



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

New Hampshire Medicaid Program

To: NH Medicaid Enrolled Pharmacies
From: NH Medicaid Provider Relations
Date: August 8, 2023
Subject: Language Access Services

The Department of Health and Human Services received notice that Medicaid enrolled pharmacies are not consistently providing patient access to language access services and/or not providing those services free of charge. Please review this notice as a reminder that Medicaid enrolled providers are required to make language services available to those with limited English proficiency (LEP).

These services are the only means of providing effective medication counseling, understanding prescription labels, providing accurate instructions, and treating patients safely.

Medicaid enrolled providers shall:

- Provide qualified language access services. This can be through audio/visual communication via technology or in person. Providers must use interpreters to confirm patients understand the prescription labels, medication instructions, and any other relevant written information.
 - Please note: professional/trained assistance is required. Assistance provided by family/friends of the member does not qualify. Google translate does not qualify.
 - Please note: the responsibility for identifying the need for language assistance falls on the provider.
- Set expectations for all staff. Pharmacies are responsible for ensuring staff can perform their job when their patients are of diverse linguistic backgrounds. Staff should be educated on the importance of language access and well-versed in utilizing available language access services.
- Refrain from charging Medicaid patients for language access services. Medicaid regulations explicitly state that providers must not bill beneficiaries for language access services, as they are considered part of the care provided.

Providers are required to translate written instructions into any language spoken by either 1,000 or more members or 5% or more of total membership, whichever is less. For members speaking a language not meeting this threshold, providers are obligated to interpret any written instructions for the member.

All NH Medicaid Providers should review policies and practices to ensure full compliance with Medicaid regulations. Please review the attached resource for more information on translation services. Thank you for your attention to this matter.

If you have any questions or concerns regarding this note, New Hampshire Provider Relations is available between the hours of 8:00 AM and 5:00 PM, Monday through Friday at (603) 223-4774 or (866) 291-1674 Toll-Free or via email at nhproviderrelations@conduent.com.

Thank you,

NH Medicaid
Provider Relations

Essential Information for Pharmacists Working with Limited English Proficient (LEP) Patients

Real Life Prescription Errors that occurred here in NH

- Birth control pills were taken by husband instead of wife. Error was discovered when the wife got pregnant.
- Pharmacy dispensed prescription to wrong patient (names were similar).
- Patient did not understand dosing instructions. Instead of taking 1 pill 3x a day – patient took 3 pills/1x day.
- Patient did not refill prescription and had to start medication regimen all over again.

Helpful Tips:

1. Language assistance is required by several longstanding federal and state laws, including Title VI of the Federal Civil Rights Act of 1964. Language assistance includes providing both interpretation (oral) and translation (written) services.
2. Providing language assistance improves quality of care and reduces liability.
3. Use of professional (trained) interpreter is a must. Use of friends / family members to interpret (particularly children/teens) should be avoided at all costs. Friends/family members do not have the training to interpret special terms. It is inappropriate to put children in the place of having to interpret for their parents. Parents may not want friends/family members to know about their prescriptions and medical conditions. By contrast, professional interpreters are trained individuals who are bound by a code of conduct that includes confidentiality.
4. According to Title VI guidance, the responsibility for identifying the need for language assistance falls on the provider. Though some patients may request an interpreter, many others will not – either because they don't realize interpretation is available free of charge; they believe they will have to pay for it; or they do not want to admit they are LEP (out of fear or embarrassment).
5. Interpretation is a skill that requires special training. Google Translate is never a substitute for a professional interpreter. There is potential for serious fatal errors. According to research, Google Translate has only 57.7% accuracy when used for medical phrase translations and should not be used for medical communication.
6. Likewise, translation is a skill that requires specialized training. Google Translate is never a substitute for a trained translator.
7. LEP Patients are likely to nod and say yes when asked if they understand a communication, even when they do not understand. Likewise, they often say no when asked if they have questions.
8. Patients are not in the practice of/do not understand the importance/need to refill medications in advance.
9. Patients may be using home remedies. Therefore, it is important to ask about any substances / herbs / ointments they may be using to treat various conditions that may interact with prescription medications.
10. It is important to pay attention to gender norms. In some cultures, male providers do not treat female patients and vice versa. Although having a provider of the opposite gender is generally acceptable in the U.S., respecting such cultural factors, when possible, is certain to have a positive impact on the patient's health.
11. Building trust is critical.
12. Repetition of instructions is often needed for patients to integrate the knowledge.
13. Using the 'Teach Back' method is an excellent way to measure the patient's understanding.

Effective cross-cultural communication skills

Improve your cultural and linguistic appropriateness

- Understand that improving cultural and linguistic appropriateness is an ongoing journey!
- Understand the role that your culture plays in your interactions and delivery of care
- Understand the role culture plays in health beliefs and behaviors
- Become knowledgeable about the backgrounds of the individuals you serve
- Be aware of language differences, and offer language assistance services
- Build trust and rapport with the individuals you serve to facilitate learning about their needs, values, and preferences
- Be aware that some individuals may use various terms to describe medical issues (e.g., “sugar” for diabetes)
- Be aware of barriers that can arise when expressions, idioms, or multi-meaning words are used (even if you and your patient both speak the same language)
- Ask questions!

Do not make assumptions

- Use simple language. Avoid medical and healthcare jargon. Do not assume you know an individual’s literacy and health literacy levels
- Check understanding and encourage questions. Do not assume an individual understood what you communicated
- Adopt a positive, curious, nonjudgmental approach toward all individuals. Do not assign meaning to an individual’s nonverbal communication cues.

Understand and recognize differences in communication styles

- Appreciate how your communication preferences and style may differ from others’
- Understand how communication styles (e.g., nonverbal communication cues) and norms (e.g., the role of various family members) differ across cultures
- Tailor your communication so that your patients can better understand you

THINK CULTURAL HEALTH

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Working effectively with an interpreter

Before a visit with a patient or client who needs an interpreter:

- Use a trained interpreter. Interpreters should be trained and certified in medical interpreting, especially when working in a clinical setting
- Treat the interpreter as a respected healthcare professional
- Allow extra time for the visit. Everything will be communicated at least twice (once by the speaker and once by the interpreter), unless using simultaneous interpretation
- Ensure that there are no (or minimal) distractions, such as noises that may interrupt your full engagement with the patient
- Give the interpreter a brief summary of the individual, goals, and/or procedures for the session
- Document the name of the interpreter

During the visit:

- Introduce yourself and have others in the room introduce themselves directly to the patient upon entering the room, allowing the interpreter to interpret the greeting. Do not address your introductions to the interpreter. Introductions help set the tone and establish you as the one directing the interaction
- Use first person, and ask the interpreter to do the same
- Face and speak directly to the patient. Even if the patient maintains eye contact with the interpreter, you should maintain eye contact with the patient, not the interpreter
- Observe and monitor your and your patient's nonverbal communication
- Speak clearly, being careful not to raise your voice or shout
- Use simple language and avoid medical or healthcare jargon
- Use sentence-by-sentence interpretation. Multiple sentences may lead to information being left out
- Allow the interpreter to ask open-ended questions, if needed, to clarify what an individual says
- Observe what is going on before interrupting the interpreter. Interruption may be warranted, for example, if the interpreter is taking a long time to interpret a simple sentence, or if the interpreter is having a conversation with the patient outside their role

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- Ask the interpreter if they are filling in details for the patient. The interpreter may have interpreted for the patient before and be familiar with their history, or the interpreter may be filling in based on assumptions. It is important that the interpreter maintains professionalism, and that you obtain an accurate and current history each time the patient is seen

Near the end of the visit:

- Use the “teach back” method to rephrase and confirm that the patient understands your directions and recommendations
- Allow time for the patient to ask questions and seek clarifications

Remember:

- Some individuals who require an interpreter may understand English well. Comments you make to others might be understood by the patient.
- If your patient declines language assistance services, ask them to sign a form that says they understand that language assistance is available and choose to decline these services
 - This form must be available and signed in their primary language, or completed orally if they are unable to read in their primary language
 - Document that the individual has been notified of these rights, as well as the patient's preferences in utilizing language access services
 - These are precautions in case of issues regarding whether certain information was provided to and understood by the patient

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What's in a Word?

A Guide to Understanding Interpreting and Translation in Health Care



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Why?***The Business Case for Interpreting and Translation***

Language barriers have been documented to be factors in miscommunication, lack of follow-up and treatment adherence, medical errors, and patient dissatisfaction. In addition to being mandated by federal law and regulatory agencies, language access is also a risk management/ quality improvement tool. Research has shown that the use of qualified interpreters and translators is a cost-benefit in the long run to health care institutions. (Institute for Health Policy, Mass. General Hospital, “Improving Quality and Achieving Equity: A Guide for Hospital Leaders,” December 2008.²)

INTRODUCTION

As the United States becomes an increasingly diverse country, health care systems find themselves challenged to deliver quality medical care to patients with limited English proficiency (LEP). Providing language access in health care is no longer a special benefit or luxury – the ethical, financial and legal imperatives have been established.¹ To provide quality patient-centered health care, it is essential that health care providers, their staff and patients be able to communicate effectively with one another. The “maintenance-free” historical method of providing services to limited-English speakers no longer suffices. (The “maintenance-free” method of overcoming language barriers consisted of calling a bilingual staff person from the Maintenance Department to interpret for the patient, and, of course, do it for free.)

With the advancement of technology, new options have become available for providing language access to patients. And as the relatively nascent fields of health care interpreting and translation grow, there is seemingly an abundance of ways to provide such services.

As you struggle to meet the needs of your patients and provide high-quality patient-centered care, do you know the differences between interpreting and translation? Do you feel confident when hiring interpreters and contracting a translation service? Are you able to hire interpreters confidently and contract for a translation? And, even more importantly, how do you assure quality in the interpreting that has been delivered and in the translation that has been produced? The media often use these terms interchangeably, and contribute to the perception of the general public that translators and interpreters are simply parrots, copiers, or walking dictionaries. But competent interpreters and translators must possess a specialized set of skills. Both are agents in creating understanding between people, but they do so by different means.

