Access

the NCIHC Journal

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Our Movement has Many Roots and Many Branches

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From the President

Rosanna Balistreri,
President NCIHC

Dear Reader,

On behalf of the National Council on Interpreting in Health Care (NCIHC), I want to welcome you to the first edition of our Journal, ACCESS!

As president, I am pleased to invite you to engage with our organization and to share our journal widely in your professional circles.

NCIHC's mission is to promote and enhance healthcare language access at the national level. NCIHC is fully committed to developing policies, research, and best practices in language access through the work of healthcare interpreters and other stakeholders.

In 2018, NCIHC distributed a survey to more than 6,000 people who work in the field of medical interpreting. The goal of that survey was to understand the potential value of a journal published by NCIHC. A total of 365 people participated in that survey and, drawing on their recommendations, the Journal Work Group, under our Policy, Education, and Research Committee (PERC), began to work on the creation of this first issue.

We hope that you will find our content very useful and meaningful to your professional journey, and, as president, I invite you to share it widely.

I'd also like to extend an open invitation to any member who wishes to contribute ideas about relevant and timely content related to language access, including new policies and research that reflect a diversity of thoughts and practices. Your engagement with our organization is a pillar of strength in our continued work to elevate language access across all states.

Enjoy ACCESS!

Rosanna Balistreri, President
National Council on Interpreting in Health Care

From the Editors

NCIHC proudly presents this first issue of the journal ACCESS in 2021, after it has been nearly 2 years in development from the needs assessment through publication. This journal is designed to bring information to language access stakeholders about various areas of healthcare interpreter practice across the United States. So that readers can better understand what to expect, the "Mosaic" article provides insight about the various areas of interest that were identified in the 2019 membership survey.

This issue features an article by Katharine Allen that highlights working collaboratively to achieve change. The Interpreter Spotlight allows readers to meet Ubah Warsame-Aden, a Somali healthcare interpreter and health coach living in Tukwila, Washington. In this interview, Warsame-Aden discusses how she came to the United States, how she became an interpreter, and cultural influences that affect her work as an interpreter. The Organization Spotlight, a section that will highlight a different organization in each issue, introduces the California Healthcare Interpreting Association (CHIA), including the organization's history and current trends. The Training Spotlight explores interpreter advocacy, introducing a paper recently published by the NCIHC. The Research Spotlight shares findings from the recent NCIHC COVID-19 Survey, focusing specifically on challenges in remote interpreting. Finally, the Policy Spotlight analyzes legislation related to worker classification in California, and the potential impact of similar legislation on interpreters and language agencies nationwide.

The success of this publication depends on providing content that our readers find interesting and relevant. The Editorial Group, composed entirely of volunteers, welcomes your feedback and suggestions for future content. Feel free to share recommendations of authors, organizations, noteworthy colleagues, and more by emailing PERC@ncihc.org.

Editorial Group
Linda Golley, Tatiana Cestari, Jaime Fatás-Cabeza, Michelle Scott, Gabriela Siebach, Eva Stitt, and Tracy Young

Our Movement has Many Roots and Many Branches

By Katharine Allen

Why do any of us care about language access? Each of us has roots that make us care. Do we come from an immigrant or a Deaf community? Do we have language skills that we want to put to use? Are we passionate about social justice and a good life for everyone? Are we a healthcare worker or a teacher or a judge who wants to make sure every client gets the full benefit of services?

Just as each of us has personal reasons to work on making language access better, we also have connections to other people who are doing the same. All over the country we join in groups, small and large, to focus on diverse elements of the work. One group may focus on training for interpreters. Another group may educate the local legislature. Another group may develop a certification process. Still another may create a supportive space in which interpreters can talk with each other.

This article celebrates the wide-ranging and diverse activity that is going on nationwide to support and promote comprehensive language access. You may be surprised by how many different efforts are underway. Our language access tree has many roots and many branches. Together, we make up a big healthy tree and a powerful movement.

Looking Back to Create the Future We Want

How did healthcare interpreting evolve from people helping out relatives to professionals performing a well-defined and well-regulated function—and in such a short time?

In the 1990s, small groups of people involved with healthcare interpreting saw that there were institutions to be built, codes of ethics to be written, best practices to be created, and pathways to professionalization to be laid down. Different efforts took shape in different locations, each with its own set of priorities and its own roots. Parallel efforts to build professional language support structures have also taken place in ASL interpreting, in court interpreting, in conference interpreting, and, most recently, in school interpreting landscapes.

Essentially, interpreting in the United States developed separately in areas of specialization before the founding of a general profession. In many other countries, a professional linguist trains in fundamentals of interpretation and translation before specializing. Now we need to deepen our skills in the fundamentals of the profession from a more holistic perspective.

We are entering the next phase of healthcare interpreting development. We know who we are and how to do what we do.

