. Maintain open communication with other clinic staff.
24. Maintain professional demeanor at all times with patients, caregivers, providers, and co-workers.
25. Perform other duties as assigned.

**PREFERRED SKILLS:**

1. Good communication skills
2. Good customer service and interpersonal skills including the ability to have patience and convey a warm, caring attitude to patients
3. Able to speak Thai and English languages (must have conversational level of proficiency in both languages).
4. Ability to recognize different API languages by hearing
5. Strong organizational skills
6. Ability to work on multiple functions at one time
7. Ability to utilize on-line computer system to input data
8. Familiarity with office equipment (i.e. copier, typewriter, telephone, etc.)

**QUALIFICATIONS & REQUIREMENTS:**

1. Regular predictable attendance during clinic hours
2. Work efficiently, accurately, and with minimum supervision
3. Able to follow directions and follow up on recommendations from supervisor
4. Able to work with people of diverse cultural, educational, social, economic, and linguistic backgrounds
5. Prior experience and/or knowledge of medical office procedures preferred.
6. Legal authorization to work in the US, a valid California driver's license, and access to insured automobile.
7. Completion of APHCV Health Assessment

## Appendix G Testing Protocol for Language Competency

1. When an applicant applies for a position at APHCV, the supervisor determines whether the position requires bilingual skills.

2. If the position requires bilingual skills, the supervisor will proceed with the appropriate language proficiency assessment(s), depending on the language proficiency required.

3. Nursing staff and providers are automatically assessed for Level 2 proficiency in oral communication skills in order to be considered "bilingual" in their job functions. They will go through the same language assessment as the staff interpreters, i.e. Support Service Liaisons.

4. Non-medical positions, such as Front Desk receptionist, financial screeners, medical records, and outreach workers, will be assessed for Level 1 proficiency. The test will include an oral component using a conversational script.

5. In general, an oral assessment is not required for non-interpreter positions. However, some positions (i.e. outreach worker) may complete a written assessment if the position requires translation skills.

6. Level 1 proficient staff can take the Level 2 proficiency exam if they desire. Once they pass the said test, these staff would be identified as bilingual staff with Level 2 proficiency in the personnel file. The staff who passed the Level 2 proficiency test will be included in the list of back-up interpreters (See Figure 1 Bilingual Staff Hiring Flow Chart).

### Table 2. Language Competency Assessment Table

| **Assessment** | **Positions** | | | |
|---|---|---|---|---|
| | **Non-Bilingual Positions**<br><br>Positions that do not require bilingual capacity include, but are not limited to the following:<br><br>-Project Coordinator<br>-Program Assistant<br>-Biller<br>-Accountant<br>-Administrative Assistant<br>-Managers | **Bilingual Staff Level 1**<br><br>Positions that may require a minimum of Level 1 bilingual language competency include, but are not limited to the following:<br><br>-Community Outreach worker<br>-Clinic front desk Receptionist<br>-Financial Screener | **Bilingual Staff Level 2**<br><br>Positions that may require a minimum of Level 2 bilingual language competency include, but are not limited to the following:<br><br>-Nursing Staff<br>-Providers | **SSL (staff interpreter)**<br><br>Requires a minimum of Level 2 language competency in both English and other language. |
| Oral Assessment Level 1 (conversational) | | X | X | X |
| Oral Assessment Level 2 (medical/clinical) | | | X | X |

| | | | | |
|---|---|---|---|---|
| Written Assessment | | | | x |

**Hiring Criteria for Bilingual staff (Level 1)**

Hiring of competent and readily available bilingual staff is appropriate and cost-effective in both bilingual and multi-lingual delivery settings. Bilingual staff are able to provide services directly without interpreters. The use of bilingual staff reduces interruption in health care service delivery that are due to differences in language, thus providing LEP patients with timely and meaningful access to health care.

Ideal Bilingual Staff applicants will meet these minimum criteria:

Has a background in health care that is relevant to the position for which they are applying.
Oral (and written if required) proficiency in language of the target population.
Proficient in both written and spoken English.
Can convey information in both languages accurately.
Is sensitive to the target population's culture.

**The Application Process: Bilingual Staff (Level 1)**

Once potentially qualified Bilingual Staff applicants are identified, APHCV will conduct face-to-face interviews with the applicants. The application process has two main components: 1) an interview, and 2) an oral interpretation test. Some positions might require additional assessments such as a written translation test, and the completion of APHCV's Basic Health Questionnaire.

Interview. APHCV's Support Services Unit Manager, and another staff person designated by the Manager will interview the applicant extensively about his/her work experience and qualifications for the job. As the Bilingual Staff person's main duties will be those other than translation, interview questions will focus on the applicant's qualifications pertinent to the position.

Oral interpretation test. The purpose of this test is to measure the applicant's oral proficiency in the target language. The oral interpretation test is conducted through a role-play exercise. It will be observed and assessed by a "Sit-In" or second interviewer. A Sit-In or second interviewer is an individual who is fluent in the target language, has actual experience in interpretation and has a long-standing relationship with APHCV. The APHCV Health Education Manager chooses the Sit-in, who may be a staff interpreter, bilingual staff person, outreach worker, provider, consultant, or other individual, to assess the oral interpretation competency of the applicant. Please see the Oral Assessment Guideline and scripts. Oral assessment

scripts have different levels: 1) Level 1 for non-medical bilingual staff applicant, 2) Level 2 for medical bilingual staff applicant.

## Questions to Consider when Interviewing for a Level 1 Bilingual Staff Position

Language skills:

- What relevant training, educational or work experience does the applicant have in relation to the position they are applying for?
- Does the applicant accurately and completely interpret from the source?
- Is the applicant clear and concise in presenting information?
- Does the applicant have the capacity to communicate effectively in both English and the target language?
- Is the applicant's level of presentation of ideas and concepts sophisticated or basic enough for the population's educational level?

Cultural knowledge and sensitivity:

- Does the applicant demonstrate sensitivity to the target population's cultural beliefs and practices?
- Does the applicant demonstrate sensitivity to the cultural beliefs and practices of other populations?
- During the oral interpretation test, did the applicant respond in a culturally appropriate manner?

In addition to the applicant's interview, qualification for the particular position and language proficiency in oral interpretation, APHCV will take into consideration the applicant's references when hiring. Based on the results of these criteria, APHCV will hire a qualified applicant for the Bilingual Staff position.

## Hiring Criteria for Bilingual Staff and SSL (Level 2)

Bilingual staff Level 2 is someone who has proficiency levels in both conversational and technical (medical) language to perform clinical service in both English and non-English language. Such language proficiency is required or expected for some APHCV bilingual positions such as medical providers and nursing staff. If it's determined as so by supervisor, those position does not have to be bilingual and/or can be bilingual Level 1, but in that case they're required to use interpreter, SSL, during a patient encounter and recorded as so in their personnel file. Bilingual staff with Level 2 language proficiency are determined to have enough language skills to not only provide services in non-English, but also to serve as back up interpreters or reviewers of translated clinical materials with appropriate training.

In addition to Level 2 bilingual staff, competent and readily available staff interpreters, known as Support Service Liaisons (SSLs), are especially appropriate where there is a frequent and/or regular need for interpreting services. SSLs are often non-clinical or non-license individual who possess Level 2 language proficiency and have the capacity to function as career medical interpreters. At APHCV, an SSL

functions primarily as an interpreter, but also has other duties and responsibilities. APHCV identifies a qualified SSL as a person who is capable of oral interpretation and written translation, and also bridges the cultural gaps present in cross-cultural communication, such as recognizing culturally-specific religious beliefs, body language, verbal cues, etc. (APHCV Cultural Competency Operational Standards Policies and Procedures Manual, 1995).

Ideal SSL applicants will meet the minimum criteria:

Trained in cross-cultural interpretation.

Has appropriate background in health care for the position.

Proficient in both written and spoken language of the target population.

Can typeset in both English and the language of the target population.

Proficient in both written and spoken English.

Has fundamental knowledge of specialized health terms and concepts in both languages.

Can convey information in both languages accurately.

Is sensitive to the target population's culture.

## Application Process: Bilingual Staff (Level 2) and SSL

Applicants for Level 2 Staff positions are processed through the same application process as Level 1 applicants but are required to complete a more intensive Oral interpretation test. SSLs have the additional requirements of a written translation test, and the completion of APHCV's Basic Health Questionnaire.

Oral Interpretation Test. Oral assessment of Bilingual Staff Level 2 and SSL is conducted through a role-play exercise with a "Sit-in" or the second interviewer. Bilingual Staff Level 2 and SSL applicants are assessed for their oral interpretation skills in the medical field (Level 2). The assessment script includes typical medical encounters between providers and patient where interpreters are often called to interpret. Therefore, an appropriate "Sit-in" with extensive medical interpretation experience, must be called to participate in the assessment process. A sample of this assessment tool as well as a protocol is included in appendices.

Written Translation Test. The purpose of this test is to gauge the applicant's proficiency in written translation. The applicant will translate some medical terminology from English to the target language, and health education materials from English into the target language and from the target language

into English. The translated materials will be evaluated for its accuracy by an APHCV staff designated by the Health Education Manager. This is often an existing SSL, or bilingual staff person who has passed the Level 2 proficiency test and has been assessed competent in the target language in the past. A sample test is included at the end of this chapter.

Basic Health Questionnaire (BHQ). The Basic Health Questionnaire tests basic knowledge about current public health issues, including tuberculosis, HIV/AIDS, tobacco-related illnesses, as well as breast and cervical cancer.

With some AAPI languages, it challenging to find a qualified Level 2 applicant, as well as difficult to find individuals qualified to assess the applicant's competency. APHCV has developed working relations with other community based organizations, churches, and schools that it can turn to to find the necessary expertise to evaluate its applicants. If qualified staff is not available to assess the applicant's written and oral skills, APHCV will send promising applicants to an outside agency to complete the competency test. In these situations a clinic must take care to assess any conflict of interest or qualification issues before the evaluation takes place.

If potential applicants for interpreter positions are not certified or do not pass the basic skills assessment, APHCV may test those individuals on their ability to successfully complete interpreter training and then send them for training. The training should, at minimum, include instruction in interpretation skills and techniques; ethics of interpreting in health care encounters; a review of key medical terminology; basic clinical concepts; and the workings of the American medical system; an overview of the role of culture and how to manage cultural issues; and professional interpretation issues.

It is important to note that sometimes an individual that is competent in oral interpretation may not necessarily be as effective in written translation. When applicants do not demonstrate the same level of competency in oral interpretation and written translation, the agency should prioritize their staff's skills. It is also expedient for the agency to look at the rest of the staff profile to fill the existing gap or complement the agency's overall linguistic capacity.

## Questions to Consider when Hiring Level 2 Bilingual Staff

Language skills:

- Does the applicant have any education, training or work experience in interpretation?
- Is the applicant clear and concise in presenting information?
- Does the applicant accurately and completely interpret from the source?
- Does the applicant have the capacity to communicate relevant health terminology and concepts accurately in both English and the target language?
- Is the applicant's level of presentation of ideas and concepts sophisticated or basic enough for the population's educational level?

- Is the applicant able to capture the register of the language from the source language?
- Can the applicant do back translation from the AAPI language into the English language?
- Is the applicant proficient in written translation in both the English and the target language?
- Is the applicant knowledgeable in the skills and ethics of interpreting?

Cultural knowledge and sensitivity:

- Does the applicant have an understanding of the significance of relevant health issues in the target community?
- Does the applicant demonstrate sensitivity to the target population's cultural beliefs and practices?
- Does the applicant demonstrate sensitivity to the cultural beliefs and practices of other populations?
- How does the applicant's age, sex, social class, educational level, nation of origin, etc., compare with those of the target population?
- During the oral interpretation test, did the applicant respond with cultural understanding and apply his/her response with an appropriate cultural interpretation?
- Is the applicant adept at cross-cultural translation?

## Appendix H Sample Oral Assessment Tool

## Oral Assessment Protocol for Bilingual Staff and SSL

Once an applicant satisfactorily meets the job specific qualifications, the supervisor will proceed to the language proficiency assessment. Depending on position, oral language proficiency assessment might be the only one required.

### 1. "Sit In"

The oral assessment is conducted by a "Sit in" along with other interviewers (supervisor and his or her designee). A sit-in is an individual who is fluent in the target language, has experience in actual interpretation and has a long-standing association with APHCV. The APHCV Health Education Manager or his/her designee chooses the Sit-in based on the following criteria.

> Preferably staff interpreter (SSL) or bilingual staff Level 2 for assessment of any bilingual position.
> Bilingual staff Level 1 for assessment of bilingual Level 1 position (i.e. outreach worker, front desk, financial screener). Preferably someone who holds the same position as the position bilingual applicants are applying.

And

> Who has been with APHCV at least a year and presents no conflict of interest.

Once the "Sit in" has been identified, the interviewer must always brief the "Sit in" with the following information:

1. What position the applicant is applying for.
2. What level of proficiency the position requires (Level 1 vs. Level 2).
3. What script will be used in the assessment and therefore what their role will be (direct communication script or interpretation script).
4. What level of bilingual proficiency is the supervisor looking for (oral assessment score sheet).

If the interviewers, supervisor and/or his or designee meet the above qualifications and can serve as a "Sit in" they may do so.

### 2. Script

Oral assessment is conducted through role-playing. Depending on the scenario, the applicant plays either staff or interpreter.

There are scripts for Level 1 (non-medical) and Level 2 (medical). The supervisor should determine which level of language proficiency is required for the position and use the appropriate Level script. In general, positions such as outreach worker, front desk, and financial screener requires Level 1 proficiency and nursing staff (including MA) and providers requires Level 2 proficiency, in order to carry out their function in both English and the target language.

The script has two different kinds in which determines language proficiency: a) direct communication and b) interpretation. Interpretation scenarios require at least two staff, “Sit-in” and one of the interviewers.

a) Direct communication
   - Provide the direct communication scenario to both applicant and “Sit In”.
   - Instruct applicant that s/he will play the role of staff and asked to read its line in the target language.

b) Interpretation
   - Provide the direct interpretation scenario only to the “sit-in”
   - Instruct applicant that s/he will be interpreting conversation between “Sit-in” and the interviewer. Instruct applicant to interpret what is said in English to the target language, and what is said in the target language back to English.
   - The “Sit-in” will play the role of patient, and the interviewer will play the role of provider.