To frame the differences between interpreting and translation, the following analogy may be helpful: An interpreter is hired and paid for the time delivering a service. This is analogous to hiring a pianist and paying for his or her time. What is not paid for, however, are the years of piano lessons, the composition of the music, the manufacture of the piano, and other factors that result in the rendition of the tune. In the case of translations, the focus is on the end product, similar to buying a music CD rather than buying the pianist’s or the production staff’s time.

This difference is why we have deliberately used the terms “interpreting” and “translation” throughout this document. While the alternate terms “interpretation and translation” or “interpreting and translating” are parallel to one another, “interpreting” is chosen to underscore the emphasis on the process involved in interpreting, and “translation” is chosen to emphasize the final written product.

This guide will demystify the two terms and, in the process, help you understand why the work of the interpreter and translator is indeed distinct, why not all bilingual individuals can be assumed to have the skills to interpret or translate, and why the same bilingual individual cannot always do both.

I. INTERPRETING AND TRANSLATION – DIFFERENCES AND COMMONALITIES

Interpreting and translation, not surprisingly, are more common than different from one another. A clear understanding of the skill sets, education and training, and experience of interpreters and translators must be matched with a clear understanding of the end product. In interpreting, this involves the oral rendition of spoken or signed communication from one language into another. In translation, this is the conversion of a written text from one language into a different language. In more specific terms, an important key concept that must be taken into consideration is that translation and interpreting are similar disciplines, but each has a different end product.

What is Interpreting?

Interpreting is the process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account.³ The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's languages.

What is Translation?

Translation is the conversion of a written text into a corresponding written text in a different language.

In other words, interpreting refers to communication that is spoken, or signed, while translation refers to written communication.

Interpreting and Translation – Differences and Commonalities

	Interpreting	Translation
WHY	Interpreting overcomes language barriers to make communication possible.	Translations allow individuals who cannot read a specific language to obtain access to written information in their native tongue.
WHAT	Quality interpreting reflects cultural terms, expressions, and idioms that have bearing on the meaning of the content. Interpreting must capture any expressions or nuances in meaning to maintain the impact of the original message. Interpreting is an action that, once taken place, is gone.	A translation must reflect cultural terms, expressions and idioms that have bearing on the meaning of the content. A translation must capture any expression or nuances in meaning to maintain the impact of the original message. A translation is a product that is permanent and can be shared, stored, reviewed and revised as often as desired.
WHO	Interpreters commonly work alone as part of a triad with the patient and provider. Interpreters must have an advanced level of proficiency in both languages. Interpreters possess exceptional listening and memory skills for accuracy and completeness in verbal expression. Special language aptitude is required in both the language of medical terminology and in health care systems. Traditionally, preparation and research done by interpreters are conducted prior to the encounter, using resources such as dictionaries, and consultation with professionals in a specific field.	Translation teams consist of individuals with advanced levels of proficiency in both languages, and with exceptional research skills to assure accuracy in work. Translations are usually executed by translation teams that include translators, proofreaders, and editors (and in some cases desktop publishers and project managers). Special language aptitude is required in both the language of medical terminology and in health care systems. (Translation teams will also rely on dictionaries, consultation with professionals in a specific field, and other resources to complete their work.)

HOW	<p>Interpreters work “in the moment” and are compelled by the mode of interpreting. Interpreters may consult dictionaries or utilize other resources, but the time between each language is only a matter of seconds and minutes.</p> <p>Interpreters work bi-directionally, going back and forth between two languages.</p> <p>The interpreter functions as conduit, clarifier, cultural broker, and advocate. Interpreters must be able to perform each appropriately throughout the encounter.</p> <p>Interpreters must be sensitive and considerate of both cultures. The goal is to have the listener understand the message as if it were heard directly from the original speaker.</p> <p>Interpreters adhere to a Code of Ethics and Standards of Practice.</p>	<p>Translators work in a different timeframe. They must read an entire text for comprehension before starting the translation and consult dictionaries and other resources for correct grammar and terminology.</p> <p>Most translators usually translate into their native language(s).</p> <p>Translation is a process that requires analysis, conversion, proofreading and editing.</p> <p>Translators must be sensitive and considerate of both cultures. Localization is a specialized form of translation in which a completely adapted product (translation) takes into consideration the different culture and language, whether it is software, Internet, or manufacturing products. The goal is to produce a translation that appears to have been done originally in the target country.</p> <p>Translators are guided by a Code of Ethics and Standards of Practice.</p>
WHERE	<p>Interpreting takes place at a specific time and place.</p> <p>Interpreters work in public (in a hospital or clinic, for example) or in private (in the case of telephonic and video interpreters who work either from their home office or in a call center).</p> <p>Interpreters must be present at a specific location, i.e. onsite at a hospital or clinic, or at a location that has a dedicated line for telephonic interpreting.</p>	<p>The process involved in a translation can take place at any place and any time – only the final product is required to be at a specific place and time.</p> <p>Translators work in any setting, from the offices of a large translation department to the privacy of their homes.</p>

II. REQUISITE SKILLS AND QUALIFICATIONS OF AN INTERPRETER

Interpreting in a health care setting requires a unique set of skills. In addition to language and cultural knowledge, interpreters must possess a wide range of communication, interpersonal, and ethical decision-making skills in order to be effective as linguistic and cultural intermediaries.

Simply being bilingual does not guarantee the ability to convert a message from one language to another. It is, however, the most fundamental skill one must possess. In addition to having an excellent command of their working languages, working interpreters must possess:

- familiarity with regionalisms and slang in both languages;
- the ability to identify the differences in meaning due to dialects or regionalisms to ensure effective and accurate message conversion;
- the ability to communicate in all registers and at varying levels of formality;
- an understanding of colloquialisms and idiomatic expressions in all working languages;
- working knowledge of anatomy and physiology;
- extensive knowledge of the vocabulary and terminology related to diagnosis, prevention, treatment, and management of illness and disease;
- a thorough understanding of key concepts in health care such as confidentiality, informed consent and patients’ rights; and
- a thorough command of the vocabulary related to the provision of health care in both languages.

There will, however, be situations in which interpreters may encounter terms or phrases with no linguistic equivalent. Interpreters must, therefore, be able to think quickly and make split-second decisions. In some instances they may have to be assertive and intervene in the conversation to seek clarification of the term from the patient or provider. In other cases they may have to be resourceful and produce accurate alternative equivalencies for such linguistic challenges.

In addition to the language-related components of an interpreter's knowledge base, an awareness of different cultures and how those cultures may differ from one another is important, especially in a health care setting. The ability to apply the incremental intervention model of interpreting – which allows an interpreter to move from the basic conduit function to that of cultural brokering in an unobtrusive manner when necessary – is unique to health care interpreting (see sidebar).⁶ Interpreters should be intimately familiar with the National Standards of Practice for Interpreters in Health Care as well as the National Code of Ethics for Interpreters in Health Care and should have the foresight to identify and avoid situations that could potentially lead them to ethical dilemmas.⁷

For the process of interpreting to be effective, interpreters must possess several additional communication-related skills:

- active listening skills;
- message conversion skills; and
- clear and understandable speech delivery.

In a health care setting, interpreters more commonly interpret in consecutive mode. Consecutive interpreting requires that interpreters retain chunks of information and interpret during natural pauses in the conversation. In this mode, interpreters rely on strong memory and listening

A Day in the Life of a Health Care Interpreter

Pilar's beeper goes off as she pulls into the parking lot at 8:00 a.m. Mrs. Sanchez has arrived at the Emergency Department after an early morning car accident. At the ED, Pilar interprets for the resident, who orders X-rays to rule out broken ribs, and for the staff who need information to complete registration and insurance forms.

From the ED, Pilar heads to the Interpreting Services Department. She has no appointments scheduled until 9:30 a.m., so she reviews terms and procedures for an appointment in Cardiology to take place later in the afternoon. At 9:30 a.m. she heads to Pediatrics, where she interprets for Jessy, an 8-year-old girl who needs a routine annual physical. At 10:15 a.m., she goes to the clinic to interpret for Mr. Ocasio, a 72-year-old diabetic with hypertension and high cholesterol.

At 11:00 a.m. Pilar is back at her desk, where she is given a list of four patients who require telephone reminders of upcoming appointments. She makes the calls and then resumes her Cardiology review. At 11:45 a.m., she is paged and requested to go to the Emergency Department for Mrs. Fuentes, who is 26 weeks pregnant, with spotting and contractions. After initial tests, she is admitted to OB-GYN, where Pilar continues to interpret for the woman and her husband.

At 1:15 p.m. she stops at the cafeteria and has a quick lunch before her next appointment. By 1:45 p.m., Pilar is in Cardiology to interpret for Mr. Peña, who is there for his pre-operative appointment prior to triple by-pass coronary surgery. She interprets the details of the surgery and sight translates the informed consent document (see Appendix A for a definition of sight translation). At 3:00 p.m. Pilar heads to Behavioral Health to interpret a mental status exam. After explaining that Amelia Earhardt would not necessarily be familiar to the 60-year-old Salvadoran refugee, or that it would be unlikely that the patient could name three presidents after Richard Nixon, Pilar makes the appropriate cultural substitutions and is able to help the doctor successfully complete the exam.

At 4:30 p.m., Pilar checks her schedule for the next day's appointments. On her way out, her thoughts turn to Mr. Peña and Mrs. Fuentes.

skills and can be aided by proficiency in note-taking to supplement their memory. On the other hand, interpreters working in simultaneous mode render their interpretation as they hear the source message, lagging behind the speaker by only a few words. While very time-effective, this mode of interpreting has its own challenges, especially in a health care setting.