Now we will pay attention to:

- building more bridges with allied fields in language access,
- gaining expertise in technology,
- developing worker and contractor legal identities that will support us,
- strengthening our ties to the communities we serve, and
- deepening our expertise in our chosen field of knowledge.

Moving Forward: Challenges and Successes

Let's highlight some of the activity that is already well-rooted and bearing fruit in groups all over the country. We list some of the challenges that are being tackled, as well as some of the successful approaches. Understanding what is working is key to continued success moving forward. You may be a leader or a participant in some of these efforts.

Supporting and training speakers of languages of smaller diffusion

- The challenge: bringing together members of the community with allies who can fund and organize a training structure
- Success story: Comunidades Indígenas en Liderazgo (CIELO) is an Indigenous women-led non-profit

organization that works jointly with Indigenous communities residing in Los Angeles. Part of its mission is to strengthen language access for Indigenous members of the community. CIELO holds what is possibly the first and only annual national conference for Indigenous interpreters. During the pandemic, CIELO acquired innovative funding to provide critical public health information in a variety of Indigenous languages, as well as providing food and basic needs for Indigenous communities. (1)

Integration of ASL and spoken language

- The challenge: finding goals in common between ASL and foreign language interpreter communities so that healthcare patients and providers can expect similar levels of support regardless of the language
- Success story: The Catie Institute in Minnesota, created to train ASL interpreters, offers specialist training in healthcare interpretation to ASL interpreters. (2)

Teaching of healthcare interpretation in community colleges

- The challenge: Fundamentals courses for healthcare interpreters attract students with very different levels of language proficiency and healthcare experience. Many of these students cannot acquire a sufficient store of knowledge within the short 40-hour course to allow them to successfully interpret in healthcare.
- Success story: Ongoing experimentation with (a) language proficiency pre-requisites and (b) remedial language training for heritage speakers, taken before the fundamentals class, has provided progress in this area.

Curated online fora for interpreters to resolve difficult issues

- The challenge: Social media groups for interpreters abound, but few provide curated spaces where interpreters can bring difficult ethical issues for discussion and resolution.
- Success story: CCHI (Certification Commission for Healthcare Interpreters) curates a free discussion website for interpreters to report and discuss instances in which they have been puzzled about what ethical decisions to make.

https://cchicertification.org/rounds/

Universal training of healthcare interpreters in fundamentals, knowledge-based topics, and performance-based topics

- The challenge: Until we prove that we are at par in education and training, we cannot achieve the same kind of public recognition as more established fields, and we will continue to struggle to fully

Notes

(1) See the CIELO website at https://mycielo.org/.

(2) Witter-Merithew, A. (n.d.). *From benevolent caretaker to ally: The evolving role of sign language interpreters in the United States of America*. NCIEC. http://www.interpretereducation.org/wp-content/uploads/2014/04/From-Benevolent-Caretaker.pdf

Katharine Allen presenting to a group of indigenous interpreting professionals.

establish interpreting as a viable profession with commensurate pay and working conditions. But how to get interpreters to take the specialized classes, and how to get healthcare organizations to request those interpreters with specialized training? How to get language companies to add variables to interpreter profiles that indicate advanced training?

- Success story: Although no formal research has been done, anecdotal data suggest that more and more health organizations and language companies are giving preference to interpreters with credentials in their hiring and contracting practices.

Unionization of interpreters (inside established locals and new exclusive locals)

- The challenge: Three-quarters of interpreters work as independent contractors, often across state and even international borders. Interpreters participate in unions in one of two ways, (a) as a member of a union made up exclusively of interpreters, such as the court interpreters union in California, or (b) as a member of one of the unions that is operating in their workplace, such as a union for healthcare workers across Health Maintenance Organizations (HMOs) or large healthcare entities.
- Success story: Interpreters United was organized as a local of the Washington Federation of State Employees (WFSE) and the American Federation of State, County, and Municipal Employees (AFSCME) in Washington State and bargains directly with the state on pay and conditions for medical interpreting for Medicaid patients.

Achieving greater visibility of the interpreting profession and its specializations through legislative advocacy

- The challenge: The lack of a generalized, recognized interpreting profession makes healthcare interpreting (and other specializations) vulnerable to often well-intentioned but misguided state and federal legislation. The majority of interpreters work as independent contractors, and outside of high-demand language combinations, many work across specializations and for multiple clients. With the rise of the "gig" economy and the ongoing debate as to whether freelancers should really be classified as employees, interpreters are increasingly caught in the middle of state and federal legislation that

threatens to undermine the ability of many interpreters to continue to work independently.
- Success story: Interpreters have organized to educate legislators in states such as California, Texas, and Maryland to improve legislation. In addition, professional associations are hiring professional advocates to help increase our profession's visibility to lawmakers.