Interviewers who are not participating should observe as much as s/he can regarding the use of words, how it’s said, etc. The “Sit in” and/or other interviewers who are part of the role-play also should make observations and take notes. Interviewers can have copies of the scenario in both direct communication and interpretation.

**3. Evaluation**

Inform patients that the oral assessment is completed and s/he may leave if s/he has completed all other hiring processes. Do not discuss the outcome of the oral assessment or interview.

Interviewers and “Sit in” have a conference immediately after the assessment if possible.

Use the Oral assessment score sheet to discuss the role-play and to document the overall assessment of the applicant by the group (“Sit in” and interviewers).

## Oral Assessment Script

Level 1

Scenario A (direct communication)

| | |
|---|---|
| Staff | May I help you? |
| Patient | I'd like to make an appointment with Dr. Hoh. |
| Staff | When would you like to come in? |
| Patient | Monday morning, please. |
| Staff | Is this first time visiting our clinic? |
| Patient | Yes. |
| Staff | Will you need interpreter for your visit? |
| Patient | Yes. |
| Staff | Is Monday at 10 a.m. with Dr. Hoh okay with you? |
| Patient | Yes. |
| Staff | An interpreter will assist you throughout the visit. If you have MediCal, Medicare or any other insurance, please make sure to bring your beneficiary card. |
| Patient | I do not have any health insurance. |
| Staff | Can you please bring your or your family member's income statement to the visit? Our financial screener will review your monthly income to determine what health program you may qualify for. |
| Patient | I understand. Where is the clinic? |
| Staff | Where are you coming from? |
| Patient | Downtown. |
| Staff | Please take 101 freeway, exit at Vermont. Turn right at off ramp and continue for about two miles. Turn right at Sunset and turn left at Hillhurst. Our building is on your right. |
| Patient | Thank you. I have one more question. I'd like to know more about HIV testing. |
| Staff | Let me transfer you to our HIV testing counselor. S/he will be able to give you detailed information. Please hold. |

End

Level 1

Scenario B (direct communication)

| | |
|---|---|
| Staff | Hi, my name is Sara. I'm a financial screener here at the clinic. I'll ask some financial questions of you or your family to see if you can qualify for any health programs. |
| Patient | Okay. |
| Staff | How many people are in your household? |
| Patient | Five. |
| Staff | Can you tell me your relationship with them? |
| Patient | Yes. My husband, my two children and my sister. |
| Staff | Who works in your family? |
| Patient | My husband and I work. |
| Staff | What is your combined monthly income? |
| Patient | $2,500. |
| Staff | Based on your monthly household income, you qualify for the HELP program. This program can provide you and your family with free medical visits and laboratory services. Medication is not covered under this program. Should you need medication, you may purchase medication from our dispensary at a discounted rate or receive prescription and fill medication at a pharmacy of your choice. Also, the agency would greatly appreciate if you can consider a donation to support overall operation of our services. |
| Patient | I understand. |
| Staff | Do you understand your financial responsibility as described in the consent form? |
| Patient | No. |
| Staff | This means that you have financial responsibility as described in benefit package of HELP program and will be solely responsible for fees that are not covered by HELP program. |
| Patient | Okay. |
| Staff | I need your signature on the bottom of this form. Thank you. Also, based on the financial information you gave me, you might qualify for MediCal or other insurance programs. Would you be interested to find out more about those programs? |
| Patient | Yes. |
| Staff | This is the information. Please ask the front desk or me if you need assistance in applying for these programs. |

End

Level 2

Scenario A (direct communication in language)

| | |
|---|---|
| Staff | My name is Nan and I'll be assisting you with your medical history intake. I'll ask some personal questions such as your sexual history, but this is all important to help our provider assess your overall health condition. |
| Patient | Okay. |
| Staff | Does any of your blood relatives have the following conditions? If they do, please specify your relationship to them. Hypertension? |
| Patient | No. |
| Staff | Diabetes? |
| Patient | Yes. My father and my brother. |
| Staff | Cancer ? |
| Patient | Yes. |
| Staff | What kind of cancer and who had it? |
| Patient | My grandfather had lung cancer. |
| Staff | Have you ever had any operations? |
| Patient | No. |
| Staff | Have you ever been hospitalized? |
| Patient | No. |
| Staff | What was date of your last menstrual period? |
| Patient | September 10th. |
| Staff | Have you ever been pregnant? |
| Patient | Yes. |
| Staff | Have you ever had abortion? |
| Patient | No. |
| Staff | When was your last unprotected sex? |
| Patient | Last night. |
| Staff | Have you ever been diagnosed for any sexual transmitted disease? |
| Patient | Yes. I had chlamydia 1 year ago. |
| Staff | What is the reason for today's visit? |
| Patient | I have a bad stomach ache. |
| Staff | How long have you had this problem? |
| Patient | About one week. |
| Staff | Can you describe the pain? |
| Patient | It's a sharp pain around my stomach. It comes and goes during the day. |

End

Level 2

Scenario B (Interpretation)

| | |
|---|---|
| Provider | Hi, Mrs. Koh. How are you today? |
| Patient | Not good. I can't sleep because of my back pain. |
| Provider | How long have you had this back pain? |
| Patient | For about two weeks. I also have a problem with the medication you gave me. It makes me sick. |
| Provider | Have you taken any medication for the back pain? |
| Patient | I drank some herb tea. |
| Provider | How about the medication that I prescribed last time. How does it make you sick? |
| Patient | My stomach gets upset. |
| Provider | Are you still taking the medication? |
| Patient | No. |
| Provider | Okay. It's very important that you take the medication. I'll reduce the dosage. Instead of two tablets once a day, I'd like you to take one tablet a day. Let's try that and see if you have any problem. |
| Patient | Okay. |
| Provider | Your test results came back and your cholesterol and blood sugar level looks good. But we still have to monitor your blood pressure. I'd like to see you in one month. Do you have any questions? |
| Patient | No. |
| Provider | For your back pain, I'll give you some exercise information for your back. I'll have health educator talk to you about that. But in the meantime, I'll prescribe some pain medication, okay? |
| Patient | Okay. |

End

Level 2

Scenario C (interpretation)

| | |
|---|---|
| Provider | When was your last delivery? |
| Patient | Three years ago. |
| Provider | Was it normal delivery? Did you have any complications? |
| Patient | I think it was normal, but I was in labor for 28 hours. |
| Provider | Did you have any anesthesia? |
| Patient | I think so. |
| Provider | Have you ever had abnormal pap smear? |
| Patient | What is pap smear? |
| Provider | It's a screening for cervical cancer. Have you ever had pap smear? |
| Patient | No. |
| Provider | Okay. We'll do pap smear, pelvic exam and STD tests as a part of initial OB exam today. Have you ever tested for HIV? |
| Patient | No, I have not. |
| Provider | Do you know how HIV is transmitted? |
| Patient | Yeah, through sex and sharing of needles. |
| Provider | Right. It can be also transmitted from pregnant women to an unborn baby. So it is recommended that all pregnant women get tested for HIV. Are you interested? |
| Patient | Well, I'm married and don't sleep with other men. |
| Provider. | Did you have other sexual partners before you got married? |
| Patient | Yes |
| Provider | How about your husband? |
| Patient | I think he had many women before me. |
| Provider | I'd suggest that you take the test to find out your status. As I said, if a mother has HIV, she can transmit it to her baby. But if we know in advance, we can do something to prevent the infection. |
| Patient | Okay. I'll take the test. But please don't tell my husband that I'm taking the test. |
| Provider | HIV test is confidential and can be also done anonymously. I'll call the HIV counselor for you when we're done here. |

End

## Appendix I Interpreter Request Form

To be filled out by a staff person who is making an appointment for a Limited English Proficient (LEP) client.

Today s Date:_____ Staff Name:_____

| | |
|---|---|
| **Patient last name:** | **Patient first name:** |
| **Age:** | **Gender: Female Male** |
| **Reason for visits:** | **Language:** |
| **Date of appointment:** | |
| **Time of appointment with provider:** | **New F/U (MR: )** |
| **Health Insurance coverage (Name of Plan and product line) or MediCal #:** | |
| **Patient′s Phone number:** | **Alternate phone #:** |
| **Comments** | |

Submit this form to Mika Aoki, Health Education Manager. Please allow enough time to arrange for an interpreter.

**Instruction on how to use the Interpreter Request Form**

1. Front desk receptionist or other clinic staff who are making appointments must ask patients
what language they prefer to receive their care in.

    Sample questions to assess clients' needs for interpreter.

    a) What language do you prefer to speak with your clinician?
    b) Will you be needing an interpreter during your session with your clinician?

1. If a client needs an interpreter or speaks a different language other than English, make sure to enter the appropriate room number in the Medical Manager appointment screen.

2. If a client speaks a language that is not supported by APHCV staff, offer referral to other community clinics that can support that language (referral list available in nursing station). If the client still prefers to come to APHCV, or if there is no community resources that can support the client's language, make an appointment using Room # 1 for "outside interpreter" and complete the Interpreter Request Form (available in front desk area). All information is critical, so be sure to fill it out accurately and completely.

3. Instruct the client that if they need to cancel the appointment, they need to call us as soon as possible. Please stress this since APHCV will be charged for an interpreter's time even if the patient is a no-show.

4. Discourage patients from bringing their own interpreter (such as family members or friends). Explain to them that it is our clinic's policy to ensure that every client has access to trained interpreters and for confidentiality purposes, the use of family member and friends is strongly discouraged.

5. Submit the completed Interpreter Request form to the Health Education Manager or his/her designee. Give a minimum of 1-2 weeks to arrange for an interpreter.

**REMINDER:** APHCV languages are Cambodian/Khmer, Japanese, Spanish, Tagalog, Thai, and Vietnamese.

# Appendix J List of Agencies Specializing in Interpreting Services

| Name | Phone | Address/ Website | Language(s) | Interpretation Fee | Translation Fee | Process for Determining Fee | Required Training | Hiring Process | Medical Training? | Other |
|---|---|---|---|---|---|---|---|---|---|---|
| **Pro Med Interpreting Services** | (909) 945-1765 (877) 945-1765 | 11338 Canyon Way Pmb 254 Alta Loma, CA www.promedinterpreting.com | Samoan, Tongan, Burmese, Indonesian, Bengali, Ukrainian, Russian, Farsi, Hmong, Arabic, Armenian, Chinese, Vietnamese, Mandarin, Cantonese, Croatian, Serbian, French, German, Tagalog, Greek, Hungarian, Italian, Japanese, Korean, Portuguese, Sign Language | | | depends on language and availability | certified or state approved | experience | some | |
| **Marta Baca & Assoc** | (323) 663-9211 | PO Box 29536 Los Angeles, CA | Samoan, Indonesian, Bengali, Russian, Farsi, and others | | | still bill if cancelled <24 hrs in advance | none | freelance interpreters | some | most Asian language interpreters work for courts and are harder to book |
| **Thai Translation Svc** | (323) 663-5564 | 5123 W Sunset Blvd # 211 Los Angeles, CA | Thai, Laos | $75.00 | | | 5 yrs experience, B.A. | | no | |
| **Transworld Interpreters** | (323) 662-3522 | 3434 Amesbury Rd Los Angeles, CA | any available | varies | | depends on language and availability | certified (if certification is available for language) | | no | interpreters and translators are private contractors |
| **Professional Translation Svc** | (323) 461-0314 | 1030 N Western Ave | French, Spanish, English | $150.00 | $25.00 | | | | | |
| **AGS Translation** | (714) 289-2403 | 479 N Tustin St # 9 Orange, CA | Spanish, French, Italian, German, Portuguese, Chinese, Japanese, Korean, Vietnamese, Russian and Swedish | | $50.00 | depends on language and complexity | | | | |
| On Time Interpreting | **(213) 482-0607** | PO Box 39a74 Los Angeles, CA | Cambodian, Tagalog, Cantonese, Thai, Korean, Chinese, Samoan, Mandarin, Vietnamese, Indonesian, Croatian, Yugoslavian, Russian, Farsi, Khmar, Hebrew, and more | | | depends on interpreter | | yes evaluated by agency for fluency | | |
| Abc Interpreters | **(323) 938-6431** | 373 N Western Ave # 7 Los Angeles, CA | Cantonese, Mandarin, others, including many rare dialects | $250.00 | varies | Interpretation is charged per half day. | court certified | | some | |
| **Ed Santiago & Assoc** | (818) 246-3888 | | All languages | $295.00-$800.00 | | Interpretation is charged per half day. | state licensed, certified, continue accreditation on yearly basis | | some | Teresa Wilson, owner, will mail brochure. |
| **Southern California Interpreting** | 213 384 6472 Cecilia | 3325 Wilshire Blvd. #308 Los Angeles, CA | mostly Spanish, but also some others | | | | Interpreters must know medical terminology. | | some | |
| **Larisa -Weinberg & Assoc** | (323) 662-5020 | 3319 Glendale Blvd. # 380 Los Angeles, CA | All languages | | | depends on service | certified | | some | will mail information pamphlet |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Continental Interpreting Svc.** | (213) 383-8190 Veronica | 3250 Wilshire Bvld. # B Los Angeles, CA | all including Samoan, Tongan and Chamorro | | | | state certified, must take ethics course | some | will fax sample invoice |
| **Active Language Ctr.** | (213) 368-1304 | 3350 Wilshire Blvd. # 900 Los Angeles, CA www.englishschool.oa | All languages | $120/hr | per word | translation fee depends on languages | certified | | |
| **Better Communications** | (213) 387-1166 | 3700 Wilshire Bvld. # 695 Los Angeles, CA | all but specializes in Asian languages | | | | court and state certified; medical interpreters have medical certification | | will fax cost sheet |
| **East West Institute** | (213) 389-7944 | 110 N Berendo St Fl 2 Los Angeles, CA | Samoan, Burmese, Indonesian, Bengali, Russian, Hmong, Farsi, Ethiopian, Chu-Chaw, Cantonese, Mandarin, Korean and Chinese | | | | | | will fax cost sheet |
| **Sam Jin Translation Co** | (213) 385-2251 | 3123 W 8th St # 201 Los Angeles, CA | Korean | | | | | | will call back |
| **Ko-Am Interpreting Svc** | (213) 384-7800 | 3921 Wilshire Blvd. #402 Los Angeles, CA | Korean | | | | | | |
| **Susie's Helping Hand & Svc.** | (818) 500-1616 | 730 S Central Ave # 528 Los Angeles, CA | Armenian | $75/hr | | | | | |
| **Lee's Service** | (213) 388-4411 | 2140 W Olympic Blvd # 528 Los Angeles, CA | Korean | | | | | | |
| **Japanese Translators** | (213) 687-7500 | 880 W 1st St # 207 Los Angeles, CA | Japanese | | $0.30/word | | | | will fax sample pages |
| **One World Language Solutions** | (213) 626-0202 | 800 w 1st St # 207 Los Angeles, CA | Russian, Farsi, Tagalog, Vietnamese, Chinese, and Japanese | $120/hr | | | 3 years experience | some | will fax information |
| **Sam Jin Translation Co** | (213) 385-2251 | 3123 W 8th St # 201 Los Angeles, CA | Korean | $200/3hrs, $50/additional hr | | | | | |
| **MCI Interpreters** | (626) 854- 8095 | 18780 Amar Road # 105 Walnut, CA 91789 | will be faxed | will be faxed | will be faxed | | | | |
| **Tele-Interpreters** | (800) 246-2686 | | Samoan, Tongan, Burmese, Indonesian, Bengali, Sri Lankan, Russian, Farsi, Hmong, Punjabi, Urdu, Hindi and other languages (South Asian or Pacific Islander) | varies | varies | depends on language | | | |
| **Always Ready** | (800) 240-6601 | 11026 Ventura Blvd Suite 10, Studio City, CA 91604 | | | | | | | |
| **Transcend** | (530) 756- 5834 | 1530 Hillhurst Ave., Suite 200 Los Angeles, CA 90027 www.transcend.net | | | varies | depends on language | | | |
| **Language Line Services** | (800) 752- 0093 | One Lower Ragsdale Drive Monterey CA 93940-5747 www.languageline.com | will be faxed | will be faxed | will be faxed | | | | |