Interpreters must be able to interpret both verbal and non-verbal communication. Body language, tone, inflection, and volume are also part of the message and must be rendered in the target message. For health care interpreters working telephonically and those with visual impairment, the inability to see the parties for whom they are interpreting makes interpreting body language impossible. Being able to analyze the auditory cues is of paramount importance for interpreters working remotely with no visual cues.⁸

Due to the nature of the interpreter's work with other people, an interpreter must possess excellent interpersonal skills and be able to work effectively as part of a team. As with any career in the service sector, knowledge of basic customer service skills is important to an interpreter's effectiveness. Knowing how to intervene politely in order to manage the flow of communication will aid the interpreter in maintaining the integrity of the message throughout the interpreted session.

The sensitive and sometimes tragic nature of health care requires that interpreters possess a high level of sound judgment and an understanding and ability to implement a self-care plan to ensure optimal performance in situations of critical need. Interpreters must know how and when to take the necessary steps to protect themselves from potentially harmful situations (e.g. a simple step such as wearing a surgical mask to a more involved post-session debriefing).

III. REQUISITE SKILLS AND QUALIFICATIONS OF A TRANSLATOR

Health care translators must possess an in-depth knowledge of the source language and target language as well as health care fields. Superior translations are produced by those who write well in their native language, and qualified translators have an inherent aptitude or intuition for translation. Translators who specialize in medical texts must possess a wide range of skills and usually work translating into their native language, i.e., a native speaker of Russian would primarily translate texts from English into Russian. Similar to interpreters, translators must not only possess superior language proficiency, they must also have cultural knowledge in their language pairs. However, whereas interpreters work in real time, translators work with written texts and therefore in addition to the requisite skills and qualifications of an interpreter as outlined above, qualified translators must also demonstrate the following skills:

- an intimate knowledge of one's own native language. Unless an individual has been raised in more than one culture and formally educated in more than one language, writing skills in one's native language are superior to those of an acquired language. Someone may be able to speak in a second language, but this is no indication that the second language may be flawless when writing;
- translators have mastered writing in the idiomatic and natural patterns of their native language;
- medical translators must be experts in the area of the variety of fields that exist in the health care system. This includes everything from vocabulary and terminology to a basic knowledge of illnesses, procedures, medications, and how health care systems function;
- translators must know the extent of their professional boundaries, especially when accepting to translate a document they know they feel qualified to translate, as well as the time frame in which they can produce an accomplished product;
- a professional translator must have exceptional research skills and be able to access reference materials that are essential for producing high-quality translations;
- medical translation today relies on everything from hand-written notes to the use of advanced Computer-Assisted (Aided) Translation software. Medical translator's skills run the gamut from being able to work adeptly with handwritten notes to a vast array of computer and technology skills;
- medical translators often translate documents that fall into the legal realm, such as informed consent forms, HIPAA laws, etc., and a qualified medical translator includes these legal-medical documents among his/her repertoire of translation skills;
- medical translators continuously stay abreast of new developments by reading professional literature in the health care fields; and
- medical translators continuously hone their skills through professional development courses or trainings.

Qualified translators understand that a good translation benefits from a second opinion. It is recommended that translators work with proofreaders and editors in both language pairs to assure accuracy and equivalence in translation. Although in some situations this is not always possible,

qualified translators will try, to the extent possible, to assure that this has been done. Translators understand how to manage a project from beginning to end, often referred to as the document life cycle. This includes:

1. Needs Analysis – why is the document being translated?
 - Discourse typology – what type of text is it? who is the intended audience?
 - Scope – length and timeframe document needs to be translated
 - Target corpora – any pre-existing translations or glossaries for terminology?
2. Thorough reading of the text – computer/technology needs; research for topic matter to understand text; research terminology; draft translation of text
3. Revision – consult with other translators, topic specialists
4. Formatting translation – special formatting needs, graphics, tables, pictures, imaging
5. Editing and revising – translator proofing, specialist proofing
6. Delivery – electronic or hardcopy

Medical translators support their work and their knowledge by being members of professional organizations where they can meet and network with other professionals in the field. Many of these organizations provide helpful listservs through which translators can seek mentoring, help on the use of terminology, information about conferences in the field, and the advantage of being part of a community working toward language access.

IV. STANDARDS OF PRACTICE FOR HEALTH CARE INTERPRETERS

Standards of practice for health care interpreters define expectations of performance and outcomes. Although the field is relatively new, standards are in existence, and include the following tenets:⁹

- **Accuracy** – Interpreters strive to render the message accurately, conveying the content and spirit of the original message, taking into consideration the cultural context.
- **Confidentiality** – Interpreters treat as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.
- **Impartiality** – Interpreters strive to maintain impartiality and refrain from counseling, advising, or projecting personal biases or beliefs.
- **Respect** – Interpreters treat all parties with respect.
- **Cultural Awareness** – Interpreters strive to develop awareness of the cultures encountered in the performance of interpreting duties.
- **Role Boundaries** – The interpreter maintains the boundaries of the professional role, refraining from personal involvement.
- **Professionalism** – Interpreters at all times act in a professional and ethical manner.
- **Professional Development** – Interpreters strive to further their knowledge and skills, through independent study, continuing education and actual interpreting practice.
- **Advocacy** – When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.

Each of the above standards corresponds to a tenet of the Code of Ethics for Health Care Interpreters. Taken as a whole, they are a measure of the “best practice” in the delivery of interpreter services in the health care arena. As such, these standards are invaluable in the training, hiring, and evaluation of interpreters.

V. STANDARDS OF PRACTICE FOR TRANSLATORS

The American Translators Association has a Code of Professional Conduct and Business Practices.¹⁰ The ATA Code has been written for translators and interpreters who are members of ATA to commit to the highest standards of performance, ethical behavior, and business practices and reads as follows.

I. As a Translator or Interpreter, a bridge for ideas from one language to another and one culture to another, I commit myself to the highest standards of performance, ethical behavior, and business practices.

A. I will endeavor to translate or interpret the original message faithfully, to satisfy the needs of the end user(s). I acknowledge that this level of excellence requires:

1. mastery of the target language equivalent to that of an educated native speaker,
2. up-to-date knowledge of the subject material and its terminology in both languages,
3. access to information resources and reference materials, and knowledge of the tools of my profession,
4. continuing efforts to improve, broaden, and deepen my skills and knowledge.

B. I will be truthful about my qualifications and will not accept any assignments for which I am not fully qualified.

C. I will safeguard the interests of my clients as my own and divulge no confidential information.

D. I will notify my clients of any unresolved difficulties. If we cannot resolve a dispute, we will seek arbitration.

E. I will use a client as a reference only if I am prepared to name a person to attest to the quality of my work.

F. I will respect and refrain from interfering with or supplanting any business relationship between my client and my client's client.

VI. CERTIFICATION FOR HEALTH CARE INTERPRETERS

The state of Washington offers state-level certification for interpreters working with its local residents¹¹; court interpreters may receive national certification from the U.S. Department of State; and American Sign Language (ASL) interpreters may receive national certification through a joint program of the Registry of Interpreters for the Deaf and the National Association of the Deaf. Neither the court interpreter certification nor the ASL interpreter certifications are specific to health care.

Despite this fact, many people often use the term “certified interpreter,” perpetuating the illusion that such an entity exists. This is fueled by the numerous training programs available for interpreters wherein, at the end of the program, participants typically receive a “Certificate of Participation” or a “Certificate of Attendance,” which has unfortunately been misinterpreted as an indication of “certification.” Further contributing to this confusion is the casual use of related terms such as “licensed” or “accredited.” To be clear, therefore, the following definitions are offered:

Certification – Certification is a formal process by which a governmental, academic or professional organization attests to an individual's ability to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the knowledge, skills and abilities needed to do the job.

Licensure – Licensure is the status conferred to an individual to legally engage in a certain activity. A licensed practitioner is someone who has been granted legal permission to practice in his/her specific field.¹²

Accreditation – Accreditation, while similar to certification, usually applies to institutions instead of individuals¹³.

Many in the field of health care interpreting have long sought certification as a means to enforce standards and ensure quality. Initial work was carried out by the Massachusetts Medical Interpreters Association (MMIA, now the IMIA) in a pilot funded by the U.S. Office of Minority Health in collaboration with the California Healthcare Interpreters Association (CHIA) and the National Council on Interpreting in Health Care (NCIHC). A certification process must be very carefully designed to be both valid and reliable; testers and raters must be chosen, trained and periodically retrained, and acceptable levels of competence must be established. The Certification Commission for Healthcare Interpreters is currently developing certification for health care interpreters, with its certification expected to begin in late 2010.¹⁴

VII. CERTIFICATION FOR HEALTH CARE TRANSLATORS

At the time of this writing, there is no national certification for medical and health care translators. ATA, however, has established a general certification program to enable individual translators to demonstrate that they meet professional standards. Translators who pass a written examination are certified by ATA in a specific language pair and direction (from or into English), but they are not certified in specific fields.

ATA Certification:

- is a testament to a translator’s professional competence in translating from one specific language into another;
- is available to candidates who offer proof of eligibility to take the examination based on education and experience;
- is awarded after a candidate passes an open-book examination administered under controlled conditions;
- comes with the obligation to continually improve professional skills through continuing education; and
- is available only to Association members and remains valid as long as membership in the Association is continued.

The ATA Certification exam is currently available in 12 languages into English and 14 languages from English into another language. These languages may be found on their website at http://www.atanet.org/certification/aboutcert_overview.php.

VIII. MODES AND METHODS OF INTERPRETING

The following charts outline the modes and methods of interpreting in health care.