Joining medical specialist providers at the service planning table

- The challenge: partnering to create interpreting training that supports the providers' goals for the encounter
- Success story: The CHDD (Center for Human Development and Disability) partnered with the Interpreter Services program at University of Washington Medical Center to create a special training for interpreters for encounters to assess the development needs of children. The CHDD protocols laid out detailed guidelines for interpreter and care team collaboration throughout each encounter.

Developing the specialized functions of patient navigation and health coaching as fully integrated combinations of language support and direct patient support

- The challenge: trusting and training experienced health-care interpreters to act as healthcare navigators and health coaches under the direction of the medical team, beyond encounters with a provider present
- Success story: After being trained by the medical team, Somali interpreters at a community clinic act as health coaches for diabetic Somali patients. Patient navigators are present at Harborview Medical Center and at Seattle Children's Hospital.

Defining best practices for dual role workers and bilingual staff who also provide interpreting services

- The challenge: embracing the concept of dual role workers and bilingual staff and providers as being able to provide professional-level interpreting when full competence in linguistic proficiency and interpreter performance standards are met

- Success story: A large HMO in California has enacted policies and procedures and has developed both training and a train-the-trainer training for qualified bilingual staff and providers to provide consistency and quality of language access for its patients.

Building connections between interpreting specializations and recognizing the importance of community interpreting

- The challenge: As NCIHC continues its vitally important efforts to build the profession of healthcare interpreting, we should take advantage of the fact that we operate within the larger interpreting landscape, including court, school, social service, and conference interpreting.
- Success story: NCIHC is a proactive partner in the trend toward strengthening the profession through collaboration. The Council's work is key in helping healthcare interpreting continue to consolidate and mature, by cementing fundamental interpreting skills before pursuing specialization.

This article has highlighted a few examples of the extraordinary effort that it has taken to bring our profession to its current level. Healthcare interpreting as we know it today did not exist 30 years ago. It is nothing short of remarkable that we succeeded in creating a recognized professional identity in such a relatively short period of time.

Different groups of interpreters have created professional associations and labor unions. They have helped write legislation strengthening the recognition and working conditions of interpreters; created training curricula, academic certificate and degree programs; they have funded, researched, and established valid certification exams; and pioneered many kinds of technology that have expanded the reach and scope of interpreting across the country. And the work continues.

With apologies to Margaret Mead but celebrating her timeless insight:

Never doubt that small groups of thoughtful, committed citizens can change the world.

Margaret Mead

OVERVIEW

Interpreter Advocacy in Health Care Encounters: A Closer Look

By Jane Crandall Kontrimas, Katharine Langan, Analía C. Lang, and María-Paz Beltrán Avery

What's new in the discussions and debates about advocacy? In the recently published paper "Interpreter Advocacy in Health Care Encounters: A Closer Look," the National Standards of Practice (NSoP) Work Group of the NCIHC Standards and Training Committee (STC) brings out some new perspectives while remaining faithful to the original intent and purpose of the ethical principle of advocacy and its related standards of practice.

This paper is part of a response to feedback from focus group discussions and other input that pointed out the need for additional materials to help trainers and interpreters better understand both the NSoP and the National Code of Ethics (NCoE). The NSoP Work Group was formed to begin this task. The principle of advocacy was chosen as its first undertaking because advocacy was an aspect of the NCoE that many people found confusing and in need of clarification on how to implement the related standard of practice.

The paper reviews the interrelation between the NSoP and the NCoE and makes explicit the connection between the two documents. The authors of the paper deemed it important to do because it had been noted that some interpreters are familiar only with the list of ethical principles and the list of the standards of practice without focusing on the explanatory foundational material about advocacy. In this paper, the authors meticulously highlight the integral connection between the core values, the ethical principles, and the standards of practice to present a holistic view of the healthcare interpreter profession.

The closer look at advocacy begins with a reframing of the concept of "role" from meaning any "function assumed by a person in a particular situation" to a more sociological perspective, where "role" refers to a set of connected behaviors, rights, obligations, and norms attached to a specific function in social interactions. Therefore, every ethical principle and every standard in the NSoP and the NCoE is understood as part of this set. The reframing also acknowledges that some aspects of a role are more common than others and recognizes that different aspects of a role are more salient in some situations than in others.

The paper also explicitly distinguishes acts of advocacy as different from the role of advocate. Acts of advocacy are described as having two conditions: (a) the speaker is acting on behalf of someone else; and (b) the speaker seeks to persuade someone with authority to take action that addresses an identified concern or the outcome of an event. The distinction is made because although acts of advocacy are part of the healthcare interpreter role, at no time does the healthcare interpreter take on the professional role of

Authors of the NCIHC paper "Interpreter Advocacy in Healthcare Encounters: A Closer Look" and committee members of the National Standards of Practice Work Group part of the NCIHC Standards and Training Committee.