## Appendix K Sample Vital Document: Patient Consent Form

# CONSENT FORM

Patient Name: _____ Medical Chart Number: _____

MEDICAL CONSENT: I hereby request and consent to diagnostic procedures, tests, and medical treatment, family planning, birth control methods, and immunizations as deemed advisable by the professional staff of Asian Pacific Health Care Venture, Inc. (APHCV). I am aware that the medical care may be provided by a Physician, a Nurse Practitioner or a Physician Assistant.

RELEASE OF INFORMATION: I further authorize APHCV to release medical/social information to persons or agencies directly concerned with and engaged in carrying out a treatment plan for the patient. Also, APHCV may use and release any part of my records necessary to the process of billing third party payors for services rendered in my behalf. I clearly understand that all my information will be kept confidential.

FINANCIAL AGREEMENT: I hereby, in consideration of the services rendered, shall pay APHCV for all clinic services, in accordance with my individually established payment agreement. Where this agreement is executed by a financial guarantor, the financial guarantor shall be jointly liable with the patient.

_____ _____

PATIENT S SIGNATURE DATE OF SIGNING

_____ _____

PARENT S OR GUARDIAN S SIGNATURE APHCV STAFF S SIGNATURE

June, 1997
APHCV

# 同意書

氏名：＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　　カルテ番号：＿＿＿＿＿＿

**医療に関する同意**：これによって、私は、アジアパシフィックヘルスケアベンチャー(APHCV)において、専門職にたずさわるスタッフがなす診察診断、各種検査、医療処置、家族計画、避妊方法、予防接種等の医療行為を希望し、それらを受けることを同意します。また、それらの医療行為は、医師、Nurse Practitioner、Physician Assistant によって、ほどこされることを理解しています。

**カルテの公開**：さらに、私は、患者に関する治療プランに直接関わり、実際にその医療を行う人々、または、機関に対し、APHCVが、私の医療／社会的情報を公開することを認めます。また、APHCVが、私に代わって、医療費請求に関する手続きに必要な私の医療記録を、使用すること、また、第三者である支払い人、または、機関に、公開することを認めます。しかしながら、私は、これらすべての私の個人情報について、医療目的にのみ使用され、いっさい秘密厳守であることを、きちんと、理解しています。

**財政的同意**：これによって、私は、ほどこされた医療行為に対し、私の支払い能力に見合った方法、また、医療費に応じて、APHCVに、支払っていくことを同意します。また、財政保証人は、この作成された同意書上において、患者と連帯して、医療費について、責任を負う義務があることを、同意します。

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　＿＿＿＿＿＿＿＿＿＿

患者による署名　　日付

＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿　＿＿＿＿＿＿＿＿＿＿

保護者による署名（患者が未成年の場合）　　APHCVスタッフによる署名

APHCV Consent Form Japanese

## Appendix L Sample Vital Document: Follow-Up Letter

Date:

Name: _____

Address: _____

_____

_____

Dear: _____

Asian Pacific Health Care Venture community health center has tried to contact you by telephone. However, we haven't been able to contact you because

the phone is disconnected
it is a wrong number
there is no answer
and/or
other reason

Please contact us as soon as possible at (323) 644-3888. It is important that we talk to you. Thank you.

Asian Pacific Health Care Venture

Follow Up letter (Tagalog)

Pangalan ng Pasyente
Tirahan

Dear _____

Sinubukan po kayong kontakin sa telepono ng Asian Pacific Health Care Venture community health center pero hindi namin kayo nakausap dahil

Putol na ang linya ng telepono

Mali ang numero

Walang sumasagot

Iba pang dahilan _____

Hindi raw kayo nakatira roon. Kung maaari po sana ay ibigay ninyo ang numero ng telepono kung saan kayo makakausap o makokontak.

Pakitawagan po ninyo kami sa lalong madaling panahon sa (323) 644-3888. Mahalagang makausap namin kayo. Maraming salamat po.

Asian Pacific Heath Care Venture

## Appendix M Sample Vital Document: Reminder Card

*A Reminder for.....*

You are due for the following services:

❑ Annual Check-up ❑ Immunization ❑ Pap Smear ❑ INH Treatment

---

*Isang Paalala para kay.....*

Panahon na para sa mga sumusunod na mga serbisyo:

❑ Taunang check-up ❑ Bakuna ❑ Pap Smear ❑ INH Treatment

---

*Xin Nhắc.....*

Việc khám sức khỏe của ông / bà đã đến hạn:

❑ Tái khám toàn khoa hằng năm ❑ Chủng ngừa bệnh ❑ Khám phụ khoa ❑ Thuốc ngừa lao "INH"

---

សូមរំលឹកដល់ លោកអ្នក.....

ដោយលោកអ្នកមិនបានអញ្ជើញមកតាមការណាត់ជួប

❑ ពិនិត្យសុខភាពទូទៅ ❑ ចាក់ថ្នាំការពារ ❑ ពិនិត្យស្បូន ❑ ពិនិត្យក្រពះ,ថ្លើម(ក្នុងការណីការពារជំងឺរបេង)

---

บัตรเตือน สำหรับ .....

ถึงกำหนดเวลาที่คุณจะต้องมารับการตรวจ

❑ การตรวจประจำปี ❑ การฉีดวัคซีน ❑ ตรวจภายใน ❑ การให้ยา INH

---

*お知らせ.....*

以下の検査または治療を受けることになっております。

❑定期検診（一年毎） ❑予防接種 ❑子宮ガン検診 ❑ＩＮＨ（結核予防）治療

---

Please contact our office to schedule an appointment: If you already have an appointment, please disregard this notice
Makipag-ugnay sa aming opisina para gumawa ng appointment: Kung may appointment na kayo, huwag nang paminin ang paalalang ito.
Xin liên lạc với chúng tôi để lấy hẹn: Nếu ông / bà đã có hẹn rồi, xin bỏ qua thông báo này.
អាស្រ័យហេតុនេះសូមទាក់ទងមកខ្ញុំសម្រាប់ធ្វើការណាត់ជួប....ប្រសិនបើលោកអ្នកបានណាត់ជួបរួចហើយ, សំបុត្រនេះចាត់ទុកជាមោឃៈ។
กรุณาติดต่อกับเพื่อนัดตรวจครั้งต่อไป ถ้าท่านมีนัดแล้ว กรุณาอย่าสนใจกับเรื่องนี้
もしも、まだご予約をされていない場合は、以下の番号までお電話下さい。よろしくお願い致します。

Thank you! Salamat po! Cám ơn! ขอบคุณ ! សូមអរគុណ!

**(323) 644-3888**

## Appendix N Complaint/Consent Form

U.S. Department of Justice
Civil Rights Division
*Coordination and Review Section*

# NOTICE ABOUT INVESTIGATORY USES OF PERSONAL INFORMATION

## NOTICE OF COMPLAINANT AND INTERVIEWEE RIGHTS AND PRIVILEGES

Complainants and individuals who cooperate in an investigation, proceeding or hearing conducted by DOJ are afforded certain rights and protections. This brief description will provide you with an overview of these rights and protections.

- A recipient may not force its employees to be represented by the recipient's counsel nor may it intimidate, threaten, coerce or discriminate against any employee who refuses to reveal to the recipient the content of an interview. An employee does, however, have the right to representation during an interview with DOJ. The representative may be the recipient's counsel, the employee's private counsel, or anyone else the interviewee authorizes to be present.

- The laws and regulations which govern DOJ's compliance and enforcement authority provide that no recipient or other person shall intimidate, threaten, coerce or discriminate against any individual because he/she has made a complaint, testified, assisted or participated in any manner in an investigation, proceeding, or hearing conducted under DOJ's jurisdiction, or has asserted rights protected by statutes DOJ enforces.

- Information obtained from the complainant or other individual which is maintained in DOJ's investigative files may be exempt from disclosure under the Privacy Act or under the Freedom of Information Act if release of such information would constitute an unwarranted invasion of personal privacy.

***There are two laws governing personal information submitted to any Federal agency, including the Department of Justice (DOJ): The Privacy Act of 1974 (5 U.S.C. § 552a), and the Freedom of Information Act (5 U.S.C. § 552).***

THE PRIVACY ACT protects individuals from misuse of personal information held by the Federal Government. The law applies to records that are kept and that can be located by the individual's name or social security number or other personal identification system. Persons who submit information to the government should know that:

- DOJ is required to investigate complaints of discrimination on the basis of race, color, national origin, sex, disability, age, and, in some instances, religion against recipients of Federal financial assistance. DOJ also is authorized to conduct reviews of federally funded recipients to assess their compliance with civil rights laws.

- Information that DOJ collects is analyzed by authorized personnel within the agency. This information may include personnel records or other personal information. DOJ staff may need to reveal certain information to persons outside the agency in the course of verifying facts or gathering new facts to develop a basis for making a civil rights compliance determination. Such details could include the physical condition or age of a complainant. DOJ also may be required to reveal certain information to any individual who requests it under the provisions of the Freedom of Information Act. (See below)

- Personal information will be used only for the specific purpose for which it was submitted, that is, for authorized civil rights compliance and enforcement activities. Except in the instances defined in DOJ's regulation at 28 C.F.R. Part 16, DOJ will not release the information to any other agency or individual unless the person who supplied the information submits a written consent. One of these exceptions is when release is required under the Freedom of Information Act. (See below)

- No law requires a complainant to give personal information to DOJ, and no sanctions will be imposed on complainants or other individuals who deny DOJ's request. However, if DOJ fails to obtain information needed to investigate allegations of discrimination, it may be necessary to close the investigation.

- The Privacy Act permits certain types of systems of records to be exempt from some of its requirements, including the access provisions. It is the policy of DOJ to exercise authority to exempt systems of records only in compelling cases. DOJ may deny a complainant access to the files compiled during the agency investigation of his or her civil rights complaint against a recipient of Federal financial assistance. Complaint files are exempt in order to aid negotiations between recipients and DOJ in resolving civil rights issues and to encourage recipients to furnish information essential to the investigation.

- DOJ does not reveal the names or other identifying information about an individual unless it is necessary for the completion of an investigation or for enforcement activities against a recipient that violates the laws, or unless such information is required to be disclosed under FOIA or the Privacy Act. DOJ will keep the identity of complainants confidential except to the extent necessary to carry out the purposes of the civil rights laws, or unless disclosure is required under FOIA, the Privacy Act, or otherwise required by law.

THE FREEDOM OF INFORMATION ACT gives the public access to certain files and records of the Federal Government. Individuals can obtain items from many categories of records of the Government -- not just materials that apply to them personally. DOJ must honor requests under the Freedom of Information Act, with some exceptions. DOJ generally is not required to release documents during an investigation or enforcement proceedings if the release could have an adverse effect on the ability of the agency to do its job. Also, any Federal agency may refuse a request for records compiled for law enforcement purposes if their release could be an "unwarranted invasion of privacy" of an individual. Requests for other records, such as personnel and medical files, may be denied where the disclosure would be a "clearly unwarranted invasion of privacy."

U.S. Department of Justice
Civil Rights Division
*Coordination and Review Section*

## COMPLAINANT CONSENT/RELEASE FORM

Your Name:_____

Address:_____

_____

Complaint number(s): (if known)_____

*Please read the information below, check the appropriate box, and sign this form.*

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for DOJ to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOJ to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOJ's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by DOJ.

## CONSENT/RELEASE

☐ **CONSENT - I have read and understand the above information and authorize DOJ to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (DOJ) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.**

☐ **CONSENT DENIED - I have read and understand the above information and do not want DOJ to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.**

_____ _____

**SIGNATURE** **DATE**

**Appendix O** Sample Notice for Posting

# You have the right to receive free interpretation service in your language.

## IF YOU WOULD LIKE TO RECEIVE SUCH SERVICES, PLEASE INFORM THE FRONT DESK.

**ASIAN PACIFIC HEALTH CARE VENTURE, INC.**

# Key 3 Training of Staff

Training is a necessary and integral part of the orientation for new employees, and is crucial to ensuring the effective delivery of LEP services. Training ensures that employees are knowledgeable and aware of LEP policies and procedures, are trained to work effectively with in-person and telephone interpreters, and understand the dynamics of interpretation between patients, providers and interpreters. APHCV raises training funds through grant writing, fund raising events and from patient revenue. All APHCV employees receive some form of training upon hire depending on their job description. Please see the following chart for the list of APHCV Required Training per employee's job function.

## APHCV Required Training

Most of the training is provided when an employee is first hired by the CHC. Besides the LEP related training, other trainings which the CHC employees must attend include a personnel orientation, fire safety and disaster preparedness, and infectious disease control. Each training is coordinated and scheduled by the Human Resource Coordinator based on the employees job function, and training records/documents are filed in each employee's personnel record. The Human Resource Coordinator maintains information regarding the completion of employee training and monitors progress by working with the internal trainer and supervisor.