Methods of Interpreting

Methods of delivery	Description	Effective Use	Challenges
Face-to-face	Interpreter is present during conversation. Often times referred to as the “gold standard” in interpreting, face-to-face offers the interpreter more control over the session and eliminates the often unavoidable distractions that phone and video interpreters encounter.	<ul style="list-style-type: none"> Multiple persons are involved Sensitive information Hearing impairment Complex visual instructions 	<ul style="list-style-type: none"> Face-to-face interpreting cannot always be accessed upon demand. Interpreters who are not employed as staff of a health care facility/provider must travel back and forth to appointments, creating wait times in emergency situations. Face-to-face interpreters must address the same health and safety risks attendant to other staff in the facility. Face-to-face interpreters, who are not afforded the degree of anonymity of telephone and video interpreters, often face ethical dilemmas.
Remote by phone	Interpreter is available via telephone. Quick and easy to access, telephone interpreting is mostly available through third-party vendors referred to as OPI (over the phone interpreting) providers. Some large hospital and health systems, however, are creating internal phone banks staffed with in-house interpreters.	<ul style="list-style-type: none"> Telephone conversations Emergencies Situation in which face-to-face interpreters are in limited supply or have limited availability. (For example, trained face-to-face interpreters for languages of lesser demand are often harder to locate and are not always geographically available for assignments.) 	<ul style="list-style-type: none"> Telephone interpreters are susceptible to the same environmental challenges we all face when using the phone – echoes, feedback, static, etc. Frequently, providers will utilize a speakerphone to communicate. This can create hearing issues for the interpreter. Individuals with a hearing impairment may face challenges utilizing a phone interpreter.

Modes of Interpreting

Modes	Description	Effective Use	Challenges
Consecutive	<p>Consecutive interpreting utilizes turn-taking as a means to facilitate communication. The interpreter waits for natural pauses in the conversation during consecutive interpreting to render an accurate interpretation. The interpreter may interrupt the speaker after a few sentences to interpret what has been said before allowing the speaker to continue.</p>	<p>Consecutive interpreting works most effectively during conversations in which there are natural pauses between sentences. Health care often consists of a string of question and answer sessions which makes this the most easily implemented mode.</p> <p>Most effective in small rooms where talking at the same time is confusing for listener.</p>	<p>The effectiveness of an interpreter's consecutive interpretation depends on his or her memory. Because the interpreter must listen to a critical amount of information before interpreting it, he or she will have to memorize it and then interpret.</p> <p>The interpreter must also manage the flow of the conversation, which can be challenging when working with two or more individuals with distinct personalities and communication styles.</p>
Simultaneous	<p>Simultaneous interpreting occurs when the interpreter begins message conversion before the speaker has finished speaking and then delivers the same message at almost the same time.</p> <p>Simultaneous interpreting can be delivered either with specialized audio equipment (allowing the interpreter to be remote) or in-person using a whisper technique referred to as chuchotage.</p> <p>Simultaneous interpreting requires intense concentration and can lead to interpreter fatigue. In conference settings, simultaneous interpreters work in pairs and switch off every 20-30 minutes in order to rest.</p>	<p>Simultaneous interpreting can be used during emergency situations in which time is of the essence. Simultaneous interpreting is also used frequently during mental health encounters in which the provider may not want to interrupt the patient's message.</p> <p>Simultaneous interpreting is effective during encounters in which not everyone requires the interpreter. The interpreter can move closer to the LEP person and interpret to him/her only without interrupting the speakers. For example, during group therapy, in which only one patient is LEP, the interpreter can either work remotely or use a whisper technique, allowing the speaker to continue the teaching with minimal interruption. The interpreter may, however, need to display flexibility, and utilize the consecutive mode when the LEP patient wishes to interact with the rest of the group or ask questions of the therapist.</p>	<p>With whisper interpreting, interpreters face the risks inherent to being in close proximity with other persons.</p> <p>In small groups, the interpreter may be distracting to the speaker if he or she is speaking at the same time as them, or too loudly.</p> <p>The challenge with remote simultaneous interpreting is the availability of equipment. Usually such specialized equipment is available for rent from conference interpreting companies.</p>
Summarization	<p>Summarization requires that the interpreter pick out the main ideas of a message and omit details. Due to the delicate nature of health care and the heightened importance of the details, this mode of interpreting is rarely recommended.</p>	<p>In a situation in which a provider may be trying to get general information transmitted quickly, the interpreter, with the approval of the provider, may help the situation by summarizing the discourse of the family members.</p>	<p>Often times a health care provider may obtain valuable insight from the details. When summarizing, the interpreter may inadvertently omit some of these important details, possibly interfering with the provider's ability to make informed decisions. The interpreter makes the decision to identify details he/she feels is important and/or relevant.</p>

Modes	Description	Effective Use	Challenges
Sight Translation	An interpreter sight translates by reading a document in one language and delivering an oral rendition of the text in the target language.	Sight translation is most effective with short texts such as forms and instructions. Other documents, such as consent forms or educational materials, should be translated ahead of time or summarized by the provider. The interpreter can then interpret what the provider says.	Sight translation is challenging because it requires the interpreter to both read and speak in different languages. This can be difficult for less experienced interpreters, who will often read and interpret one word at a time. Experienced interpreters read and interpret phrase by phrase.

The Interpreter's Functions

Throughout their work, interpreters may take on one of several functions in order to accomplish their task of facilitating communication between the patient and provider. The first and most basic function is that of a conduit or simple messenger. In this stage, the interpreter says exactly what is being said by the other party, repeating all dialogue in another language, with the same tone, level of vocabulary and intent as the speaker. The interpreter may remain in this role throughout the majority of the interpreting session. If he/she reaches a point in which he/she feels that there may be a barrier to understanding, the interpreter may find it necessary to function as more of a clarifier or cultural broker.

While functioning as a clarifier or cultural broker, the interpreter will pause the session, ask for permission to clarify, and either ask for a direct clarification from the speaker, or suggest a different approach to the speaker that may be more culturally appropriate for the listener. For example, while interpreting for a provider who is using a very high register of vocabulary, the interpreter feels the patient is not fully grasping the information due to cultural or linguistic differences, stress or feelings of being overwhelmed, or simply does not admit it to save face, then the interpreter could stop the session, express his/her concern to the provider and allow the provider to choose how to continue. While functioning as a clarifier, the interpreter must be careful to always remain transparent, allowing both parties to understand the nature of the intervention by the interpreter.

Finally, there may be instances in which interpreters find themselves needing to function as an advocate for the patient. If the patient's health, safety or well-being is jeopardized in any way, the interpreter may intervene and take the role of advocate for the patient. In health care, this has been a fairly controversial role. Interpreters who specialize in other fields such as law or conference interpreting do not take on this role. Interpreters must be thoroughly trained on when it is appropriate to take on this role and how to do so without violating patients' rights to make their own decisions, and without affecting the relationship between patients and providers.

IX. MODES AND METHODS OF TRANSLATION

Translators are professionals who convert a written text into another written language. A translator must take into consideration the message of the original text and render that message for its intended audience, maintaining the tone, register (level of formality), cultural context and impact of the original text. The most challenging task for the translator is to assure that the cultural context can be reconstructed with the same meaning into the cultural context of the target language.

Prioritizing Translations

The following is an example of a list of documents that are translated by health care organizations. While this list is not intended to be a complete list of documents, this will, at the very least, give programs a place to start.

Translation for access:

- *consent forms*
- *instructions for medical procedures*
- *discharge information*

Translation for information:

- *documents that provide health care personnel with vital information about the patient's medical history*
- *newspaper and magazine articles*
- *research conducted and published in languages other than English*

Documents for publication:

- *websites*
- *educational health material (i.e. brochures, flyers, etc.)*

For more information about which documents an organization should translate, visit the United States Department of Health and Human Services Office for Civil Rights website regarding guidance on the Title VI prohibition against national origin affecting LEP persons at <http://www.hhs.gov/ocr/lep/revisedlep.html>.

The most qualified translators are those who write well in their native language and who have mastered punctuation, spelling and grammar. Translators know how to analyze a text and are keenly aware of the fact that translation does not mean word-for-word replacement, but that context is the bottom line for an accurate rendition of any text. For example, the question, “Could you show me your chest?” would have very different meanings if one were at the health care provider’s office as compared to someone who was in an antique store.

All translators need to be highly skilled researchers with access to a vast array of monolingual and bilingual dictionaries, glossaries, and subject matter experts as well as content-based materials that help them to understand language specific to any given field. Professional translators work in a team, having their translations proofread and edited for accuracy by other translators, by native speakers of both languages, and specialists in the content area of the text they are translating. Translations may go through several drafts because proofreaders, editors, and text readers verify for cross-cultural (mis)understanding, naturalness, and accuracy, and give feedback on a translation. The translator then incorporates these revisions and suggestions based on the teamwork of those knowledgeable in the language(s) and the subject area.

Similar to health care providers, it is a medical translator’s responsibility to stay current in the field and to improve one’s skills continuously through professional development, which includes translation techniques and skills, as well as content-based workshops, seminars, education, and training.

A Day in the Life of a Translator

At 9:00 a.m. Nadya and the members of the Russian translation team are assembled at the Language Services department of North Central Hospital. Their task is to produce a series of educational brochures in response to the spike in Russian-speaking patients seen at the hospital. Nadya, who is the only staff translator, will be working with two freelance translators to proofread and edit translations for accuracy and comprehension. With a limited budget, three of 15 brochures have been prioritized for translation.

By 11:00 a.m. the team has produced an assignment chart indicating who will translate, proofread and edit the texts, and a timeframe for completion. As the staff translator, Nadya is responsible for working with the typesetter to assure the formatting and accuracy of the Russian fonts, as well as selection of the appropriate pictures to meet the cultural needs of the Russian community. Her concentration is broken by the sound of her beeper – the Endocrinology Department has paged her because Mr. Kaminski, who has come in for a colonoscopy, cannot read the Russian translation of the consent form because he forgot to bring his glasses. Nadya knows the form well since she translated it last year.

After reading the consent form and taking a quick break for lunch, Nadya returns to her office to spend the afternoon working on a new translation: Consent Form for Anesthesia for Cardiac Surgery. She reads the consent form in its entirety, noting any special terminology that will need to be researched. She is under a tight deadline. The first draft of the translation must be completed by 3:00 p.m. so that the editor can complete his review by the following day. The deadline for this translation, as with most, is very short, and Nadya must stay focused in order to meet it. In addition to a vast array of Russian-to/from-English medical dictionaries, Nadya consults medical books to research aspects of the risks associated with anesthesia to ensure that she is using appropriate terms.