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advocate. A major distinction is that in the healthcare setting, interpreter acts of advocacy should always adhere to the standard of respect for the patient's autonomy and to the standard of transparency with respect to the interpreter's actions. It is suggested that while reading this paper, one focuses on understanding this distinction.

To further clarify what acts of advocacy look like, the authors also explore some of the other interventions interpreters use, such as clarifying or cultural brokering, to show how they differ from acts of advocacy. Examples are included to illustrate how these interventions do not meet the two conditions required for an act of advocacy. Among these examples, the authors have added the explicitly named and defined intervention of sharing relevant information, whether institutional (like wayfinding) or medical (such as sharing important medical information known by the interpreter that might have a significant impact on the situation but that has not been part of the current discussion). The paper ties the appropriateness of sharing relevant information to both the core value of beneficence and the ethical principle of respect for both patient and provider. It is important to note that the paper clearly states that no interpreter is responsible for knowing all possible relevant information. As with cultural issues, interpreters can share only what is part of their knowledge base and must offer such information not as definitive but rather as something that needs to be explored.

Having laid extensive conceptual groundwork, the paper then delves into when an act of advocacy may be appropriate. It clearly states that the need for such an act should occur only rarely—when there is risk of imminent harm in the healthcare encounter—and only after other types of interventions have failed to improve the situation. Two types of harm are described: physical harm and mental/emotional harm. The paper briefly explores the additional complexities of evaluating whether to engage in an act of advocacy within a mental health context.

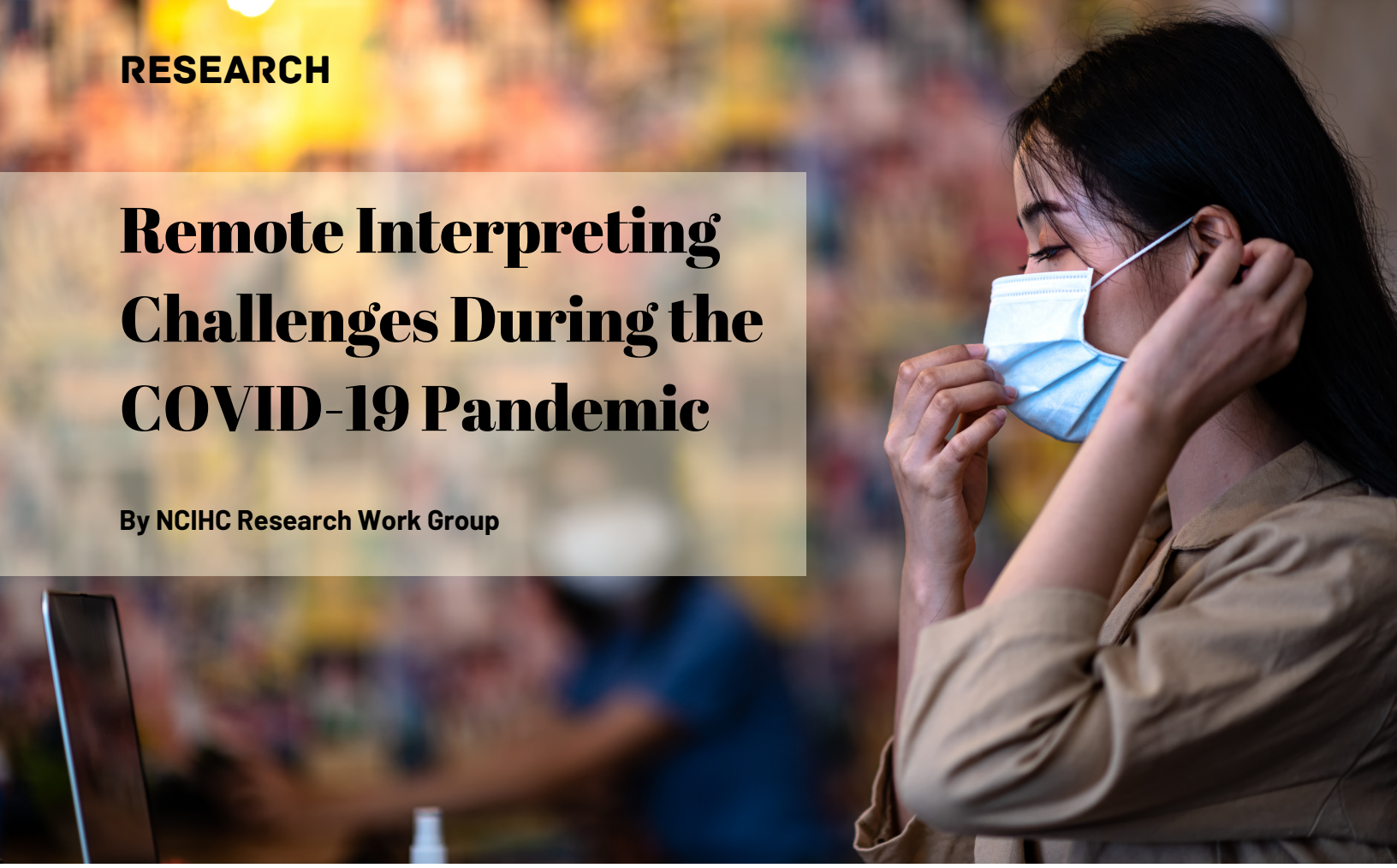
To further explore whether an act of advocacy is warranted, a series of questions are presented to assist interpreters in evaluating whether an act of advocacy is needed; the questions are distilled into a decision-making diagram. One of the most important questions asks the interpreter to identify the objective and verifiable information they are using to support the act of advocacy, because an act of advocacy must never arise from the emotional response of the interpreter. The importance of critical thinking skills for the interpreter is stressed throughout the paper.