The effectiveness of training is assessed through the administration of a pre and post test as well as a participant training evaluation. Any consistent findings are noted for consideration in modifying the training curriculum. Also, informal interviews may be conducted among participants to collect qualitative information regarding their feedback on the training.

### Cultural Awareness Training

All APHCV employees will receive cultural awareness training upon hire. APHCV's cultural awareness trainings extend beyond ethnic cultures, and include topics such as adolescent, senior, Gay, Lesbian, Bisexual and transgender sensitivity. The trainings will be provided by the Health Education Department Manager, or her designee in a small group setting.

APHCV's cultural training focuses on learning about the populations and the communities served rather, than the memorization of typical cultural do's and don'ts. The training uses **population profiles** (please see appendix Q for a sample population profile) of our patients as a training curriculum. The population profiles cover stereotypes, demographics, ethnicity, language, food, religion, socio-economic, major history of country, immigration history, barriers to health care, health beliefs and practices, and is accompanied by discussion scenarios. The primary goal of the training is to help employees learn and understand the populations and communities APHCV serves and develop practical skill sets that are appropriate for the population and community (cultural competency) through group discussions. Population profiles are currently available for Cambodian, Filipino, Guatemalan, Japanese, Mexican,

Salvadorian, Thai, Transgender, Vietnamese, Gay, Lesbian, and bisexual individuals/populations. These are also included in the appendices. An adolescent sensitivity curriculum is developed by APHCV's youth center and senior sensitivity curriculums are developed by APHCV's adult and senior service units. These curriculum focus on unique health issues faced by these population groups in our service area.

**Overview of Linguistically Competent Services at APHCV**

All APHCV employees, regardless of positions, must attend this training to understand the clinic's policy and procedures for providing linguistically competent services. As a part of the training, APHCV disseminates an overview of its LEP Manual to all employees and provides orientation to the document. The overview includes Title VI guidelines as background information, in addition to operational policies and procedures. The employees will be also informed of where to find complete policy and procedure documents, and how to obtain a copy.

Staff training needs are reassessed at the departmental level by supervisors to ensure that the staff is implementing APHCV LEP policies and procedures properly. Supervisors will report identified training needs to the Quality Improvement Committee (QIC) on a quarterly basis or sooner for critical issues. The QIC, as a part of their monitoring responsibility, makes a recommendation to repeat training, modify curriculum or other activities necessary to ensure proper implementation of LEP policies and procedures.

**How to Work Effectively with Interpreters**

All clinic staff, regardless of language proficiency level, will receive training from the Health Education Manager on how to work effectively with interpreters. The training will be conducted in a small group, preferably by unit or departmental groups, and will cover the roles and responsibilities of SSLs and interpreters at APHCV. Staff also view a video entitled "Communicating Effectively Through An Interpreter" developed by the Cross Cultural Health Care Program[9]. The video is designed for providers and presents three clinical encounters with untrained and trained interpreters. Although the video is most relevant to providers, it shows examples of a trained interpreter and an untrained interpreter and helps clarify expectations for interpreters in any CHC setting. In addition, the trainer and Health Education Manager will facilitate a discussion following the video, and make relevant references to the job functions of each trainee. SSL's also go through a similar training and view the video as well upon hire. This will be described in more detail in the next section.

The effectiveness of training will be evaluated through a pre and post test and monitored by supervisors and the Health Education Manager through informal interviews of employees who use interpreters on a daily basis in their job function (i.e. providers, financial screeners, nurses, etc.)

[9] Cross Cultural Health Care Program, PacMed Clinics, *Communicating Effectively Through An Interpreter(video)*, 1998. www.xculture.org

## Training SSLs and Bilingual Staff for Interpretation Competency

Staff (Level 2 bilingual staff and SSLs) that will potentially interpret for patients, regardless of whether or not their main job or responsibility is interpretation and translation, must attend the following in-house trainings before they start providing interpretive services (except Skills of Interpretation and Medical Terminology and Concepts which are part of an on-going training).

Roles and Responsibilities of a Medical Interpreter–Staff who will be involved in interpretive services are given an in-serviced for approximately an hour by the Health Education Manager on the roles and responsibilities of a Medical Interpreter. Materials used in this session include excerpts from "A Handbook for Interpreters in Health" developed[10] by the Government of the Northwest Territories, Canada, and "California Standards For Healthcare Interpreters"[11] developed by the California Healthcare Interpreters Association.

Legal and Ethical Issues of Interpretation—In this one hour training, the Health Education Manager reviews the aforementioned CHIA's standard with Level 2 bilingual staff and SSLs. This is followed by a case discussion facilitated by the trainer and an experienced SSL. The case discussion will reveal some of the challenging cases from the standpoint of legality and ethics. Those cases are collected from SSLs on an on-going basis for training purposes. Those cases are reviewed prior to the group discussion, and any information that could identify the case is removed. Experienced SSLs will be able to bring insight to legal or ethical dilemmas based on their experiences, and help new hires prepare for similar encounters.

Skills of Interpretation - This training focuses on practical techniques that staff can utilize in interpretive sessions. The topics include the importance of pre and/or post sessions, seating arrangements, note-taking, taking a pause to interpret, asking for clarification, dealing with difficult patients and other topics. The training is on-going and facilitated by the Health Education Manager and an experienced SSL. The method of teaching is interactive and includes demonstrations, role-play, peer reviews. Experienced SSLs and or newly hired staff can share lessons learned and exchange ideas that can assist interpreters in gaining or improving their capacity as effective medical interpreters. Newly hired Level 2 bilingual staff and SSLs must receive at least one training in this area before they begin interpreting.

Medical Terminology and Concepts—This on-going training focuses on medical terminology and concepts. Initial training, which will be provided in conjunction with other interpretive training, will introduce newly hired staff to available resources at APHCV such as Medical Glossaries[12] and "An Interpreter's Guide to

[10] Government of the Northwest Territories, *A Handbook for Interpreters in Health*.
[11] California Healthcare Interpreters Associations, *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and guidance on Roles and & Intervention*, 2002. http:www.chia.ws/standards.htm.
[12] The Cross Cultural Health Care Program, *Medical Glossary (various languages).*

Common Medications"[13] developed by the Cross Cultural Health Care Program, "Pocket Guide for Medical Interpretation"[14] developed by AAPCHO, "Griffith's Instructions for Patients[15], Mosby's Medical, Nursing, & Allied Health Dictionary"[16] and medical dictionaries in various languages. In addition to the above-mentioned resources, APHCV's Medical Director developed information sheets on commonly diagnosed diseases at APHCV. In the training, the Health Education Manager will review those sheets with the staff. Newly hired Level 2 bilingual staff and SSLs must receive at least one training in this area before they start interpreting. Additional training in this topic area will be provided as continuing education.

Support Service Unit orientation (SSL only) Each APHCV employee receives a unit/department orientation during which the unit service description, employee job description, and relevant policies and procedures are reviewed. The orientation for SSLs includes a clinic service description, a description of the unit's and SSL's role in clinic operations, a list of suggested trainings, a list of staff and manager/supervisor expectations, the personnel evaluation process, a list of available resources, and policies and procedures. The Health Education Manager spends about 1.5-2 hours with a newly hired SSL to go over the above information and review the most relevant policies and procedures, such as the confidentiality policy, the follow-up (patient contact) protocol, the medical record charting policy, and the glossary of agency approved medical abbreviations. In addition, the SSL will view the "Communicating Effectively Through An Interpreter" video and have an opportunity to discuss their reaction. The unit orientation should be provided prior to any interpretive training.

**Direct Observation**

The above mentioned training will be followed by staff observing actual interpretation sessions between existing APHCV staff and patients. (See Appendix R **Observation Guidelines for Patient Support Service Liaison**). Bilingual staff Level 2 and SSLs must observe at least 20 actual interpretive sessions before they begin interpreting. SSLs are also observed in return for 20 sessions. The twenty sessions should preferably cover the entire scope of CHC services (i.e. new patient, established patient, preventative care, episodic care, chronic illness management, pediatric and adult and seniors). The sessions in which a new hire is observed will be critiqued by an experienced SSL and documented in the observation feedback form. This is critical in learning different communication styles of providers and patients, and gives the new hire exposure to the actual patient encounter setting. Some of the newly hired Level 2 bilingual staff and/or SSLs might not be familiar with outpatient, community health centers or multilinguistic settings. This practice gives them experience and prepares them for actual situations before they start interpreting on their own.

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[13] The Cross Cultural Health Care Program, *Bridging the Gap, An Interpreter's Guide to Common Medications*, October, 1996.
[14] Association of Asian Pacific Community Health Organizations, *Pocket Guide For Medical Interpretation*, 1996.
[15] Stephen W. Moore, *Griffith's Instructions for Patients, Six Edition*, W.B. Saunders Company, 1998.
[16] Kenneth N. Anderson, Lois E. Anderson, Walter Dr. Glanze, *Mosby's Medical, Nursing & Allied Health Dictionary, Fifth Edition*, Mosby, 1998.

From the quality assurance perspective, this observation process is critical. Before the newly hired staff starts interpreting, experienced SSLs can observe, critique and make a recommendation for improvement. After 20 sessions, if the staff is not at a level to start interpreting on their own (such assessment made by the observing SSL), additional training, or a personnel action recommendation will be discussed with the staff.

On-going training for SSLs are supplemented with monthly trainings that focus on health-related topics such as diabetes, hypertension, family planning methods, interpretation issues, etc. SSLs are required to attend the training. Participation of Level 2 bilingual staff at on-going trainings is recommended, however, this can be negotiated depending on how frequently they function as back-up interpreters. The Health Education Manager and QIC will monitor performance of those back-up interpreters, make a recommendation, and negotiate with supervisors on how much participation is requested.

**Table 3. APHCV LEP Related Trainings**

| Training Topic | Staff who must attend: | | | |
|---|---|---|---|---|
| | **Clinic staff** (Bilingual staff Level 1) | **Clinic staff** (Bilingual staff Level 2) | **SSLs** | **Non-clinic staff** |
| **Cultural Awareness/Competency Training** includes:<br>Culture and Health<br>Culture and Communication<br>Population profile<br>*Method: didactic, case discussion*<br>*Length of training: Approximately 1.5 hours* | X | X | X | X |
| **Overview of Linguistically Competent Services at APHCV (policy and procedure)**<br>Method: didactic<br>*Length of training: Approximately 1 hour* | X | X | X | X |
| **How to Work Effectively with Interpreters**<br>*Method: video, group discussion*<br>*Length of training: Approximately 1 hour* | X | X | | |
| **Roles and Responsibilities of the Medical Interpreter**<br>*Method: Didactic*<br>*Length of training: Approximately 1 hour* | | X | X | |
| **Legal & Ethical Issues of Interpretation**<br>*Method: didactic, case discussion*<br>*Length of training: Approximately 1 hour* | | X | X | |
| **Skills of Interpretation**<br>*Method: didactic, demonstration, role play*<br>*Length of training: On-going* | | X | X | |
| **Medical Terminology and Concepts**<br>*Method: didactic*<br>*Length of training: On-going* | | X | X | |

# Appendices: Key 3 Training of Staff

Q. Sample population profile (Thai)
R. Observation Guidelines for Patient Support Service Liaisons
S. List of Trainers Specializing in Interpreting Services

**Appendix Q** Sample Population Profile

# THAI


1. **Stereotypes:** last name has a minimum of 15 letters, own Thai restaurants.

2. **Demographics**

Location: Southeastern Asia, bordering the Andaman Sea and the Gulf of Thailand, southeast of Burma

Climate: tropical; rainy, warm, cloudy southwest monsoon (mid-May to September); dry, cool northeast monsoon (November to mid-March); southern isthmus always hot and humid

Population: 61,797,751

Age structure:

| | | | |
|---|---|---|---|
| *0-14 years:* | 23.43% | male 7,380,273 | female 7,099,506 |
| *15-64 years:* | 69.95% | male 21,304,051 | female 21,921,383 |
| *65 years and over:* | 6.62% | male 1,796,325 | female 2,296,213 |

Life Expectancy: 68.86 years

Infant Mortality: 30.49 deaths/1,000 live births (2001 est.)

Ethnicity:
Thai 75%,
Chinese 14%
Other (including Cambodian, Vietnamese, Indian, Laos) 11%

**Language**

Thai
English (secondary language of the elite)
Ethnic and regional dialects

**Food:** rice, soup, curry, pork, vegetables, seafood, coconut milk; flavors range from salty, sweet and sour. Spices include: coriander, garlic, tumeric, ginger, lemongrass, cardaman, basil and pandamus, chilies and pepper, condiments include shrimp paste, fish sauce, and tamarind sauce.

**Religion**

Theravada Buddhism (95%): Senior monks are highly revered. In towns and villages the temple (wat) is the heart of social and religious life. A monk is celibate and may not be touched by a woman, not even his mother.
Muslim (3.8%)
Christian (0.5%)
Hinduism (0.1%)
Other (0.6%)

**Socio-economic**

After enjoying the world's highest growth rate from 1985 to 1995 - averaging almost 9% annually - increased speculative pressure on Thailand's currency in 1997 led to a crisis that uncovered financial sector weaknesses and forced the government to float the baht. Thailand entered a recovery stage in 1999, expanding 4.2% and grew about the same amount in 2000, largely due to strong exports - which increased about 20% in 2000. The percentage of the population below poverty line was estimated at 12.5% in 1998 and the unemployment rate is 3.7% (2000 est.). Total population literacy rate is at 93.8%.

**Other cultural factors**

Monarchy and religion are sacred in Thailand, and it is against the law to criticize them, especially in public.
Thais believe that the head is the most sacred part of the body, so avoid patting people on their head and communicate what you are doing if touching the head is necessary.

Standing over someone, especially someone older or wiser, is considered rude behavior since it implies social superiority. The feet are considered the lowest part of the body, so pointing with your feet in extremely rude. When sitting down, make sure the soles of your feet are not facing anyone.
Wearing shorts is considered improper and low-class attire, but acceptable for children.
If you are planning to visit a Buddhist temple, dress conservatively and remember to take your shoes off when you enter the temple.
In the Thai social system, the village is the unit. It was in former days, a self-contained one in its economy and needs. The people's habits and customs were based mainly on agriculture and religion. Most villages had a Buddhist monastery and a shrine for a village deity.