As Nadya makes her deadline, the hospital administrator calls with a change in plans: the deadline for the translation of the three brochures has been moved up. Nadya turns back to the computer to re-work the timeline for the project and sends the update to the translation team.

X. HOW TO HIRE A HEALTH CARE INTERPRETER

During the hiring process, many organizations face the challenge of identifying qualities an interpreter should possess, whether the person is serving in a dual role or interpreter capacity within the organization. Traditional indicators of a person's ability to do the job are not yet available in the health care interpreting field. Thus, an employer may not be able to rely on certification, training, or even experience dependant upon the geographic location and particular community and language. At this time, then, the big question is, "What should I look for in a qualified interpreter?" Six components that can help guide you in the successful hiring of interpreters are:

- language proficiency levels in primary and secondary languages;
- problem solving techniques;
- interpersonal skills (including but not limited to customer service);
- knowledge of health care systems and compatibility with the health care organization's culture;
- evaluation of the quality of the interpreting skills; and
- cultural competence.

a. Language Proficiency Levels

The linguistic skills of an interpreter are first and foremost. It is important to first recognize the level of language expertise an interpreter needs in both working languages. Often, it is assumed that conversational proficiency in a second language is sufficient to interpret. However, in a health care setting there are many nuances with language and terminology, along with a fast pace and a variety of subjects that demand that interpreters command their second languages as though it were their native tongue.

b. Problem Solving

The ability to problem-solve is crucial to being a successful interpreter. Looking at how a potential interpreter handled adversity or challenges in the past or how well he/she has worked in diverse settings will be important in determining his/her future success as an interpreter. Because health care is filled with a wide variety of people and personalities, an interpreter must be very clear of their role and purpose when assisting provider and patient. It is important to understand how the candidate is going to represent both him/herself and your organization.

c. Interpersonal Skills

Interpersonal skills (such as customer service) are essential to being a successful interpreter. Interpreters are sometimes the first contact patients make with an organization. They are often the primary contact between the various departments and the language access departments they serve. How interpreters present themselves and their people skills should be key points to consider in a candidate.

d. Knowledge of Health Care Systems

When hiring an interpreter, it is important for him/her to have a core knowledge of health care systems. Interpreters will then be able to apply their overall knowledge to the culture of that organization. In order for potential candidates to be successful, one must assure that they have the ability to assimilate to the culture of the organization as a whole and more specifically to the internal culture of their department. Candidates must be able to adapt to high pressure situations and have flexibility in working within the health care system.

e. Cultural Competence

Interpreters must also be culturally, as well as linguistically, competent. An interpreter must understand culture in relationship to health/illness and its potential impact on a patient's view of illness, help-seeking patterns, expressions of distress, expectations of the encounter, and understanding of the provider's role and purpose. The interpreter's challenge is to be careful not to generalize, thereby avoiding the perpetuation of stereotypes. For this reason, ongoing professional development in diversity and cultural competence are important topic areas for interpreters.

f. Evaluating Quality

Once you've chosen a candidate who fits all of these requirements, the next big question is, "How do I evaluate the quality of their interpreting?" One way to evaluate quality is shadowing, which involves attending interpreted sessions and giving interpreters feedback on their work. The challenge with shadowing is that it should be done by a senior interpreter or at least someone who has been evaluated for fluency in both languages, thoroughly understands the different functions of an interpreter, and who is qualified to critique the interpreter's work. This can be someone who the organization has designated as having "senior interpreter" status by virtue of their experience and expertise, or who has otherwise been deemed qualified.

A Dual-role interpreter is a bilingual employee in health care who has been tested for language skills, trained as a health care interpreter and who willingly assumes the task of part-time health care interpreting.

In order to provide proper assessment of an interpreter's qualifications, it is important to seek out tools to screen a candidate's language proficiency. One such tool is the *NCIHC Guide to Initial Assessment of Interpreter Qualifications*,¹⁵ which is available to organizations such as hospitals and clinics seeking to employ interpreters. The guide outlines a recommended strategy for assessment and components of a comprehensive assessment that can be adapted to particular settings and purposes.

In addition to evaluating the accuracy of the interpreter's rendition, the observer can evaluate the interpreter's ability to manage the flow of the conversation and maintain a comfortable rhythm for all. The observer can also evaluate how the interpreter supports the patient and provider relationship. Additionally, the observer can report on the interpreter's demeanor and whether the interpreter stays within appropriate boundaries. Such observations will establish whether or not the interpreter is facilitating understanding in communication or simply "trying their best".

Organizations and administrators should also focus on ensuring that interpreters working within their organization continue to grow professionally and learn new skills by developing ongoing professional development plans for their staff. These type of development plans should be available whether the interpreters are contract interpreters, from an agency, or employees within the organization. Such educational opportunities could be anything from a workshop on language specific vocabulary to a webinar on a health care subject that the interpreter is unfamiliar with. Self-study, such as reading a book about different cultures, could also be a part of a professional development plan.

XI. HOW TO HIRE A HEALTH CARE TRANSLATOR

Many organizations face the challenge of identifying qualities an individual should possess to be a professional and accurate translator. At this time the American Translators Association (ATA) offers a certification exam for translators, but this is a general certification, rather than one specifically designed to test proficiency in translating medical documents.

a. Knowledge of Subject Matter

Translators often specialize in an area, such as medical translation. Translators adhere to industry standards, such as the golden rule of no additions, omissions, or changes in meaning. Six components that can help guide you in the successful hiring of translators are:

- superior reading comprehension of source language and target language; superior knowledge of one's native language, including grammar, idiomatic expressions, style and cultural nuances;
- a comprehensive knowledge of anatomy, physiology, procedures, illnesses/diseases, treatments, medications and health care systems;
- exceptional research skills and access to medical dictionaries, glossaries, and other resources (it is essential for translators to be knowledgeable of the U.S. health care system and to make recommendations about assimilating the cultural differences into translation that impacts comprehensibility by the reader);
- excellent proofreading and editing skills, as well as interpersonal skills that allow translators to work as a team during the document life cycle (recognizing these skills in others facilitates the team being able to work in a seamless effort to produce high-quality translations; translation teams work together to minimize errors in translation and ensure consistency of terminology, tone and register; working with a translation team is a measure taken to assure the quality and comprehensibility of the final product; translators must be able to adapt to high pressure situations, especially when working in a fast-paced health care environment);
- ability to pace and judge the time needed to complete a translation project (experienced translators know the appropriate amount of time needed to complete a needs analysis for a project and the time needed to complete a given project and know the exact steps to take to assure that they meet deadlines); and
- membership in a professional translation organization, credentials that are relevant to the specific project (a sample translation can be reviewed), and keeping current with working languages.

b. Credentials and Staying Abreast of Updates

Translators frequently keep a portfolio of their translated work. Ask for sample translations that can be evaluated by someone knowledgeable in the field. Translators need to stay abreast not only of developments in health care; a translator always keeps abreast of linguistic changes in their native language. Many translators who live in the United States for extended periods of time continue to read native language newspapers, magazines, journals and literature, and listen to newscasts and programs in the health care fields in their native countries to update their linguistic and cultural competence as well as their expertise. In addition to participating in a professional association, a translator should provide to you documentation for coverage of liability. In-house translators are usually covered through the institution, but when hiring through a translation agency or a freelance translator, you should ensure that the translator is covered by liability insurance.

c. Evaluating Quality in Translation

Health care organizations should have the following processes in place in order to ensure high-quality and effective translations.

Prior to beginning the translation process, organizations should utilize a “translation brief”¹⁶ to improve the quality of translations. “The translation brief is a tool to examine three basic questions, which should guide the translation of a document:

1. what is the function of the English text and the context in which it is used?
2. is the current use of the original material appropriate for the new target audience, or should it be altered?
3. what are the situational features associated with the use of the materials with the target audience?”¹⁷

Once the source document has been finalized and the translation brief created, the translation process can begin.

1. the translation process begins with a thorough reading of the text by all members of the translation team. At this point the translator is familiarizing his or herself with the subject matter, and is identifying terms or concepts that may require additional research.
2. upon completion of the first reading and a review of the translation brief, the team can begin researching any new concepts or terms.
3. at this stage, the editor should develop a bilingual glossary and a style guide. The glossary is most important if working with multiple translators as it will serve as a bank of mandatory terms to be used in the translated text. This will ensure consistent use of terminology throughout the document. The style guide will address issues such as conversion of units of measurements, translation of proper names, and acronyms.
4. once the translator has completed his or her initial research and has become familiar with the glossary and style guide, the first draft can begin. A common misconception is that the translation is performed word by word. In reality, the translation is approached concept by concept, ensuring that the word choice is faithful (in content and register) to the original text, while reading naturally in the target language.
5. throughout the creation of the first draft, the translator may need to consult a variety of resources to be sure that the terminology being utilized will meet the needs of the target audience. Resources may include translated glossaries, specialty dictionaries, similar documents originally created in the target language, other translators and subject matter specialists.
6. by the time the first draft has been completed, the editor should be acutely familiar with the source document. Once the translator or translation team has completed the first draft, the editor will review the translation for accuracy and stylistic consistency.

Health Literacy

Health literacy is the ability to obtain, process and understand basic health information and services needed to make appropriate health care decisions. Health literacy and LEP are two factors that can seriously impede communication between a health care provider and a patient. Nearly half of all American adults – 90 million people – have difficulty understanding and using health information.¹⁸ Low health literacy can affect any person, regardless of age, ethnicity, background or education. Well-qualified health care interpreters and translators serve as the crux of language access to assist health care providers in understanding the health literacy needs of an LEP patient.