The paper also describes actions an interpreter should take to maintain professionalism during an act of advocacy. Some of the main points include transparency, identifying who can best resolve the issue, behaving in a respectful manner, providing the objective verifiable data, returning to message conversion as soon as possible, and informing the interpreter's supervisor of the incident.

Finally, the challenges of engaging in acts of advocacy for remote interpreters are discussed. Such challenges include the possibility that a remote interpreter may have more difficulty getting the provider's attention or might not recognize that there is an issue because they are not familiar with the location's routines or the patient's medical history. However, if remote interpreters do perceive a potential risk of serious and imminent harm that is objective and verifiable, and if less intrusive actions have not resolved the problem, they have the same responsibility as any other interpreter to engage in an act of advocacy.

The paper's conclusion section offers a summary of all major points.

Click here for a link to the paper.



Remote Interpreting Challenges During the COVID-19 Pandemic

By NCIHC Research Work Group

Introduction

The National Council on Interpreting in Health Care (NCIHC) is a multidisciplinary organization whose mission is to promote and enhance language access in health care in the United States. One of its goals is to develop and monitor policies, research, and best practices. The outbreak of COVID-19 in early 2020 created a different landscape locally, nationally, and internationally, and health care interpreters have had to adapt and adjust to help themselves and the communities that rely on them for support.

In 2021, the NCIHC issued a survey for healthcare interpreters. The overarching goal of this study is to understand the impact of the COVID-19 pandemic on language access in health care in the United States through the experience of interpreters during the pandemic, with the goal of proposing areas in which interpreters may need the most support moving forward. The feedback received from both signed and spoken language interpreters regarding their challenges when working with providers and patients using remote interpreting is presented in this paper. The survey consisted of 64 questions. The analysis and interpretation of the data presented here is limited to the cross-tabulation of Questions 4 (language) and 41 (challenges in remote interpreting) only.

Results

The NCIHC survey responses to Question 41 by both signed and spoken language interpreters showed that interpreters are experiencing multiple difficulties in their practice during the COVID-19 pandemic while using remote modalities of interpreting. Respondents, both signed and spoken language interpreters, reported difficulties in understanding and/or receiving the message—mainly due to difficulties in understanding the provider or staff (A, in Table 1 below), with the use of mask or ventilator hindering communication (G, in Table 1 below), and with technical issues (Table 2 below).

The challenges experienced by signed and spoken language interpreters are almost the same when it comes to remote interpreting. More spoken language interpreters (37%) than signed language interpreters (29%) reported having difficulty understanding providers or staff.

Background

For the millions of Limited English Proficient (LEP) individuals living in the United States, language can be a "barrier to accessing important benefits or services, understanding and exercising important rights, complying with applicable responsibilities, or understanding other information provided by federally funded programs and activities" (U.S. DOJ, 2002, p. 41457). Title VI of the Civil Rights Act of 1964 and other subsequent legislation require healthcare providers who receive federal funds to offer meaningful access to individuals with limited ability to read, write, speak, or understand English, generally called LEP individuals (U.S. DOJ, 2002).

In 2016, a job task analysis survey conducted by the Certification Commission for Healthcare Interpreting (CCHI) indicated that 88% of respondents (n = 1,525) reported that their primary modality of interpreting was in-person. Remote interpreting (over-the-phone or video interpreting) was "introduced in hospital settings as an alternative or supplement to in-person interpreters" (Feiring & Westdahl, 2020, Abstract).

Accurate and effective interpretation contributes to eliminating health care disparities, increasing patient engagement, providing accurate diagnosis, enhancing treatment plan compliance, and improving overall health outcome for the LEP patient.