**Immigration History**

In 1999, 2,381 immigrants were admitted into the United States from Thailand. Most people come to the US seeking better economic opportunities. As legal immigration has become more difficult, other methods have included obtaining student or visiting visas with the intention of staying in the US. In Los Angeles, the Thai community consists of the older generation that has lived in the US for approximately 30 years. Most recent immigrants are between the ages of 20-40 years of age.

**Community in Los Angeles County:** 20,040

Enclaves of Thais include Hollywood, North Hollywood, La Puente, El Monte, Pasadena, and some in Long Beach. Two main sites of worship, Buddhist temples, are also in North Hollywood and La Puente. Most immigrants have come for better economic opportunities however due to low educational levels, jobs have included restaurants, textile factories, markets, and other low-wage positions.

**Major Historical Events**

A unified Thai kingdom was established in the mid-14th century; it was known as Siam until 1939. Thailand is the only southeast Asian country never to have been taken over by a European power. A bloodless revolution in 1932 led to a constitutional monarchy. In alliance with Japan during World War II, Thailand became a US ally following the conflict.
Since then, Thailand has been struggling with the Western ideal of democracy and economy; many coup d'etats have alternated with elected civilian governments.

**Barriers to health care**

Limited English
Lack of transportation
Religious beliefs
Health beliefs

Financial constraints

**Health beliefs and practices**

Assessment is complicated first by a reluctance to complain or express negative feelings. It is common for patients to not report or even to deny symptoms or problems.
Illness may be attributed to imbalance in natural forces, i.e., a humoural theory of causation.
Pain and illness are sometimes endured and remedies delayed due to the belief in fate.
Initial response to pain or illness may consist of self-diagnosis and utilizing herbs or prescription pharmaceuticals from Thailand.

**Health risks for immigrants**

Depression
Hypertension
Heart disease
Diabetes
Hepatitis B
Tuberculosis
High cholesterol

**Special consideration in health care delivery**

Buddhist philosophies

a) Out of respect for authority, i.e. doctors, clients may avoid eye-contact, express superficial acceptance rather than disagreement.
b) Health-care decision-making involves the client's family rather than just the individual due to the emphasis on the family unit.
c) Male Buddhist monks are not allowed to be touched by women or touch anything that is given to them by a woman.

APHCV Clients:

Middle age and senior citizens. Mostly illegal immigrants from Thailand or Thai Americans that have lived in the US for approximately 30 years.

**Cultural Competency Skill Set**

Scenario I: A 45-year-old domestic worker seeks medical attention for skin irritation, which is understood traditionally as a hot illness, the excess force erupting through the skin. What type of treatment would better meet the patient's understanding of balance?

**Appendix R** Observation Guidelines for Patient Support Service Liaison

1. You must obtain patient consent before you have someone observe the counseling session. This must be done before the observer is taken into the room with the patient. if the patient agrees to be observed, then bring the observer into the session. Use the following questions:
   Would you mind if someone observe the session?
   Would you mind if the person who observes is male or female?

2. If you observe an interpreted session, and you are a new SSL, your role is only as an observer and not as an active participant. Please let the interpreter interpret and do not interrupt the session. You are encouraged to ask questions after the sessions.

3. If you observe an interpreted session done by a new SSL, your prime responsibility is to observe. However, if the quality (accuracy, effectiveness of points getting crossed, etc.) of the new SSL's interpretation affects the overall quality of patient care, you must step in to provide accurate interpretation. Use the following statements to interrupt the session:
   Excuse me, but if may I clarify the information
   May I interrupt? I'd like to add to _____'s interpretation .

After the observation, fill out the Evaluation/Observation form and review the form with the new SSL. Provide practical recommendations to the SSL. Submit the form to the Health Education Dept. Manager.

**Support Service Liaisons Evaluation/Observation Form**

DATE: _____ START TIME: _____ END TIME: _____

OBSERVATION OF _____ PROVIDER'S NAME: _____

OBSERVATION # 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

REASON FOR VISITS/DIAGNOSIS: _____

INTERPRTER'S STRENGTHS: _____

_____

_____

_____

NEEDS IMPROVEMENT ON: _____

_____

_____

_____

RECOMMENDATIONS/SKILLS BUILDING: _____

_____

_____

_____

We reviewed above observation/evaluation and discussed specific skill building recommendation.

OBSERVER NAME: _____ SIGNATURE: _____

TITLE:_____

PATIENT SSL NAME: _____ SIGNATURE: _____

TITLE:_____

# Appendix S List of Trainers Specializing in Interpreting Services

| | Name | Contact Person | Phone/ Email | Address/ Website | Languages | Prerequisites | Cost | Duration/ Days and Times | What Class Entails | What Students Receive | Other |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | **Pacific Asian Language Services (PALS) for Health** | Susan Choy | 213 553 1827 | | | must take and pass proficiency test (provided) | $550/person (possibly less for CHCs) | Oct. 12 - Nov. 9<br>Sat.<br>8 am - 5 pm | | | Students are asked to come in pairs with another student speaking the same language. Please inform ahead of time if a partner must be found. |
| 2 | **Southern California School of Interpretation** | | 562 863 0026 | 11506 E. Telegraph Rd.<br>Santa Fe Springs, CA 90670<br><br>www.interpreting.com | Spanish | must be fluent in both languages; and must write 1-page essay in English, open topic, then translate to Spanish | $420 | Oct. 12 - Dec. 21<br>Sat.<br>8 am | lecture and lab | diploma, can apply for state exam for certification | |
| 3 | **Cross Cultural Health Care Program** | Monica Alfonso; Cynthia E. Roat, MPH | 206-860-0329<br>206-860-0331 | 2821 Beacon Ave.<br>So. Seattle, WA 98144<br><br>www.xculture.org | no courses on specific languages; but offers medical glossaries in Amharic, Cambodian, Mandarin, Korean, Lao, Russian, Somali, Spanish, Tigrigna, Vietnamese | must be high school graduate and fluent in both English and another language | $300 in Seattle area.<br>If subcontracted, $12,475 plus airfare (includes preparation time, teach and follow-up on course, lodging, local transportation, materials for up to 25 participants) | | 40 hr basic intermediate course. Materials include a student manual, bilingual medical glossary (limited languages available), information about culture and traditional healing, and an interpreter's manual to medications. Active participation - practice sessions, role plays, small group discussions. | certificate of completion | This is a non-profit consultant based agency that can travel to agencies to provide training for interpreters, interpreter trainers, health care providers, health care administrators on issues of language access, health care providers and staff on cultural competency, and cultural competency trainers.<br>Topics:<br>-Basic interpreting skills: role, ethics, conduit and clarifier interpreting, intervening, managing flow of session.<br>-Information on health care: intro to health care system, how doctors think, anatomy, and basic medical procedures.<br>-Culture in interpreting: self-awareness, basic characteristics of specific cultures, traditional health care in specific communities, culture-brokering.<br>-Communication skills for advocacy: listening skills, communication styles, appropriate advocacy<br>-Professional development |
| 4 | **L.A. Care** | Jennifer Cho | | | | Applicants are pre-screened to determine appropriateness for the training, primarily focusing on the individual's language ability. | | | total 48 hours | certificate of completion | |
| 5 | **Mt. San Antonio College** | | 909 594 5611 ext. 5241<br><br>Admissions: 909 594 5611 ext. 4415<br><br>Career Center: 909 594 5611 ext. 4510 | 1100 N. Grand Ave.<br>Walnut, CA 91789 | Spanish and Chinese, but always looking for health coaches in other languages | No medical background is necessary, but students are screened for strong language skills (speaking and writing). There are English classes available for those who need them. | tuition-free.<br>$16 lab fee.<br>Books ~$150. | Aug. - June<br>Thurs. & Fri.<br>4 - 7<br>OR 7 - 10<br>(Additional English classes meet at different times.) | 1st semester: medical terminology, anatomy, physiology<br>2nd semester: training w/ coaches.<br>Internship at end | training certification | |
| 6 | **Bentley College: Legal and Medical Interpreter Certificate Program** | Laura Margo | 800 866 2201 | Waltham, MA<br><br>http://www.bentley.edu/executive/programs/legal-medical.cfm | Spanish and Portuguese | Pass language proficiency exam. | program plan: $3,475 + $25 lab fee<br>per course plan: $3,775 + lab fee | 12 months for 1 certificate (154 hrs);<br><br>15 months for combined certificate (190 hrs) | instruction in written and sigh translation; simultaneous and consecutive interpretation; language and computer labs | | Required Courses:<br>Intro. To Communication and Written Translation<br>Interpreting I<br>Interpreting II<br>Medical Interpretation<br><br>Optional Courses:<br>Interpreter Job Search Workshop<br>OCIS Written Exam Preparation Workshop<br>Computer Workshop for Translators<br><br>**Program is being phased out, effective Spring 2003. |
| 7 | **Asian Health Services:Language and Cultural Access Program** | Hong Vu | 510 986 1153ext. 204 | 818 Webster St.Oakland, CA 94607www.ahscsc.org | open to all languages, but primarily Spanish and Cantonese | Pass oral language proficiency test (through phone). Students must be partnered up with another student speaking the same language. | free (funded by California Endowment)test at end (medical terminology and interpreting skills):$125 | 40 hrs;twice a year;dates depend on grant funding and requirements | Course meets California Health Interpreter Association (CHIA) standards. | does not certify; passing grade qualifies student to work for AHS; students receive proof of training | |

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| 8 | **Lowell General Hospital (Merrimack Valley Area Health Education Coalition and Blue Cross Blue Shield Foundation)** | Maria Gates | 978 685 4860 | | Course does not focus on specific language, but students must choose one language for the course. | Preference is given to those currently serving as medical interpreters. | $30 (non-refundable) | starts Sept. 25; 54 hrs | | A certificate is provided upon satisfactory completion of the program. | Attendance is required for certification although missed classes can be made up in future programs. |
| 9 | **Translation Center at the University of Massachusetts Amherst (Online)** | Edwin Gentzler | 413 545 2203<br><br>877 77U MASS<br><br>transcen@hfa.umass.edu | www.umass.edu/contined | multilingual, with a variety of languages included | advanced knowledge of one language other than English, general knowledge of scientific concepts, desire to learn and/or improve interpretation skills | Course is offered under continuing education and is charged on a per-credit basis. | Spring 2002 | Skills covered include terminology building in specialized medical terminology, word derivations, abbreviations, memory retention, note-taking, standards of practice, and multi-cultural problem-solving. | certificate of completion, 3 Continuing Education Units (CEUs), and/or 3 hrs of academic credit | open to interpreters, translators, bilingual health care providers, nurses, doctors, emergency room personnel, intake coordinators, community educators, counselors, therAAAPIsts, social workers, community support services personnel |
| 10 | **University of Massachusetts Memorial Health Care Bilingual Medical Interpreter Training Program** | Estela McDonough, Coordinator of Education and Training | 508 856 2792 | | Spanish, Portuguese, Arabic, Hmong, Laotian, Cambodian, Greek, French, Farsi, Russian, and others | Admission Process:<br>-Screen, test, and assess linguistic (oral and written) cultural, and communication skills of applicants.<br>-Speak, read, and write fluent English and target language.<br>-A minimum of two yrs of college or similar prep.<br>-Certificate of school or course attended.<br>-Resume and two letters of recommendation | $300 for entire course and all printed material | held twice a yr, during Spring and Fall, at the UMASS Medical School; Classes are 3 hrs long, held once a wk on Wed, 5:30 - 8:30 pm. | 51-classroom hrs; 40-practicum hrs. Training methods: lectures - guest speakers, discussion, small group activities, brainstorming, role playing, quizzes, final exam and project presentation; case studies; hospital tour; shadowing; and practicum. | certificate of attendance | Course Topics:<br>-MMIA Standards of Practice<br>-Medical terminology, anatomy, and physiology<br>-Intro to the health care system<br>-Ethics<br>-Public health issues<br>-Cross-cultural issues<br>-Teamwork |
| 11 | **University of Massachusetts at Amherst - Distance Learning Translation Center** | | 413 545 2203 | www.umass.edu/transcen/ | | | | 12 weeks | Introduces participants to the language of medicine. The course content includes definitions and analysis of medical terms as well as anatomic, diagnostic, operative, and symptomatic terms. Teaching methods include lectures, readings and class discussions. | | The Translation Center is non-profit and all income is invested in education and research. The Translation Center, in conjunction with the Dept. of Comp. Lit., offers a Master of Arts in Translation Studies. It involved both theory and practice of translation and has a strong cultural studies component.<br><br>**CALL** |
| 12 | **Massachusetts Medical Interpreters' Association; Medical Interpreter Training and Continuing Education** | John | 617 636 5479<br><br>fax:<br>617 636 6283 | Children's Hospital, Enders Auditorium<br><br>www.MMIA.org | varies, but in past courses: Arabic, Cambodian, Khmer, Vietnamese, Russian, Haitian, Creole, Portuguese, Spanish, Polish, Albanian, Chinese, American Sign Language | Must have prior medical interpreting training and have taken at least one medical interpreting course. Must pass bilingual competency test. Fax resume and cover letter indicating intention to participate. | Free to MMIA members in good standing. $25 materials fee for some courses. | 60 hrs, 20 sessions.<br><br>Next session begins Oct. 23, 2002.<br><br>Check website for future sessions. | Local community college, 28 credits, 10 courses, 2 semesters, 60 hrs.<br><br>Students are given presentations on the medical subject and psycho-social issues. They look into case studies, especially in the ER. Students also practice dialogue, during which time they are divided by language. | If students pass, they receive a certificate of successful completion. If not, they receive a certificate of attendance. | |
| 13 | **Cambridge College's Medical Interpreter Training (sponsored by Cambridge Health Alliance, Massachusetts General Hospital, and neighbors for a Better Community)** | | Main:800 829 4723Admissions:888 868 1002admit@idea.cambridge.edu | 1000 Massachusetts Ave.Cambridge, MA 02138-5304www.cambridge.edu/undergraduate/medinterpreter.htm | | Demonstration of proficiency in English and another target language | See website for costs. Students must enroll in a degree program to be eligible for state or federal financial aid. | This is a one-year certificate program. | Students study medical terminology, diagnostic tests, pharmaceuticals, treatment options, importance of patients' and providers' cultural beliefs and values, professional role of interpreters, history of medicine in U.S., protocols that govern access to health care. Students practice interpreting and cross-cultural communication skills in simulated interpreting sessions; as well as ethical decision-making, intercultural mediation, conflict resolution, and how to support patient self-sufficiency. Providers and representatives of community organizations participate in course instruction to enhance understanding of provider and patient perspectives. Internships in local hospitals follow completion of the courses. | | Courses:-Medical Interpreter: Anatomy and Pathophysiology-Medical Interpreting Skills I-Medical Interpreting Skills II-Cross Cultural Communication in the Context of Medical Interpreting-The Role of the Medical Interpreter n Health Care Settings-Medical Interpreter Internship: Practicum |
| 14 | **NYU School of Medicine: Center for Immigrant Health--Introduction to Medical Interpreting Course** | Javier Gonzales | 212 263 8783<br><br>212 263 8242<br><br>jgonz67@cs.com | 550 First Ave.<br>New York, NY 10016<br><br>www.med.nyu.edu/cih/language/interpretation.html | multilingual | This class is designed to prepare bilingual individuals who have not previously served as interpreters, as well as individuals who have performed interpretation without specific training. | $650 | 48 hrs<br><br>next one is in Oct.<br><br>Given on an as-needed basis. | The course focuses on listening, analysis, and memorization skills; interpreting techniques, medical terminology and colloquial language acquisition; and ethical manuallines and decision-making. This course is designed for community interpreting settings where interpreters provide proximal interpretation. | | |
| | **NYU School of Medicine: Center for Immigrant Health--Simultaneous Medical Interpretation Training** | Javier Gonzales | 212 263 8783<br><br>212 263 8242<br><br>jgonz67@cs.com | 550 First Ave.<br>New York, NY 10016<br><br>www.med.nyu.edu/cih/language/interpretation.html | multilingual | Students are rigorously screened for language aptitude and simultaneous interpreting skills. | $850 | 60 hrs<br>next one is in Oct. | This multilingual course focuses on the development of the skills to render a simultaneous interpretation through exercises in dual tasking, shadowing, paraphrasing, and interpreting. | | |