7. upon completion of the first edition, the document should be formatted properly. Formatting can be as simple as making the translation look like the original by matching fonts, font sizes and styles, and page margins. However, more complex formatting may require copying and pasting of the translated text into the source document (in a side-by-side, paragraph-by-paragraph or line-by-line format) and/or adding in graphics including diagrams or logos.
8. once formatting has been completed, one final proofreading of both the source and target document should be done. The final proofreading stage is intended to catch any mistakes in diacritical marks and to ensure that none of the translation has been inadvertently altered during formatting.

Finally, as with interpreters, administrators should develop an ongoing professional development plan for staffed translation teams. Training may include courses on using computer-assisted translation tools to improve productivity and further ensure consistency from one project to another.

XII. FORMATTING TRANSLATIONS

Formatting can potentially have an impact on the effectiveness of a particular document. From forms to educational materials, documents can be formatted in a variety of ways in order to make them easier to use by patients and staff alike. Translations may be formatted and presented in the following ways:

Format	Effective Use	Challenges
Stand alone document – text is provided in only one language	Dense text Promotional materials	The English text may not be readily available All translations should contain the English title for easy identification by English-speaking staff
Side-by-side – English and the target language are side-by-side on the same page	Forms requiring signatures Questionnaires	May be difficult with languages that are written left to right or top to bottom Might not have enough physical space for text
Front-to-back – English and target languages are printed on opposite sides of the page	Dense text Patient education	Difficult with documents longer than one page
Paragraph-by- paragraph – original text is preceded by translated text, paragraph by paragraph	Short forms Discharge instructions Patient education	May be difficult to read Page may be cluttered
Line-by-line	Checklists	Awkward layout

XIII. CONCLUSION

Interpreting and translation, not surprisingly, are more common than different from one another. However, as discussed throughout this brief, there are differences that are important to recognize to ensure the accuracy of both oral communication and written translated materials. A clear understanding of the skill sets, education and training, and experience of interpreters and translators must be matched with a clear understanding of the end product. In interpreting, this involves the oral rendition of spoken or signed communication from one language into another. In translation, this is the conversion of a written text from one language into a different language. In more specific terms, an important key concept that must be taken into consideration is that translation and interpreting are similar disciplines, but each has a different end product. Knowing the differences will help you evaluate the knowledge, skills, and abilities you need when working with interpreters and translators to ensure the accuracy and effectiveness of your communication with LEP patients.

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- 9 The standards above have been reproduced from the National Standards of Practice for Interpreters in Health Care developed by the National Council on Interpreting in Health Care (NCIHC). Two additional and noteworthy sets of standards specific to health care interpreting are also available: The International Medical Interpreters Association (IMIA) (formerly the Massachusetts Medical Interpreters Association - MMIA) Standards of Practice found at <http://www.imiaweb.org> and the California Standards for Healthcare Interpreters developed by the California Healthcare Interpreters Association (CHIA) and found at <http://www.chiaonline.org>.

The three documents support one another, without disagreement as to principles and values. The differences lie in focus and presentation, and therefore in potential use: the CHIA standards focus on ethical issues; the IMIA standards present proficiency helpful for assessment and screening; and the NCIHC standards provide an industry baseline for the field.
- 10 American Translators Association, http://www.atanet.org/membership/code_of_professional_conduct.php (printed with the permission of the ATA).
- 11 The state of Washington has a state-level certification exam for spoken language health care interpreters serving Washington state residents only. The exam is available in Spanish, Russian, Vietnamese, Cantonese, Mandarin, Cambodian, Korean and Lao. For further information, go to: <http://www1.dshs.wa.gov/msa/lc/index.htm>.
- 12 Roat, C. *Certification of Health Care Interpreters in the United States: A Primer, a Status Report, and Considerations for National Certification*. The California Endowment, 2006. http://www.calendow.org/Collection_Publications.aspx?coll_id=24&ItemID=314#.
- 13 Roat, C. *Certification of Health Care Interpreters in the United States: A Primer, a Status Report, and Considerations for National Certification*. The California Endowment, 2006. http://www.calendow.org/Collection_Publications.aspx?coll_id=24&ItemID=314#.
- 14 For more information on the development of certification for health care interpreters, see the Certification Commission for Healthcare Interpreters, <http://www.healthcareinterpretercertification.org>.
- 15 NCIHC, <http://www.ncihc.org/page/publications>.
- 16 Hablamos Juntos, *Developing Better Non-English Materials: Understanding the Limits of Translation*, http://www.hablamosjuntos.org/pdf_files/Brief_NonEngl-Final2.pdf, http://www.hablamosjuntos.org/pdf_files/Brief_NonEngl-Final2.pdf.
- 17 NCIHC, *Guide to Initial Assessment of Interpreter Qualifications*, <http://www.ncihc.org/page/publications>.
- 18 Institute of Medicine, *Health Literacy: A Prescription to End Confusion*. National Academies Press, 2004. <http://www.iom.edu/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>.

APPENDIX A

GLOSSARY OF TERMS RELATED TO INTERPRETING AND TRANSLATION IN HEALTH CARE

accreditation

a term usually referring to the recognition of educational institutions or training programs as meeting and maintaining standards that then qualify its graduates for professional practice. (See **certified interpreter**.)

ad hoc interpreter

unlike a qualified interpreter whose language skills have been assessed and has had appropriate training, an untrained person who is called upon to interpret, such as a family member interpreting for her parents, a bilingual staff member pulled away from other duties to interpret, or a self-declared bilingual individual in a hospital waiting-room who volunteers to interpret. Also called a chance interpreter or lay interpreter. (See **certified interpreter**, **qualified interpreter**.)

bilingual

a term describing a person who has some degree of proficiency in two languages. A high level of bilingualism is the most basic of the qualifications of a competent interpreter but by itself does not insure the ability to interpret.

certification

a process by which a certifying body (usually a governmental or professional organization) attests to or certifies that an individual is qualified to provide a particular service. Certification calls for formal assessment, using an instrument that has been tested for validity and reliability, so that the certifying body can be confident that the individuals it certifies have the qualifications needed to do the job. (See **certified interpreter**.)

certified interpreter

an **interpreter** who is certified as competent by a professional organization or government entity through rigorous testing based on appropriate and consistent criteria. Interpreters who have had limited training or have taken a screening test administered by an employing health, interpreter or referral agency are not considered certified. (See **ad hoc interpreter**; **qualified interpreter**.)

dual-role interpreter

a bilingual employee in health care, who has been tested for language skills, trained as a health care interpreter and willingly assumes the task of part-time medical interpreting. (See **ad hoc interpreter**.)

editing

the task of the proofreader is to find errors and make corrections in a text, whereas the job of an editor is more detailed. Someone who edits copy focuses primarily on revising the text with content changes, and editors also complete a final usage check for grammar, spelling, punctuation, and capitalization with the goal of preparing a written text for publication.

interpreter

a person who renders a message spoken or signed in one language into a second language, and who abides by a code of professional ethics. (See **ad hoc interpreter**, **certified interpreter**, **qualified interpreter**.)

interpreting

(noun) the process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account. The purpose of interpreting is to enable communication between two or more individuals who do not speak each other's languages.

(adjective) concerning or involved with interpreting. Examples: *interpreting services*, *interpreting issues*.

on-site interpreting

interpreting done by an interpreter who is directly in the presence of the speakers. Also called face-to-face interpreting. (See **remote interpreting**, **telephone interpreting**.)

proficiency

the quality or level of a skill or competence.

proofreading

The task of the proofreader is to find errors and make corrections in a text, whereas the job of an editor is more detailed. Someone who edits copy focuses primarily on revising the text with content changes, and editors also complete a final usage check for grammar, spelling, punctuation, and capitalization with the goal of preparing a written text for publication.

qualified interpreter

an individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages, and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice published by the National Council on Interpreting in Health Care. (See **interpreter**; **ad hoc interpreter**.)

register

a style of speaking or writing (intimate, casual, vulgar, formal, etc.) or a way of communicating associated with a particular occupation or social group (slang, criminal jargon, medical jargon, business jargon, legal language, etc.). Interpreters are generally expected to maintain the register of the person whose utterances they are interpreting.

relay interpreting

an interpreting process in which two individuals attempting a conversation communicate through two interpreters, each of whom speaks only one of the two languages required as well as a common third language. An example of this would be interpreting Quechua into Spanish, which in turn is interpreted into English, or interpreting an idiosyncratic sign language into ASL and then into English.

remote interpreting

interpreting provided by an interpreter who is not in the presence of the speakers, e.g., interpreting via telephone or videoconferencing. (See **telephone interpreting**, **video interpreting**, **on-site interpreting**.)

sight translation

sight translation is the oral rendition of text written in one language into another language, and is usually done in the moment. Sight translation is often requested of an interpreter during an interpreting assignment.

telephone interpreting

interpreting carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speaker-phone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting can be used to serve individuals who are also connected to each other only by telephone. (See **remote interpreting**.)

translation

the conversion of a written text into a corresponding written text in a different language. Within the language professions, translation is distinguished from interpreting according to whether the message is produced *orally* (or manually) or in *writing*. In popular usage, the terms “translator” and “translation” are frequently used for conversion of either oral or written communications.

translator

a person who translates written texts, especially one who does so professionally. (See **translation**, **interpreter**.)

video interpreting

interpreting carried out remotely, using a video camera that enables an interpreter in a remote location to both see and hear the parties for whom he/she is interpreting via a TV monitor. The interpretation is relayed to the principal parties by speakerphone or through headsets. Two-way interactive television can also be used, so that the other parties can interact with the interpreter as if face-to-face. (See **remote interpreting**.)

word count

the number of words contained in a document. In the translation industry, pricing is usually calculated based on either the target or source word count. Consumers should be aware that target word counts will not always equal the source word count. In other words, if a document is 100 words in English, when translated into Spanish, it could expand to 125 words.