American Sign Language (ASL) is the primary means of communication used when interpreting for patients who are Deaf or hard of hearing. Educational requirements for signed language interpreter certification are more stringent than those for spoken language interpreters. Signed language interpreters are required to hold a bachelor's degree (CASLI, 2016), whereas spoken language interpreters are required to have a high school diploma or equivalent (CCHI, 2021; NBCMI, 2018).

The COVID-19 outbreak in early 2020 heightened the need for interpreter-mediated conversation via remote modalities. In response to heightened safety precautions at health care facilities, many interpreters transitioned from face-to-face to remote interpreting.

Video interpreting introduced specific barriers to communication (Feiring & Westdahl, 2020). Considering the rapid increase in demand for and use of remote interpreting services brought about by the COVID-19 pandemic, coupled with the potential for continued high demand for remote interpreting services after the pandemic, the NCIHC Research Work Group sought to understand the challenges faced by interpreters who provide remote interpreting services in healthcare settings.

Method

The survey questionnaire had 64 answerable items with multiple-choice and open-ended responses. The NCIHC Research Work Group distributed the questionnaire online with the support of the NCIHC Board, several interpreting organizations, and numerous language service companies. The survey was open from February 14 to April 23 of 2021. A total of 1,673 working healthcare interpreters responded; of these, 214 were ASL interpreters and 1,457 were spoken language interpreters. The interpreters were from 38 states, communicating in 87 different languages.

For this paper, the responses to Question 4, which addressed the interpreter's language pair, were cross-tabulated with responses to Question 41, which addressed the challenges faced by interpreters using remote modalities during COVID-19. We separated all languages into two groups: a signed language interpreters group and a spoken language interpreters group. The intent was to identify challenges to remote interpreting experienced by each interpreter group on its own, as well as to see if there were any differences in the challenges experienced across the two groups. The results of both quantitative and qualitative responses were considered. The quantitative data were subjected to Fisher's one-tailed test with 1 degree of freedom, 99% degree of confidence, and 0.01 degree of error. The open-ended questions

were examined and tabulated based on four different categories.

Discussion

In the NCIHC survey of 1,673 respondents, the general perception of 38% of signed and spoken language interpreters combined pointed to the use of masks and/or ventilators as factors that hinder communication (n = 641). The barrier perceived as the next most common was that providers or staff speak in a manner that is difficult for interpreters to understand, such as speaking with a strong accent, mumbling, using poor articulation, and/or speaking too fast (n = 606 or 36%). Because the survey was based on remote interpreting, it is possible that the cameras used may not have been suitable for capturing a wide angle, or some physical barriers may have interfered with the visuals. That being the case, interpreters also find it challenging when the conversation involves descriptions of body movement like "Move your foot like this" and "Can you bend this way?" (n = 501 or 30%). Although this result is significant at 0.01 degree of error or 99% level of confidence, it is worth noting that a considerable number of respondents (n = 614 or 37%) did not indicate any response (see Table 1). In the open response category (labelled "H"), a large percentage of respondents (48%) cited technical issues and internet connection as the top challenge, with signed language interpreters reporting having encountered those challenges more often (57%) than spoken interpreters (46%). Examples of technical issues include lost connection, poor or slow transmission, and dropped calls. This result is closely followed by the second major challenge, which is inadequate knowledge of provider, staff, and patient about remote interpreting. Examples of interpreter challenges in this category are: provider or patient speaking fast or lengthily, giving no time for the interpreter to interpret; lack of knowledge of how to use the remote system; and using cell phones as the primary means of communication. Interestingly, spoken interpreters (47%) experienced this kind of challenge more than signed language interpreters (28%). The signed and spoken language interpreters closely identified inability to see or hear what is going on in the encounter clearly as the third major challenge. Examples of barriers include poor video or audio quality; patients not being familiar with technology or the platform used; patient, staff, or providers not being consciously aware that camera positioning/angle does not capture the subject/s; lighting difficulties; significant environmental noise; interruptions; echo from mic; and dark visuals. In a remote interpreter setting, these three factors—equipment/tech difficulties, inexpert use of remote

Table 1. Challenges of Interpreters in Remote Interpreting

	Total Respondents	A		B		C		D		E	
Signed	214	61	29%	32	15%	34	16%	32	15%	32	28%
Spoken	1463	545	37%	177	12%	271	19%	234	16%	234	24%
Total	1677	606	36%	209	12%	305	18%	266	16%	266	25%

Table 1 continued

	Total Respondents	F		G		H		I		Mean*
Signed	214	65	30%	71	33%	54	25%	79	37%	1.91
Spoken	1463	436	30%	570	39%	251	17%	535	37%	1.94
Total	1677	501	30%	641	38%	358	21%	614	37%	1.97

The *t*-value is -5.60253. The *p*-value is .000033. The result is significant at $p < .01$.

modality by the provider and staff, and inability to see and hear the encounter clearly— are detrimental to effective communication. The interpreter can't provide accurate interpretation via remote modality if the transmission is intermittent, choppy, or slurred; if background noise, echo, or interference is too strong; or if image quality in the VRI (especially for signed language interpreting) is dark, frozen, or not focused on the speaker(s).