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| 15 | **Program** | | m | | | | | Given on an as-needed basis. | Additionally, students are further trained in: the role of the simultaneous interpreter, the medical encounter, and the preservation of linguistic tense, register, and tone. This course is designed for community interpreting settings where the role of the interpreter should be more invisible to allow for a better rapport between providers and patients, such as in a mental health environment. | | |
| 16 | **National Center for Interpretation** | Soky<br><br>Roseanne Gonzales | 520 621 3615<br>520 624 3153<br>520 624 8130<br><br>ncitrp@u.arizona.edu | University of Arizona<br>Modern Languages Building #67, Rm. 445<br>Tucson, AZ 85721<br><br>nci.arizona.edu | | | | | | | **CALL** |
| 17 | **University of Minnesota, Rochester: Program in Translation and Interpreting** | Barb Faith Zimmerman, R.N., M.S.N., C.N.P.Program Director for Health SciencesJoseph MarchesaniContinuing Education & Professional Development | 507 280 2832507 280 2834507 280 2819faith.zimmerman@roch.edujoseph.marchesani@roch.edu | University of Minnesota Rochester855 - 30th Ave. S.E.Rochester, MN 55904www.r.umn.edu/Interpreting.html | | Introduction to Interpreting (Fall): native or native-like proficiency in English and ay other language.Consecutive Interpreting (Spring): successful completion of Intro. To Interpreting. | apx. $700 per semester | Fall Semester 2002: Wed. 6 - 9 pm.Sept. 4 - Dec. 18Spring Semester 2003: once a wk for 15 wks (6 - 9 pm) | Intro. To Interpreting: An introduction to understanding the unique role of the interpreter, current models and methods of interpreting, developing skills in understanding and analyzing spoken language. A practical introduction to interpreting in health, human service, and legal settings.Consecutive Interpreting: A lab course focused on performance assessment using audio and videotAAPIng with strong emphasis on accuracy. Students develop and refine techniques for consecutive interpreting and are introduced to basic techniques for simultaneous interpreting. Interpreted texts allow students to integrate cultural, ethical, and situational knowledge. A practical course aimed at developing basic levels of proficiency in interpreting in health, human service, and legal settings, with emphasis on interpreting profession/patient dialogues. | | |
| 18 | **City College of San Francisco: Health Care Interpreter Non-Credit Certificate Curriculum** | Joani Marinoff Chair<br><br>Tim B. | 415 239 3220 Health Science Dept. | www.ccsf.edu/despartments/Health_Science/interp.html | | Admission is based on attendance at required orientation and submission of a written application.<br><br>Minimal student qualifications include the ability to speak fluently in another language and commitment to the entire training program. | | | designed to train bilingual and bicultural students to develop the awareness, knowledge, and skills necessary for effective language interpretation in heath care settings. Through academic preparation, practical skills training and service in community-based health care settings and educational organizations, certificate applicants learn:<br>-roles and responsibilities of a health care interpreter<br>-basic knowledge of common medical conditions, treatments, and procedures<br>-insight in language and cultural nuances for specific communities<br>-application of interpreting skills in English and language of service<br>Besides working with the course instructor, students will be working closely with their assigned Language Coach to enhance their linguistic and cultural competencies. | | Courses:<br>-Interpret in Health Care Settings (96 hrs)<br>-Interpret in Health Care Settings III (96 hrs)<br>-Field Experience in Health Care Interpreting (96 hrs)<br>-Basic Medical Terminology (1 unit)<br>-Introduction to Human Anatomy and Physiology (4 units)<br>-Introduction to Human Physiology (4 units) |
| 19 | **University of Minnesota: Program in Translation and Interpreting** | Dr. Bruce Downing, Director | 612 624 6552<br><br>bdowning@tc.umn.edu | Linguistics Program<br>University of Minnesota, Twin Cities<br>214 Nolte Center<br>315 Pillsbury Dr. SE<br>Minneapolis, MN 55455<br><br>www.cla.umn.edu/pti | multi-lingual, but students must for groups of same language | Students planning on enrolling are expected to already possess native-like proficiency in both languages in which they plan to develop translation and/or interpreting skills.<br><br>For prerequisites of individual classes, check website. | | Sept. - Dec. 2002<br><br>Jan. - May 2003 | | | Courses:<br><br>-Introduction to Interpreting- taught in English<br>-Consecutive Interpreting- bilingual in several languages<br>-Fundamentals of Health Care for Interpreters- taught in English<br>-Interpreting in Health Care Settings- bilingual in several languages |
| | **University of Minnesota: Certificate in Interpreting Program** | Dr. Bruce Downing,Director | 612 624 6552bdowning@tc.umn.edu | Linguistics ProgramUniversity of Minnesota, Twin Cities214 Nolte Center315 Pillsbury Dr. SEMinneapolis, MN 55455www.cce.umn.edu/certificates/interpreting.shtml | presently admitting students fluent in Russian, Somali, and Spanish. Other languages will be included in the future based on demand. Applicants speaking other languages will be considered if there is a sufficient demand for that | Admission decisions are based on a complete application, written essays, and an oral proficiency exam. Students may have to pay an exam fee of $125. Applicants must have a high school diploma or equivalent, and must demonstrate a high level of oral language proficiency and literacy in English and a second language. | | | | Certificate of Interpreting - Health Care | Courses:-Introduction to Translation-Introduction to Interpreting-Consecutive Interpreting-Fundamentals of Health Care for Interpreters-Interpreting in Health Care SettingsElectives (Choose one.):-Language and Society-Introduction to Linguistics-Introduction to Communication-Topics in Translation and Interpreting |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | | | | | language. | Students who have completed a two or four-year college degree with the majority of courses completed in one language will be exempt from the screening process in that language. Students who have already passed all of the core courses with a grade of B or higher are exempt from the language exam. | | | | | |
| 21 | **Reedley College: Health Care Interpreter Certification Program** | Rosie Carrillo, Program Instructor | 559 638 3641 (Call Mon. 11 - 7) | 995 N. Reed Ave.<br>Reedley, CA 93654<br><br>www.rc.cc.ca.us/academic/Departments/PEandH/HeathCareInterpreter/default.htm | | Student applicants must demonstrate fluency in speaking English and fluency in the language of service.<br><br>Student applicants must attend a three-hour orientation. Orientation serves as a tool for participant success. Orientation will provide details on the training program's requirements. During the orientation, the students will be able to evaluate their own readiness to participate. Program applications and Reedley College registration forms will be distributed. although registration for orientation is not necessary.<br><br>Students must also submit a written application. | | twice a week | designed to train bilingual and bicultural students to develop the awareness, knowledge, and skills necessary for effective language interpretation in heath care settings. Through academic preparation, practical skills training and service in community-based health care settings and educational organizations, certificate applicants learn:<br>-roles and responsibilities of a health care interpreter<br>-basic knowledge of common medical conditions, treatments, and procedures<br>-insight in language and cultural nuances for specific communities<br>-application of interpreting skills in English and language of service | | Courses:<br><br>-Interpreting in Health Care I<br>-Interpreting in Health Care II<br>-Field Experience in Health Care Interpreting<br><br>Basic Medical Terminology is necessary, but that along with Human Anatomy & Physiology will be integrated into all three courses. |
| 22 | **Waubonsee Community College: Health Care Interpreting Program** | | 630 466 7900 ext. 2921 | Aurora Campus<br>5 E. Galena Blvd.<br>Aurora, IL 60506-4178<br><br>www.waubonsee.edu/announcements/new_heath_care.html | Spanish | | | one semester;<br><br>Aug. 6 - Dec. 18, 2002<br><br>Tues. 6:30 - 9:15 pm<br><br>Wed. 6 - 7:40 pm | | | Courses:<br><br>-Introduction to Health Care Interpreting: English/Spanish<br>-Laboratory for Health Care Interpreting: English/Spanish |
| 23 | **Health Promotion Council of Southeastern Pennsylvania: Community Healthcare Interpreter Training** | | 215 731 6193latino@phmc.org | | | | | 32 hrs | The course covers: interpreting, communication skills for advocacy, and professional development. It provides students with a handbook, medical glossaries, culture-specific materials, and a manual to medications. | | CHIT follows the interpreter training model established by the Cross Cultural Health Care of Seattle, Washington, nationally known experts in medical interpreter training. This philosophy states that the basic purpose of the medical interpreter is to facilitate understanding in communication between people who are speaking different languages. The interpreter must play different roles depending on the needs of the patient:-Provide literal interception-Clarify concepts and terms that have no linguistic equivalent-Provide a cultural framework for understanding the message-Advocate on behalf of the patient if needs are not being met due to a systematic barrier. The most appropriate role for the interpreter is the least invasive role that will assure effective communication and care.**CALL** |
| 24 | Immigrant and Refugee Community Organization, | | Phone: (503) 234-1541 FAX: (503) 234-1259 | **IRCO**<br>Portland, Oregon, USA 97220<br><br>www.irco.org/IRCO/OrRefInterpreterTrainingService.asp | | | | 40 hours | Classes focus on methods of medical or legal interpretation. Experienced and novice interpreters alike can continue developing specific skills and refining techniques needed in the medical and legal interpretation fields. The classes are intensive 40-hour training taught by instructors who are trained and experienced medical or legal interpreters knowledgeable about Oregon's refugee communities. | | Uses the Bridiging the Gap curriculum that was developed by Cross Cultural Health Care Program. |

# Key 4 Vigilant Monitoring

APHCV continually monitors its language assistance program, makes modifications where necessary and trains its employees in the implementation of updated policies and procedures. An annual assessment is conducted by the APHCV Management Team to examine the following:

Current LEP makeup of its service area;
Current communication needs of LEP patients;
Whether existing language assistance is meeting the needs of those LEP patients;
Whether staff is knowledgeable about the policies and procedures and how to implement them;
Whether sources of, and arrangements for, assistance are still current and viable.

## Quality Assurance for Language Assistance Services

APHCV monitors and updates its overall LEP Plan on an as-needed basis through its Management Team, which is comprised of the Executive Director, Medical Director, Fiscal Manager, Nursing Manager, Health Education Manger, Clinic Coordinator and Associate Managers. The team is responsible for determining whether new documents, programs, services and/or activities need to be made accessible to LEP individuals. The Management Team reviews information in the context of overall CHC operations and examines it against other critical data such as budgets and provider productivity. This process is completed as part of APHCV's annual plan development.

APHCV is also guided by its Quality Improvement Committee's (QIC) review on changes outlined by the Department of Justice on *Monitoring and Updating the LEP Plan* (Federal Register/Vol. 67, No. 117, June 18, 2002: 41465).

### Quality Improvement Committee (QIC)

The QIC is comprised of the Management Team and a SSL staff representative designated by the Management Team. The goal of the QIC is to collect and review qualitative data related to LEP services and to implement LEP policy and procedures. The staff representative participates in the process by collecting information related to demographic changes in the community, identifying gaps in services, and patient satisfaction regarding LEP services at the CHC. The QIC meets on a biennial basis to monitor and review information in each of these four key areas:

Key 1: Assessment
Any changes to current LEP populations in the service area and/or population affected or encountered;

Any changes to the frequency of encounters with designated LEP language groups;
Any changes to the nature and importance of activities for LEP persons;
Any changes to the availability of resources, including technological advances and additional resources, as well as costs imposed;
Whether existing assistance is meeting the needs of LEP persons;
Whether identified sources for assistance are still available and viable.

Key 2: Policies and Procedures

Whether current policies and procedures adequately meet Title VI requirements (Please see reference section on how to obtain Title VI documents);
Whether there is a need for new policies and procedures;
Whether current provisions of oral interpretive services are appropriate;
Whether appropriate written notices were posted;
Any needs for additional written notices or translation of vital documents.

Key 3: Training of Staff

Whether staff knows and understands the LEP plan and how to implement it;
Any patient grievance(s) related to LEP services.

Key 4: Monitoring

Whether the Management Team and QIC is providing effective and necessary monitoring for LEP policies and procedures;
Validity of information collected in **Key 1: Assessment** section;
Effectiveness of training through review of pre- and post-test scores.

In addition, the QIC addresses the results of patient satisfaction surveys and subsequent corrective action plans, and evaluates the quality and efficiency of SSLs and bilingual staff on an on-going basis to improve the quality of LEP services. The Health Education Manager collects the above data and develops the semi-annual report.

## Semi-annual Reports

The QIC completes reports on a semi-annual basis on any findings regarding linguistic and cultural competency. These findings are reported to the Executive Director, the Board of Directors and APHCV staff as appropriate. Findings from patient feedback forms, staff evaluations and staff meetings are used to generate these semi-annual reports to identify and improve culturally and linguistically appropriate services.