SOURCES:

American Society for Testing and Materials International Standard Guide for Language Interpretation Services (F 2089-01 (reapproved 2007)). For information on obtaining this document, contact ASTM Customer Service at service@astm.org or go to the ASTM web site, <http://www.astm.org>.

Institute for Credentialing Excellence (formerly the National Organization for Competency Assurance) Guide to Understanding Credentialing Concepts, 2005. This document can be downloaded from the ICE website, <http://www.credentialingexcellence.org/portals/0/CredentialingConcepts.pdf>.

National Council on Interpreting in Health Care: The Terminology of Health Care Interpreting – A glossary of terms, August 2008, <http://data.memberclicks.com/site/ncihc/NCIHC%20Terms%20Final080408.pdf>; Sight Translation and Written Translation – Guidelines for Healthcare Interpreters, April 2009, http://data.memberclicks.com/site/ncihc/Translation_Guidelines_for_Interpreters_FINAL042709.pdf.

APPENDIX B

HEALTH CARE IN TRANSLATION

[Disclaimer: The listings below are presented for informational purposes only. *Italicized descriptions* have been reproduced from the specific website. Inclusion in this list does not imply endorsement, recommendation, or favor by ATA, NCIHC or NHeLP. Topics have been selected for their relevance to LEP communities seeking quality health care.]

HEALTH CARE INFORMATION/EDUCATION (including Substance Abuse, Domestic Violence and Mental Health)	
Organization	Description
24 Languages Project http://library.med.utah.edu/24languages/	Electronic access to over 200 health education brochures in 24 different languages. The 24 Languages Project provides information in audio formats as well as pdf documents. Thanks to a grant from the National Network of Libraries of Medicine, many of the materials are also available as sound recordings for downloading or immediate listening. Native speakers of the respective languages furnish the narrations, which are recorded, encoded, and linked to the project's Website for easy access.
American Cancer Society http://www.cancer.org/acmmain/(h2fbvrm5vt34vib04gfv02ms)/DefaultACS.aspx http://www.cancer.org/docroot/ESP/ESP_0.asp	The American Cancer Society partnered with the Asian American Network for Cancer Awareness, Research and Training to develop the Asian Pacific Islander Cancer Education Materials Tool, where cancer education materials in <i>Asian and Pacific Islander languages</i> can be electronically retrieved from contributing organizations/ programs. In addition, a <i>Spanish</i> version of the ACS website is also available.
American Heart Association http://www.americanheart.org/presenter.jhtml?identifier=1200000	Website available in <i>English, Chinese and Vietnamese.</i>
American Lung Association http://www.lungusa.org/site/c.dvLUK900E/b.33214/	Website available in <i>Spanish</i> version.
Asian American Health National Library of Medicine http://asianamericanhealth.nlm.nih.gov/	<i>An information portal to issues the health and well-being of Asian Americans in the United States.</i>
Asian and Pacific Islander Institute on Domestic Violence http://www.apiahf.org/apidvinstitute/ResearchAndPolicy/materials.htm	<i>Domestic violence materials in Asian and Pacific Islander languages. Languages include Arabic, Bengali/Bangla, Cambodian/Khmer, Chinese, Farsi, Gujarati, Hindi, Hmong, Japanese, Korean, Laotian, Oriya, Punjabi, Samoan, Tagalog, Tamil, Thai, Tongan, Urdu, and Vietnamese. Most of these have accompanying English translations.</i>
Befrienders Worldwide http://www.befrienders.org/index.asp	Befrienders centers work to reduce suicide worldwide with 31,000 volunteers in almost 40 countries. Affiliated with Samaritans, the website offers general information in multiple languages about suicide, including statistics, warning signs and prevention.

<i>HEALTH CARE INFORMATION/EDUCATION (including Substance Abuse, Domestic Violence and Mental Health)</i>	
<i>Organization</i>	<i>Description</i>
Cancer Care http://www.cancercares.org/	<p>CancerCare is a national nonprofit organization that provides free, professional support services to anyone affected by cancer: people with cancer, caregivers, children, loved ones, and the bereaved. CancerCare programs – including counseling and support groups, education, financial assistance and practical help – are provided by professional oncology social workers and are completely free of charge.</p> <p>A page in Spanish is available, and facts sheets are available in both Spanish and Russian.</p>
Centers for Disease Control http://www.cdc.gov/spanish/	<p>Spanish version of the CDC website.</p>
Children’s Hospital and Clinics of Minnesota Patient/Family Education Materials A-Z http://www.childrenshc.org/Manuals/PFS/Alphabetical.asp	<p>This section contains broad-ranging information Children’s Hospitals and Clinics of Minnesota has developed about pediatric medicine. Here you will find plain talk about medical conditions or procedures, first aid, and the like. Many topics have illustrations and detailed instructions about how to provide care at home, and when to call for medical advice. Some topics offer links to Hmong, Somali, and Spanish versions.</p>
Diversity Health Institute http://www.dhi.gov.au/translations.htm	<p>Multilingual translations with a specific focus on mental health, female genital mutilation, speech pathology and language cards.</p>
ECHO (Emergency, Community and Health Outreach) http://www.echominnesota.org/index.cfm/p/Home	<p>ECHO provides health and safety information in multiple languages by fax, phone, on television and on the web during emergency and non-emergency times to people with limited English language skills.</p> <p>The website itself is available in Khmer, Somali, Vietnamese, Lao, Spanish, Hmong and English versions. Numerous health and safety topics are presented in English, but accompanying videos are available for each of the above languages.</p>
EthnoMed http://www.ethnomed.org/ethnomed/patient_ed/	<p>Patient education materials in multiple languages, including languages of lesser diffusion spoken by many refugee groups.</p>
EurasiaHealth Knowledge Network http://www.eurasiahealth.org/eng/	<p><i>EurasiaHealth is a clearinghouse of freely available resources contributed, created and translated by a worldwide community of health professionals focusing on Central & Eastern Europe and the New Independent States.</i></p>
Foundation for Healthy Communities http://www.healthynh.com/fhc/resources/translateddocuments.php	<p><i>This directory enables health practitioners working with culturally and linguistically diverse communities to easily find translated health forms and documents. This directory is intended to provide access to documents created and translated by New Hampshire health agencies and organizations.</i></p> <p><i>The translated forms should be used in conjunction with their English counterparts to ensure that all parties are aware of what is being communicated. Each translated form also is posted in English.</i></p> <p><i>All documents are intended for use by any healthcare organization and may be distributed for not-for-profit purposes. These documents are posted, when possible, in a Word format in order to allow for easy customizing.</i></p>

HEALTH CARE INFORMATION/EDUCATION (including Substance Abuse, Domestic Violence and Mental Health)

Organization	Description
<p>Healthfinder.gov http://www.healthfinder.gov/espanol/</p>	<p><i>Healthfinder.gov is an award-winning Federal Web site for consumers, developed by the U.S. Department of Health and Human Services together with other Federal agencies. Since 1997, healthfinder.gov has been recognized as a key resource for finding the best government and nonprofit health and human services information on the Internet. healthfinder.gov links to carefully selected information and websites from over 1,500 health-related organizations.</i></p> <p><i>A Spanish version of the website is available.</i></p>
<p>Health Information Translations http://www.healthinfotranslations.com/</p>	<p>Health Information Translations [is] a collaborative initiative to improve health education for limited English proficiency patients.</p> <p><i>This site is intended to be a valuable resource for helping health care professionals teach health education to those patients with limited English skills. By leveraging the combined skills and experience of 3 of Central Ohio's largest health care organizations, this project will produce some of the most valuable resources for health care education in diverse communities.</i></p> <p><i>In addition, Health Information Translations has developed a set of common hospital signs with multiple translations. This signage is provided to meet the needs of hospitals, clinics, emergency response teams and others who assist the public during emergencies and at other times. The files are in PDF format to decrease the chance of symbols changing with certain fonts. Contact the project team if EPS format is needed. Signs can be used without copyright restrictions. Use the hospital signs now. Some signs included are Men's Restroom, No Food or Drink, No Parking, Turn Off Cell Phones, Vaccination Area, Volunteer Center, and more.</i></p>
<p>Health Translation Directory, Victorian Government Health Information Web Site, Department of Human Services, Victoria, Australia http://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentDetail?Open&s=Cue_Cards</p>	<p>Over 7,000 multilingual resources in 58 languages are available through this portal providing direct links to translations with capacity to search by language and by topic.</p>
<p>Health Translations.com http://www.healthtranslations.com/default.aspx</p>	<p><i>HealthTranslations.com serves as a repository of translated materials specific to healthcare. The site includes more than 650 translated documents and more than 70 resources for non-English speaking individuals. HealthTranslations.com is unique because translated documents extend beyond the more common languages and dialects to the less common, such as Bosnian. This contributes to a provider's ability to give the same quality of care to all patients, regardless of their proficiency in English.</i></p>
<p>Healthy Roads Media http://www.healthyroadsmedia.org/index.htm</p>	<p><i>Health information access is a basic healthcare need. Low-literacy, low health-literacy, illness, aging, disability and language are all issues that can pose barriers to obtaining basic health information. This site contains free health education materials in a number of languages and a variety of formats.</i></p> <p><i>Information is available in 18 languages, 100 topics, and five formats.</i></p>
<p>Immunization Action Coalition http://www.immunize.org/printmaterials/translations.asp</p>	<p>Health education materials available in Amharic, Arabic, Chinese, French, Hmong, Japanese, Korean, Russian, Spanish, Tagalog, Turkish and Vietnamese.</p>