These challenges not only affect interpreter performance during the encounter but also cause post-encounter difficulties for interpreters that include headache, migraine, blurred vision, nausea, and burnout. A very small percentage of signed language interpreters (2%) and spoken language interpreters (9%) indicated that they experienced "no problem" at all (see Table 2).

Implications and Recommendations

The law specifically notes that healthcare organizations that receive federal funds are obligated to provide language access (U.S. DOJ, 2002). Multiple studies have established that language barriers lead to reduced patient satisfaction and decreased quality of care and hinder patient safety (Al Shamsi, 2020). Given the importance of providing effective language support, any factors that pose barriers to optimal performance by healthcare interpreters have significant consequences for patients and should be remedied.

For interpreters, message reception—the act of receiving the source message that is to be interpreted—is the first step of the interpreting process model (Cokely, 1992). This study identifies specific aspects of the remote interpreting that prevent interpreters from consistently receiving the message of the speaker, which in turn prevents the interpreter from carrying out

Table 2. Open Response Description

	Number of Respondents		Technical Issues		Audio/ Visual Quality		Inadequate knowledge of Provider, Staff, & Patient		Environ-ment		Others		No Problem	
Signed	54	19%	31	57%	16	30%	15	28%	3	6%	8	15%	2	4%
Spoken	235	81%	107	46%	73	31%	110	47%	25	11%	27	11%	20	9%
Total	289	100%	138	48%	89	31%	125	43%	28	10%	35	12%	22	8%

Key to Answer Choices

A - Provider or staff speaks in a manner that is difficult for me to understand, for example speaking with a strong accent, mumbling, not articulating clearly, speaking too fast, etc.

B - Managing linguistic/vocabulary challenges related to technical terms or specific medical information (like treatment instructions, medication guidance, diagnostic explanations, patient education, etc.).

C - The conversation is highly emotional such as anxiety expressed by the patient or a family member, expression of sympathy to the patient, adverse reactions by the patient to explanations given by the provider, etc.

D - The conversation involves written documents requiring me to see the paperwork or do sight translation.

E - The conversation involves visual cues like gestures, facial expressions, or full view of the room.

F - The conversation involves body movement like "Move your foot like this" or "Can you bend this way?"

G - Use of masks and/or ventilators hinder communication.

H - Open Response

I - No Response

the subsequent steps of the interpretation process. Equipment and other tech issues (48%), the use of masks and/or ventilators (38%), and providers or staff speaking in a manner that is difficult to understand (36%) were among the challenges most reported by both signed and oral language interpreters when they are providing services in remote modalities; these factors negatively affected the initial step of the interpreting process.

Although both signed and spoken language interpreters perceived similar challenges, there were some noteworthy differences in the prevalence of specific challenges. Signed language interpreters are more likely to be native English speakers. Signed language interpreters typically receive audio input only from the provider, not from the patient, so audio reception challenges would apply only to signed language interpreters regarding being able to understand the provider and staff. Only 29% of signed language interpreters indicated that "Provider or staff speaks in a manner that is difficult for me to understand, for example speaking with a strong accent, mumbling, not articulating clearly, speaking too fast, etc." In comparison, 37% of spoken interpreters, who are not primarily native English speakers (CCHI, 2016), indicated having difficulty understanding the provider or staff.

Recommendations

- All stakeholders, including interpreters, patients, and providers, should seek the required technological infrastructure and training for "the requisite technical equipment for meetings with remote participation and/or remote interpretation" (AIIC, 2020, para. 1) and for software-specific functionality and requirements.
- All participants, including interpreters, patients, and providers, should, to the extent possible, minimize physical barriers by, for example, making sure all speakers are visible, providing clear audio, and minimizing visual or other distractions.
- All participants, including interpreters, patients, and providers, should understand how to interact with online platforms and should request basic troubleshooting support when it is needed.
- Educators, trainers, and professional organizations should provide guidance and support related to best practices for remote interpreting in health care that is founded on experience and research.
- Further studies should be conducted to identify potential improvements that can enhance message reception for interpreters in remote settings.