## Patient Feedback

In addition to the continual monitoring conducted by the QIC, APHCV solicits feedback from patients and community advocates in order to ensure quality delivery of services and improvement of language assistance plans. APHCV distributes Patient Satisfaction Surveys to a minimum of 25% of patients during an assessment period. Surveys are given to the patient at the end of their visit, and patients are asked to complete the survey on-site and return to the provider or to submit it to the Health

Education Manager at APHCV. Detailed **protocol for survey administration** is included in Appendix T. A minimum of 5% of APHCV's total patient population completes a Patient Satisfaction Survey (See Appendix U).

The Patient Satisfaction Surveys ask patients about any language-related difficulties they may have experienced at APHCV. Currently, the survey is available in English, Tagalog, Japanese, Khmer, Spanish, Thai and Vietnamese. In the case of patients who speak a language other than those listed above, APHCV will have the survey translated into the patient's language by qualified outside primary translators, back translators, and editors.

The APHCV Health Education Manager or their designee conducts the survey at least semi-annually. Results of the survey are cross-referenced with ethnicity or primary language, or gender and age group. If statistically significant differences among different ethnic or language groups are noticed, the Health Education Manager will make a recommendation to the QIC for further assessment, via interviews or patient focus groups. The survey findings are reviewed by the QIC and presented to all clinic staff during monthly clinic meetings.

In addition to completing the formal patient satisfaction survey, a patient may file a grievance at any time. The Medical Director, Clinic Coordinator and the Health Education Manager receive, review and respond to patient grievances. LEP-related grievances follow the standard APHCV clinic grievance process; however, such grievances or complaints must be forwarded to the Health Education Manager. The Health Education Manager compiles LEP-related grievances, addresses it with the appropriate supervisors/managers and generates a summary report for the QIC. Specific grievances that have policy implications are also discussed at the monthly clinic staff meetings in order to reinforce APHCV's LEP policies and procedures.

## Quality Assurance and Evaluation of Interpreter Program

Quality assurance of Support Service Liaisons (SSLs) includes monthly meetings facilitated by the Health Education Manager and periodic evaluations (during probationary period and annually) of their performances as an interpreter for APHCV. Bilingual staff who provide interpretive services receive evaluations using the SSLs' evaluation tool, which is an annual competency test and incorporates provider feedback.

### Monthly meetings

At APHCV, SSLs attend two (2) monthly department-specific meetings in addition to an agency wide staff meeting and a clinic staff meeting. The first monthly department meeting is dedicated to training and study sessions for some of the training topics that are mentioned in **Key 3: Training of Staff** section. The second monthly meeting serves as an operational meeting and includes the following components:

Review of new and/or established policy and procedures;

Sharing of lessons learned (successes and challenges);
Review of translation projects;
Identification of training needs.

Participation in monthly department-specific meetings and trainings by the Level 2 bilingual staff are strongly recommended; however, such recommendations are discussed with SSL's supervisor. Participation may depend upon the frequency of interpretive services provided, and if the Health Education Manager requires the SSL's attendance. When participation is not feasible, the QIC develops suggested alternatives to training and meeting participation in order to maintain a high level of quality interpretive services.

## Personnel Evaluation

All APHCV employees receive a personnel evaluation at the end of a three (3) month probationary period and annually thereafter. It is important for staff members to self-evaluate their interpretive services and their implementation of APHCV's linguistic and cultural competency practices.

Self-evaluation allows staff to assess and evaluate their own performance as a medical interpreter and an SSL, and compare their performance to APHCV standards and expectations. For that reason, SSLs are asked to fill out the personnel evaluation form on their own prior to meeting the Health Education Manager who supervises the SSL. Then the SSL and the Health Education Manager each discuss their own observations or assessments. Any evaluation area that shows significant disparities between the SSL and the Health Education Manager should be carefully reviewed and examined to see if clarifications for job expectations are necessary.

The CHC can also utilize self-evaluation tools for cultural competency as a basis for identifying further training needs. (See Appendix V for Cultural Competence Self-Evaluation -excerpt). Level 2 bilingual staff receive an evaluation from their supervisor for their primary job function. Depending upon the amount of interpretation services the staff provides, the Health Education Manager may participate in the evaluation.

## Annual Competency Exam

SSLs receive an annual competency test to ensure their comprehension of policies and procedures pertaining to their job function. In addition, the test assesses commonly diagnosed disease information, medical terminology, and anatomy, and effective communication skills such as active listening, note-taking, seating arrangement The contents of the test are taken from curricula of trainings the SSL has attended, disease fact sheets for commonly diagnosed diseases, and new policies and procedures that were introduced during that year. The test is in English only and developed by the Health Education Manager and reviewed by the Medical Director. The test does not address actual interpretation or translation skills, but assesses the comprehension level of critical information for SSLs.

## Direct Observation Evaluations

All newly hired SSLs and Level 2 bilingual staff receive intensive support, evaluation and feedback during observation sessions. When the required orientation and training is completed, a newly hired SSL and Level 2 bilingual staff will observe a veteran SSL during at least 20 patient encounters. During the observation period, the new SSLs have the opportunity to be exposed to actual interpretation sessions with patients, learn how the interpretation session proceeds and can ask questions after the session has concluded. Once the 20 observations are completed, the newly hired staff are permitted to render interpretation service by themselves; however, they will be observed for at least 20 patient encounters by the veteran SSL. Each of these observations will be documented with the Evaluation/Observation form (See Appendix R: **Support Service Liaisons Evaluation/Observation Form**).

The Evaluation/Observation form assists new and veteran interpreters in identifying strengths and weaknesses, and in applying practical recommendations for further skill-building. The forms are to be submitted to the supervisor so that the quality of interpretive services and the progress of newly hired Level 2 bilingual staff and SSLs' performance can be monitored closely. If it is deemed that the newly hired Level 2 bilingual staff and/or SSL is not ready to interpret on their own, the observation period can be extended upon approval of the supervisor. In such a case, the supervisor and the veteran SSL can identify the areas that require improvement and involve the newly hired SSL or bilingual staff in realistic goal-setting. After the completion of the extended observation period, the supervisor will determine whether the goals have been met and make appropriate personnel action recommendations.

For those hired as Level 2 bilingual staff but after training and observations did not meet the qualifications to be an interpreter, the Health Education Manager will make a report to the staff's supervisor. The supervisor will then decide whether or not to continue training this individual as a Level 2 bilingual staff who could function clinically in a non-English language and serve as a back-up medical interpreter. If the supervisor decides to not use him/her as a Level 2 bilingual staff, the bilingual staff's language proficiency level must be identified as Level 1 in their personnel file. The bilingual staff will be instructed to use an SSL or Level 2 bilingual staff in clinical encounters. If the supervisor decides to continue to train the staff, this is communicated to the Health Education Manager.

This QA activity is currently implemented for newly hired staff only and not meant to be used as an evaluation method for veteran SSLs or Level 2 bilingual staff who have been providing interpretive services for awhile. APHCV is currently seeking an effective evaluation method for veteran interpreters.

## Provider Feedback

Providers' feedback is critical in assessing if and how SSLs' interpretation performances meet CHC needs. Providers' feedback is documented in a form that is completed by providers after the SSL's three (3) month probation period and annually thereafter (See Appendix W). Providers are asked to take interpreter performance issues directly to the Health Education Manger when issues arise in between the formal

annual evaluations. The feedback form is used as a tool to identify areas for improvement and additional training. It may also reflect the effectiveness of trainings and used as a basis for modifying the training curriculum.

# Appendices: Key 4 Vigilant Monitoring

T. Protocol for Survey Administration
U. Patient Satisfaction Survey
V. Cultural Competence Self-Evaluation—Excerpt
W. Provider Feedback

**Appendix T** Protocol for Survey Administration

A Patient Satisfaction Survey is conducted to improve APHCV's customer service.

## Survey Design

Cohort Studies
Baseline: September 2002
Follow-up: January 2003

## Sampling

A random sample of 420 participants from:

Those who are 13 years or older.
Those who had at least 1 visit for health care at APHCV during the 1-month period.
Those who are Thai, Vietnamese, Cambodian, Tagalog, Japanese, Spanish, and English speaking patients.
Male and female patients are sampled equally.

## Data Collection Method

Self-administered survey.

## Medical Record Staff

1. Attach a survey questionnaire to each medical chart based on each patient's primary language before the appointment date.
2. Even if the patient does not need an interpreter (SSL), attach an ethnic language survey, not the English version.
3. If you are uncertain about which language is her/his primary language, attach an English questionnaire along with another ethnic language questionnaire that you feel the patient may also possibly understand.
4. Even if the patient has multiple visits at APHCV within a month, attach a survey to the medical chart for each visit.
5. Attach an English survey questionnaire to the medical chart if the patients speak languages that we do not have translations for (i.e., Armenian, Russian, etc.).

## Doctors/Nurse Practitioners

1. Give a survey questionnaire attached to the medical chart to your patient with an APHCV pen, saying "Please fill out this survey to improve our services. It is completely anonymous. This pen is a small gift from us. Thank you very much."
2. If the attached specific language survey is (are) incorrect, ask Front desk staff to give the right language questionnaire to the patient.
3. We do not want duplicate patient survey entries, so ask the patient who you have seen within the same month if they have already filled out the survey, saying "Did you fill out this survey last time?" If she/he did not fill it out, give it to the patient with a pen.

## SSL

1. Since doctors/nurse practitioners are always busy, remind them to hand the survey questionnaire to the patient at the end of the visit if you are in an exam room.

2. Encourage the patient to fill out the survey questionnaire in person if they are waiting in the hallways or waiting areas (even if she/he does not need your help during the entire visit), saying “How have you been? Did you get a survey from your doctor?”

## Front Desk Staff

1. Collect the survey if you know the patient does **NOT** have any medication to pick up at the dispensary downstairs, saying “Please put the survey into this box. Thank you very much for your input.”
2. If she/he has a medication to receive from downstairs, just make the next appointment for her/him and let her/him go (Dispensary Staff will collect surveys).
3. Keep all the survey questionnaires on a counter in the clinic in case the doctors/nurse practitioners need extra copies or if patients need a new one.

## Dispensary Staff

Collect the survey when you give the medication to the patient, saying “Please put the survey into this box. Thank you very much for your input. Here is your medication.”

## Youth Clinic

Collect survey questionnaires (at least 60) from English speaking patients aged 13– 24.

## **Appendix U** Patient Satisfaction Survey

We would like to solicit your opinion on the performance of our staff. We will use your feedback to improve our services. Your response is strictly anonymous. Thank you for your cooperation.

1. How old are you? _____
2. Are you male or female ?
3. What is your ethnicity?
   Thai Cambodian Vietnamese Filipino Japanese Hispanic/Latino
   Others (Please specify) _____
4. What is your primary language or the language you speak best?
   English Thai Cambodian Vietnamese Tagalog Japanese Spanish
   Others (Please specify) _____
5. How many times have you used clinic services?
   First time Second time 3-10 times More than 10 times

**Please rate the following on a scale from 1 to 5, 1 being poor and 5 being excellent.**

| | poor ----------excellent |
|---|---|
| 1. How were you treated by the receptionists? | 1 2 3 4 5 |
| 2. How were you treated by the financial screener? | 1 2 3 4 5 |
| 3. How were you treated by the support service liaison? | 1 2 3 4 5 |
| 4. How were you treated by the provider? | 1 2 3 4 5 |
| 5. How were you treated by the nurse? | 1 2 3 4 5 |
| 6. How were you treated by the dispensary staff? | 1 2 3 4 5 |

| **How satisfied are you with the following? Please rate on a scale from 1 to 5, 1 being not satisfied at all and 5 being very satisfied.** | not satisfied--------satisfied |
|---|---|
| 1. Did you enjoy magazines, brochures, and other printed materials in your language in waiting areas? | 1 2 3 4 5 |
| 2. How long did you have to wait to see the provider **from your appointment time**? _____ min. | 1 2 3 4 5 |
| 3. Did the provider spend enough time with you? | 1 2 3 4 5 |
| 4. Did the provider explain about your health problems? | 1 2 3 4 5 |

| **When you called the clinic by phone ...** | | |
|---|---|---|
| 1. Was it difficult to get through to the receptionist? | Yes | No |
| 2. How long were you put on hold? | _____ min. | |
| 3. Did you have difficulty understanding the receptionist? | Yes | No |
| 4. Did you get good answers from the receptionist? | Yes | No |
| 5. Did you have difficulty in making an appointment on the phone? | Yes | No |

| **When you were in the clinic ...** | | |
|---|---|---|
| 1. Were you able to communicate with our staff in the clinic? | Yes | No |
| 2. Did anyone offer to help you when you had any problems? | Yes | No |
| 3. Were our mailings that you received at home written in your language? | Yes | No |
| 4. Did you feel like you were treated poorly by our staff because of the county you are from, the way you look or speak? | Yes | No |
| 5. Did the provider make you feel comfortable about your values, culture, religion, and other beliefs (perception of health, male-female roles, definition of family, etc.)? | Yes | No |
| 6. Did you have difficulty making an appointment at the window? | Yes | No |
| 7. Would you recommend this clinic to your friends? | Yes | No |

Please check if above answers were filled in by a liaison. Date: ____/____/____

**Patient Satisfaction Survey**
**(Japanese)**

この質問紙は、クリニックスタッフの対応について、患者の皆様に、ご意見ご感想をうかがうものです。この結果は、今後、よりよい医療サービスを提供していくために、使われます。すべて、匿名で行われます。ご協力お願いいたします。

1. 年齢 _____
2. 性別 ❑ 男性 ❑ 女性
3. 人種
   ❑ タイ人 ❑ カンボジア人 ❑ ベトナム人 ❑ フィリピン人 ❑ 日本人 ❑ ヒスパニック/ラテンアメリカ人
   ❑ その他 _____
4. 母国語
   ❑ 英語 ❑ タイ語 ❑ カンボジア語 ❑ ベトナム語 ❑ タガログ語 ❑ 日本語 ❑ スペイン語
   ❑ その他 _____
5. 今までに、何回、クリニックを利用されましたか？
   ❑ はじめて ❑ 2回 ❑ 3-10回 ❑ 10回以上