HEALTH CARE INFORMATION/EDUCATION (including Substance Abuse, Domestic Violence and Mental Health)	
Organization	Description
International Food Information Council http://www.ific.org/sp/index.cfm	A “Food Nutrition and Food Safety Resource” with a Spanish version of the website available.
KidsHealth http://kidshealth.org/index.html	<i>KidsHealth is the largest and most-visited site on the Web providing doctor-approved health information about children from before birth through adolescence.</i> There are three separate areas for parents, children and teens, with a Spanish version available.
Lab Tests Online http://www.labtestsonline.org/index.html	<i>This site has been designed as a single resource where people can find up-to-date lab testing information vital to the understanding and management of their health, or the health of someone close to them. Our focus is very specific to clinical lab tests and the topics that relate to them. On this site you will find the following: Test Descriptions; Conditions; Screening Guide; News; In-depth Articles; The Lab.</i> Versions of the website are available for consumers from Australia, Germany, Greece, Hungary, Italy, Poland, Spain and the U.K.
Leukemia and Lymphoma Society http://www.leukemia-lymphoma.org/all_page.adp?item_id=466988	A Spanish section of the website is available under Patient Services.
Medicare – The Official U.S. Government Site for People with Medicare http://www.medicare.gov/Spanish/Overview.asp	Spanish version of the Medicare website.
MedlinePlus http://medlineplus.gov/	<i>MedlinePlus will direct you to information to help answer health questions. MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations. Preformulated MEDLINE searches are included in MedlinePlus and give easy access to medical journal articles. MedlinePlus also has extensive information about drugs, an illustrated medical encyclopedia, interactive patient tutorials, and latest health news.</i> Health information in over 40 languages is available, as is a Spanish version of the website.
Multicultural Health Communication Service New South Wales, Australia http://www.mhcs.health.nsw.gov.au/index.html	<i>NSW Multicultural Health Communication Service (Multicultural Communication) provides information and services to assist health professionals to communicate with non English speaking communities throughout New South Wales. The NSW Department of Health funds the Service, and endorses the multilingual health information published on the website. There are over 450 publications on health in a wide range of languages and new publications are added regularly. Some multilingual resources produced by other services are also posted on this website and there are links to related websites.</i>
Multicultural Mental Health Australia http://www.mmha.org.au/	Fact sheets for consumers and providers are available, as well as fact sheets produced by other organizations.
National Alliance for Hispanic Health http://www.hispanichealth.org/factsheets/	Fact sheets available in Spanish on numerous topics.

HEALTH CARE INFORMATION/EDUCATION (including Substance Abuse, Domestic Violence and Mental Health)

Organization	Description
<p>National Alliance for the Mentally Ill (NAMI) http://www.nami.org/Content/NavigationMenu/Inform_Yourself/NAMI_en_espa%C3%B1ol/NAMI_en_espa%C3%B1ol.htm</p>	<p><i>NAMI is the National Alliance on Mental Illness, the nation's largest grassroots organization for people with mental illness and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life for persons of all ages who are affected by mental illnesses.</i></p> <p><i>A Spanish version of the website is available with fact sheets and other educational materials on mental illness.</i></p>
<p>National Cancer Institute, U.S. National Institutes of Health http://www.cancer.gov/espanol</p>	<p><i>For the general public, patients, and health professionals, we offer consumer-oriented information on a wide range of topics as well as comprehensive descriptions of our research programs and clinical trials.</i></p> <p><i>A Spanish version of the website is available.</i></p>
<p>National Dissemination Center for Children with Disabilities http://old.nichcy.org/spanish.htm</p>	<p><i>Spanish version of this website offers information on specific disabilities, programs, services and additional resources, including a bilingual call-in number.</i></p>
<p>National Institute on Aging http://www.nia.nih.gov/Espanol/</p>	<p>Health information related to aging is available in Spanish.</p>
<p>National Mental Health Information Center, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, U.S. Department of Health and Human Services http://nmhicstore.samhsa.gov/publications/Publications_browse.asp?ID=67&Topic=Espa%F1ol</p>	<p>A number of fact sheets, brochures, and guides on mental health topics are available in Spanish.</p>
<p>National Resource Center on Advancing Emergency Preparedness for Culturally Diverse Communities http://www.diversitypreparedness.org/</p>	<p><i>The mission of the National Resource Center is to serve as a central clearinghouse of resources and an information exchange portal to facilitate communication, networking and collaboration to improve preparedness, build resilience and eliminate disparities for culturally diverse communities across all phases of an emergency.</i></p> <p>Educational materials for individuals, families and communities are available through this site.</p>
<p>New York Online Access to Health (NOAH) Acceso Computerizado de la Salud en Nueva York http://www.noah-health.org/</p>	<p><i>NOAH provides access to high quality consumer health information in English and Spanish. The NOAH volunteer editors do not write this information. Instead, librarians and health professionals in New York and beyond find, select, and organize full-text consumer health information that is current, relevant, accurate, and unbiased.</i></p>
<p>Oakwood Hospital, Detroit, Michigan http://www.oakwood.org/?id=8&sid=1</p>	<p>This website has information on various health topics available in English, Spanish and Arabic.</p>
<p>OncoLink http://es.oncolink.org/about/index.cfm?</p>	<p>Cancer resource website with a Spanish version available.</p>

HEALTH CARE INFORMATION/EDUCATION (including Substance Abuse, Domestic Violence and Mental Health)	
Organization	Description
<p>Refugee Health Information Network (RHIN) <i>Multilingual Health Information for Refugees and their Providers</i> http://www.rhin.org/default.aspx</p>	<p><i>RHIN is a national collaborative partnership that has created a database of quality multilingual, public health resources for those providing care to resettled refugees and asylees. Resources include:</i></p> <ul style="list-style-type: none"> • <i>Health education materials in various languages and formats (brochures, fact sheets, videos)</i> • <i>Provider tools (including information on refugee populations and cultures)</i> • <i>Links to related Web sites</i> <p><i>RHIN also provides links to existing sites specializing in refugee health, provides access to medical information from the National Library of Medicine, and offers a variety of posted documents from health care providers throughout the country.</i></p>
<p>Queensland Health http://www.health.qld.gov.au/multicultural/public/language.asp</p>	<p>Multilingual health information with search capacity by topic or language.</p>
<p>SPIRAL (Selected Patient Information Resources in Asian Languages) http://www.library.tufts.edu/hsl/spiral/</p>	<p>Consumer education materials available in Chinese, Hmong, Japanese, Khmer, Korean, Laotian, Thai and Vietnamese. Search capacity by language and by topic.</p>
<p>Stanford Health Library, Stanford Hospital and Clinics – Multilingual Health Information http://healthlibrary.stanford.edu/resources/foreign/_intro.html</p>	<p><i>The primary source of General Health Information in Spanish is MedlinePlus, which draws from the National Institutes of Health and many other sources. There is a variety of sources for the information in all the other languages.</i></p> <p><i>Many of the links in this section are to Collections of General Health Information on a variety of topics. Those collections are either:</i></p> <ul style="list-style-type: none"> • <i>An entire website</i> • <i>Or a collection of fact sheets, brochures, pamphlets, etc.</i>
<p>Urban Health Partners http://www.lib.wayne.edu/shiffman/urbanhealth/index.html</p>	<p>This website offers health education material in Arabic.</p>
<p>U.S. Committee for Refugees and Immigrants (USCRI) http://www.refugees.org/article.aspx?id=1851&subm=178&area=Participate</p>	<p><i>The USCRI Healthy Living Toolkit is designed to educate refugees and immigrants to become proactive health consumers and promoters in their communities. The Toolkit supports health professionals, health promoters, ESL teachers, resettlement case managers in assisting refugees and immigrants to navigate the health system in order to reduce the health disparities among these populations. The toolkit has been developed in a culturally appropriate manner.</i></p>
<p>Utah Department of Health http://www.doh.wa.gov/translated_materials.htm</p>	<p>The State of Utah's Department of Health has a Center for Multicultural Health, which includes a library of health education materials in multiple languages. The Center also has a section titled "Language Help," which has an excellent list of resources for both patients and providers including language aids, interpreting and translation resources, and serving low reading level clients.</p>
<p>Washington State Department of Health http://www.doh.wa.gov/translated_materials.htm</p>	<p>Washington's Health Department offers numerous publications and materials already translated into other languages.</p>

HEALTH CARE INFORMATION/EDUCATION (including Substance Abuse, Domestic Violence and Mental Health)

<i>Organization</i>	<i>Description</i>
<p>Womenshealth.gov The Federal Government Source for Women's Health Information http://www.4women.gov/espanol/</p>	Includes a Spanish resource area.

HEALTH CARE FORMS AND DOCUMENTS

<i>Organization</i>	<i>Description</i>
<p>Aging Clinical Research Center http://www.stanford.edu/~yesavage/GDS.html</p>	Geriatric Depression Scale available in Arabic, Chinese, Creole, Dutch, French, French-Canadian, German, Greek, Hebrew, Hindi, Hungarian, Icelandic, Italian, Japanese, Korean, Lithuanian, Malay, Maltese, Norwegian, Portuguese, Romanian, Russian, Russian Ukrainian, Spanish, Swedish, Thai, Turkish, Vietnamese, and Yiddish.
<p>General Perceived Self-Efficacy Scale (GSE) http://userpage.fu-berlin.de/~health/selfscal.htm</p>	10-item psychometric scale available in 30 languages.
<p>Health Access Project http://www.healthaccessproject.org/multicultural_svces-instructions.html</p>	This website offers, among other services, multilingual pre-operative instruction forms for patients scheduled for outpatient surgery.
<p>Massachusetts Department of Mental Health http://www.mass.gov/?pageID=eohhs2agencylanding&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Mental+Health&sid=Eeohhs2</p>	Translations of consumer forms and documents are available such as HIPAA notices, Medication Manuals, Consent Form for Treatment, Commitment forms and human rights documents. Language availability varies by document. Contact the Office of Multicultural Affairs for more information at (617) 626-8134 or at omca@dmh.state.ma.us .
<p>South Carolina Hospital Association http://www.scha.org/document.asp?document_id=2,3,36,3491,3494</p>	This website offers a "Universal Medication Form" in English and Spanish designed to help consumers keep track of their medications.
<p>Strengths and Difficulties Questionnaire (SDQ) http://www.sdqinfo.com/b3.html</p>	Screening instrument for children and youth available in multiple languages.



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