**該当する番号に印をつけて下さい（1-悪いから5-良いまで）。**

| | 悪い ---------- 良い | | | | |
|---|---|---|---|---|---|
| 1. 受付の対応 | 1 | 2 | 3 | 4 | 5 |
| 2. ファイナンシャルスクリーナーの対応 | 1 | 2 | 3 | 4 | 5 |
| 3. 通訳の対応 | 1 | 2 | 3 | 4 | 5 |
| 4. 医師またはナースプラクティショナーの対応 | 1 | 2 | 3 | 4 | 5 |
| 5. 看護婦の対応 | 1 | 2 | 3 | 4 | 5 |
| 6. 薬局スタッフの対応 | 1 | 2 | 3 | 4 | 5 |

**該当する番号に印をつけて下さい（1-不満足から5-満足まで）。**

| | 不満足 ---------- 満足 | | | | |
|---|---|---|---|---|---|
| 1. 待ち合い室の、雑誌、パンフレット、その他の印刷物を、日本語で、楽しむことができましたか？ | 1 | 2 | 3 | 4 | 5 |
| 2. 予約の時間から、実際に医師に診てもらうまで、どれ位、待ちましたか？_____ 分 | 1 | 2 | 3 | 4 | 5 |
| 3. 医師の診察時間は、十分でしたか？ | 1 | 2 | 3 | 4 | 5 |
| 4. あなたの健康問題について、医師は説明してくれましたか？ | 1 | 2 | 3 | 4 | 5 |

**クリニックに電話をした時、、、**

| | | |
|---|---|---|
| 1. 電話がつながるまで大変でしたか？ | ❑ はい | ❑ いいえ |
| 2. どの位、電話で、待たされましたか？ | _____ 分 | |
| 3. 受付の言うことを理解するのは大変でしたか？ | ❑ はい | ❑ いいえ |
| 4. 受付から、適切な解答をもらえましたか？ | ❑ はい | ❑ いいえ |
| 5. 電話で、予約をとるのは、大変でしたか？ | ❑ はい | ❑ いいえ |

**クリニックで、、、**

| | | |
|---|---|---|
| 1. クリニックで、スタッフと言葉が通じましたか？ | ❑ はい | ❑ いいえ |
| 2. 何か困った時、スタッフは、助けてくれようとしましたか？ | ❑ はい | ❑ いいえ |
| 3. クリニックからの自宅への郵便物は、日本語で書かれていましたか？ | ❑ はい | ❑ いいえ |
| 4. あなたの出身国、または、外見、話し方などのために、スタッフから、偏見を持って、対応された感じがしましたか？ | ❑ はい | ❑ いいえ |
| 5. あなたの価値観、文化、宗教、その他のものの見方について（健康観、男女観、家族観など）、医師は、受け入れてくれましたか？ | ❑ はい | ❑ いいえ |
| 6. 受付の窓口で、予約をとるのは、大変でしたか？ | ❑ はい | ❑ いいえ |
| 7. クリニックを、お友達に紹介されますか？ | ❑ はい | ❑ いいえ |

この質問紙を、通訳と一緒に記入された場合は、印をして下さい。❑　　日付: ___/___/___

## **Appendix V** Cultural Competence Self-Evaluation -- Excerpt[17]

| Statement | 1 Frequently | 2 Occasionally | 3 Rarely or Never | 4 Not applicable |
|---|---|---|---|---|
| For patients who speak languages or dialects other than the languages I speak, I attempt to learn and use key words in their language so that I am better able to communicate with them. | 1 | 2 | 3 | 4 |
| When possible, I ensure that all notices and communiqu s to patients are written in their language of origin. | 1 | 2 | 3 | 4 |
| I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own. | 1 | 2 | 3 | 4 |
| In group situations, I discourage patients from using racial or ethnic slurs by helping them understand that certain words can hurt others. | 1 | 2 | 3 | 4 |
| I use alternatives to written communication for patients as necessary, as word of mouth, visual aids, and gestures may be preferred methods for receiving information. | 1 | 2 | 3 | 4 |
| Before providing services to a community with which I am unfamiliar, I seek information on acceptable behaviors, courtesies, customs, and expectations, which are unique to patients of specific cultures. | 1 | 2 | 3 | 4 |
| I recognize that the meaning of value of treatment, health education, counseling, and other services may vary greatly among cultures. | 1 | 2 | 3 | 4 |

[17] Clinica de la Raza. *Cultural Competence Self Assessment Survey*, taken from *CPCA Manual of Promising Practices*, pages 33, 93-95, 2002.

# **Appendix W** Provider Feedback form

Interpreter s (SSL) Name:_____ Date:_____

This feedback form will be used as a part of employee evaluation and is anonymous. Please circle the number, which most accurately reflects the interpreter s performance.

1. Interpreter communicates clearly what patient says (able to explain concepts from one language to English terms even no equivalent in English is unknown.)

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

2. To the best of your observation, interpreter interprets everything that is said without adding, omitting, and changing anything.

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

3. Interpreter facilitates efficient and effective patient provider interaction while maintaining quality of care.

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

4. Interpreter demonstrates adequate knowledge needed to provide interpretation in most common diagnosis (hypertension, high cholesterol, diabetes, women s health, FP, STDs/HIV, etc.)

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

5. Interpreter provides a necessary cultural framework for understanding the message being interpreted.

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

6. Interpreter demonstrates non-judgmental attitude in relation to patient behavior, life style choices, diagnosis, treatment, etc.

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

7. Interpreter communicates if s/he feels that s/he should not accept an assignment due to deficiency in her or his technical skills, conflict of interest, or genuine uncomfortableness towards the subject discussed.

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

8. Interpreter responds to pages/call as quickly as possible.

| Unsatisfactory | | Meet expectation | | Excellent | No basis to evaluate |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | |

Other comments? Please be specific.

_____

_____

_____

_____

_____

_____

Please return this form by **10/18/02** to Mika Aoki, Health Education Manger. Thank you.

# Additional References


Asian Health Services. *Language and Cultural Access Program Description*, 1994.

Association of Asian Pacific Community Health Organizations. *Development of Models and Standards for Bilingual/Bicultural Services for Asian and Pacific Islander Americans*, August 1996.

California Primary Care Association. *Providing Health Care to Limited English Proficient (LEP) Patients: a Manual of Promising Practices*, 2002.

Department of Health and Human Services. *Office for Civil Rights: Title VI of the Civil Rights Act of 1964: Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency,* January 2002.

Department of Health and Human Services, Office of Minority Health Resource Center. *Closing the Gap*, February/March 2001.

Federal Register, Vol. 67, No. 117, Tuesday, June 18, 2002/ Notices.

L.A. Care Health Plan, Culture and Linguistics Department. "Cultural and Linguistic Services Plan Partner Manual (Draft)," August 2000.

L.A. Care Health Plan, Culture and Linguistics Department. "Lancaster/Palmdale IPA Review," August 2000.

Lau, Victoria P., MPH. "Asian Pacific Health Care Venture Cultural Competency Operational Standards and Policy/Procedures (OSPP)," Summer 1995.

http://www.usdoj.gov/crt/cor/13166.htm

http://lapublichealth.org/spa4/index.htm

## ***Resources for LEP Client Services***

This is a partial list of available resources for LEP patients.

| Organizations | Contact Information | Website | Services | Languages |
|---|---|---|---|---|
| Asian and Pacific Islander American Health Forum | (415) 954-9988 | www.apiahf.org | Glossaries of Common HIV/AIDS/STD Terminology | Asian languages |
| Asian Community AIDS Service | Info@acas.org | www.acas.org | Treatment information in Asian languages | Chinese, Tagalog, Vietnamese |
| Asian Language Project/Critical Path AIDS Project | | www.critpath.org/alp/lng.html | Online AIDS information in various API languages | Various API languages |
| Asian Pacific Health Care Venture, Inc. | (323) 644-3880 | www.api-healthline.net | Downloadable translated health education materials (Mental Health, Diabetes, HIV/AIDS, etc.)<br>List of culturally and linguistically competent provider | Cambodian, Chinese, English, Korean, Thai, Vietnamese |
| Association of Asian Pacific Community Health Organizations | (510) 272-9536 | www.aapcho.org | Health Education materials in various API languages (Tuberculosis, Diabetes, etc.)<br>Pocket Guide for Medical Interpretation<br>Obstetric Work List | API languages |
| Australian Transcultural Mental Health Network | | www.atmhn.unimelb.edu.au/library/brochures/brochures.html | Downloadable translated mental health materials | Various languages |
| BC Ministry of Health | | www.hlth.gov.bc.ca/hlthfile/index.html | Downloadable translated health education materials | French, Spanish, Vietnamese, Punjabi, Chinese |

| | | | | |
|---|---|---|---|---|
| Cross Cultural Health Care Program | Dickb@xculture.org | http://www.xculture.org/ | Training materials<br>Interpreter resources | Various languages |
| Deafnet Association Inc. | | http://deafnetmd.org/ | provides resources for sign language interpreting | Sign language |
| Diversity Rx | | http://www.diversityrx.org/HTML/DIVRX.htm | Resources for cross cultural health care<br>Medical interpretation resources | |
| EthnoMed | | http://ethnomed.org | various health education and patient teaching materials (brochures, videos, etc.) in various languages<br>cross cultural health issues | Cambodian, Chinese, Vietnamese, and other languages |
| Immunization Action Coalition | Admin@immunize.org | http://www.immunize.org/catg.d/noneng.htm | Downloadable translated immunization information<br>Vaccine preventable disease information | Various languages |
| International Childbirth Education Association Inc. | | www.icea.org/B&nonengl.htm | Childbirth related materials | Spanish, Korean |
| Lao Family Community | 651 221 0069 | www.laofamily.org/health/index.html | pregnancy, tobacco, alcohol related materials | Hmong |
| Multicultural Communication/NSW Health | Mhcs@sesahs.nsw.gov.au | www.mhcs.health.nsw.gov.au | downloadable health education materials | Various languages |
| Multi-cultural Educational Services | Service@mcedservices.com | www.mcedservices.com | Translation services<br>Health education materials in different languages | Bosnian, Arabic, Russian, etc. |

| | | | | |
|---|---|---|---|---|
| Multilingual Health Education Net Project | lbanezc@sfu.ca<br><br>Ruth Coles (Chair)<br>C/o Leader Diversity<br>Providence Health Care-<br>Mount St. Joseph Hospital<br>3080 Prince Edward St.<br>Vancouver, B,C. V5T 3N4<br>Canada | www.Multilingual-Health-Education.net | Downloadable translated health education materials | Multiple languages include Japanese, Korean, Chinese, Italian, Farsi, Punjabi, Hindi, etc. |
| New Mexico Refugee and Immigrant Health | | www.healthlinknm.org/refugee | Immigrant and refugee health<br>Medical interpretation services in New Mexico<br>Downloadable translated health education materials. | Spanish, Chinese, Vietnamese, etc. |
| Office of National Drug Control Policy | | www.druganswer.com | website for parent's education on drug | Cambodian Chinese, Korean, Vietnamese |
| Registry of Interpreters for Deaf | | http://rid.org/ | certification program membership | Sign language |
| Sign Language Interpreting | | www.deafmall.net/deaflinx/terp.html | provides resources for sign language interpreting | Sign language |
| The International Refugee Center of Oregon | Phone: (503) 234-1541 | www.irco.org | Medical Glossary: A Phrasebook for Bilingual Health Care<br>Cross cultural health care resources | Asian Languages |
| The Nutrition Education for New Americans Project | | http://monarch.gsu.edu/nutrition | Downloadable nutrition materials in various languages | Various languages |
| U.S. Department of Justice | | http://www.usdoj.gov/crt/cor/coord/titlevi.htm | Title VI information (statue, regulations, enforcement guidelines) | |

| | | | | |
|---|---|---|---|---|
| U.S.Food and Drug Administration | | http://vm.cfsan.fda.gov/ | Food safety information in various languages | Chinese, Korean, Japanese and other languages |
| University of Utah Health Sciences Library | | University of Utah Health Sciences Library<br><br>http://medstat.med.utah.edu/library/refdesk/24lang.html | Downloadable translated health education materials | Various language |
| Vietnamese Community Health Promotion Project-UCSF | (415) 476-0557 | www.suckhoelavang.org | downloadable health education materials in Vietnamese | Vietnamese |
| www.LEP.gov | | www.lep.gov | contains list of interpreter associations<br>LEP guidelines and information<br>“I Speak” Language Identification Flash card | |

## ***Medical Interpreter Professional Associations***

The following is a list of Medical Interpreter Professional Associations. There are numerous associations and professional society for translators and interpreters (court interpreters, business interpreters, etc.), and the following websites offers numerous links to those sites.

| Organization | Contact information | website |
|---|---|---|
| Bridging the Language Gap | | www.crosshealth.com/languagegap.html |
| California Healthcare Interpreters Assn. | Beverly Treumann<br>BTreumann@mednet.ucla.edu | http://www.chia.ws/ |
| Carolina Association of Translators and Interpreters | 318 Bandock Drive<br>Durham, NC 27703<br>E-mail: catiweb@pobox.com<br>Phone: (919) 577-0840 | http://www.catiweb.org/ |
| Massachusetts Medical Interpreter Association | John Nickrosz, President<br>(617) 637-5212 | www.mmia.org/mmiahome.html |
| Medical Interpreter Network of Georgia | Susy Martorell<br>(770) 536-7304 | |
| Multicultural Association of Medical Interpreters of Central New York | Cornelia Brown, Joint Coordinator<br>(315) 853-7711 | http://www.sunyit.edu/library/html/culturedmed/culture/sites/mami.html |
| National Council on Interpretation in Health Care | Shiva Bidar-Sielaff, M.A.<br>Interpreter Services/Minority Community Relations<br>University of Wisconsin Hospital & Clinics<br>600 Highland Avenues Room G5/220A<br>Madison, WI 53792<br>Phone (608) 265-7424 | www.ncihc.org |
| Society of Medical Interpreters, Washington | Martine Pierre-Louis<br>(206) 598-4663 | www.sominet.org |

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|---|---|---|
| The Colorado Association of Professional Interpreters (CAPI) | Julia Davis:<br>**jdavis@coloradointerpreters.org**<br>Emy Lopez<br>**elopez@coloradointerpreters.org** | http://www.coloradointerpreters.org/ |
| **The Northwest Translators &** Interpreters Society (NOTIS) | P.O. Box 25301<br>Seattle, WA 98125-2201 USA<br>+1(206) 382-5642<br>info@notisnet.org | http://www.notisnet.org/index.html |