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Moving Forward: Stronger, Wiser, Together

The Voices and Impact of California Legislation on Worker Classification for Interpreters, AB2257

By Marina Hadjioannou Waters, JD, MPH & Carlos Pava, CHI™

Summary: This article provides an overview of the recently passed legislation California Assembly Bill No. 2257 (3) (AB2257), which is a major legislative initiative amending California Assembly Bill No. 5 (4) (AB5), which created regulations and exemptions related to contractors' work in California. This law was enacted to place restrictions on the designation of independent contractors as opposed to employees and is thought by many to be more restrictive than is necessary. In order to understand the full impact of the law in California on the language industry as a whole, and especially the impact on healthcare interpreters, the authors spoke to voices on the ground in California and in Washington, DC, about the passage and implementation of amendment AB2257, described in detail in this article. Readers are presented with the multifaceted experience of stakeholders. Finally, this article explores how the California legislation may affect additional local and national policy development across the language service industry regarding the development across the language service industry regarding the classification of healthcare interpreters and other linguists as employees or subcontractors.

THE BIG PICTURE

Healthcare Interpreters and other linguists work within the framework of labor law in the United States. Until recently, staff interpreters at healthcare organizations who received a salary and benefits were considered employees, whereas independent interpreters who were subcontracted by hospitals or the agencies servicing healthcare settings were not classified as employees, but as contractors. This model allowed flexibility for professional contract interpreters and enabled healthcare facilities and agencies to service a broad list of language requests with highly skilled contractors while managing tight operating budgets. Over recent years, and especially since the rise of the gig economy, these classifications have come under scrutiny by the government. Many language agencies faced state and federal audits asking for proof that workers were correctly classified.

Notes

(3) Assemb. B. 2257, 2019-2020 Leg., Reg. Sess. (Cal. 2020) (An act to add Article 1.5 (commencing with §§ 2775) to Chap. 2 of Div. 3 of, and to repeal §§ 2750.3 of, the CAL. LAB. CODE, and to amend §§ 17020.12 and 23045.6 of, and to add §§ 18406, 21003.5, and 61001 to, the CAL. REV. TAX. CODE.

(4) Assemb. B. 5, 2019-2020 Leg., Reg. Sess. (Cal. 2019) (enacted) (codified at CAL. LAB. CODE §§ 2750.3, 3351 and CAL. UNEMP. INS. CODE §§ 606.5, 621).

Some agencies were crippled with fines when the government found their classifications to be false. At the same time, some contracted drivers at companies such as Uber and Lyft sought better working conditions, a guaranteed schedule, and benefits through employment. Other skilled gig workers, such as musicians and journalists, preferred to keep their independent contractor status to retain scheduling flexibility and service a larger client base. This is the backdrop against which independent healthcare interpreters and other linguists found themselves at the center of new legislation AB5 in California. AB5 was designed to be restrictive and to favor employment, which caused a charged and confusing battle over the best designation for people working in the language industry. Ultimately, although the core of AB5 remained intact, many in and outside of the language industry successfully advocated for amendment AB2257 as an exception to AB5 for the industry, with the goal of providing organizations with more flexibility to maintain subcontracting status for individuals who could meet requirements that validate their qualification and skills. This article will consider both on-the-ground perspectives and big picture perspectives from individuals in the language service industry.

PERSPECTIVES FROM THE GROUND

The spring of 2020 will go down as one of the most disruptive and traumatic times in the language industry's history. While a novel coronavirus hit an unprepared healthcare system and derailed the global economy on most levels, California linguists and businesses faced the challenge of implementing newly enacted legislation AB5. Both events led to a rapid loss of work for many independent contractors. Healthcare interpreters were especially affected.

"It was a struggle for me. Some agencies here in California and around the country started dropping the amount of work hours and even removing me from their list of contractors," reported Lourdes Cerna, CMI, CHITM, an independent interpreter based in Covina, California with more than 20 years of experience working as a community interpreter. Cerna worked as a staff interpreter for large healthcare systems for over a decade before becoming a freelancer in 2016 because she wanted the flexibility to help care for her grandchildren.
Cerna had already taken some important steps to ensure she would have enough work to replace her salary. She became active with the California Healthcare Interpreting Association (CHIA), obtained two national certifications, and partnered with a variety of agencies across the state and the country to secure a stable flow of on-site and remote work. She even started teaching at a local college and mentoring other interpreters. "I am grateful to some of the agencies that have supported me and continue to call me," she reports. "Things are better today, but at one point I went from receiving from 60 to 70 calls per day for OPI and VRI to around five calls a day." The agencies she had relied upon for steady work called and told her they could no longer work with interpreters in California. Some never called at all. Others insisted she send evidence of her compliance paperwork immediately.

After COVID-19 hit and AB5 took effect, Cerna took action to comply with AB5. "I got the EIN number, and that part was easy. I requested a business license, and that was harder," she remembers. "I live in the city of Covina, and the City Hall was closed because of COVID. I left so many messages that the next time I called, the message box was full." Eventually she obtained her license and was able to start working again.

Hospital administrators also witnessed a drastic decrease in language access to patients as agencies became hesitant to work with their California contractors, which caused inevitable delays. Not enough linguists were working, especially when the demand for

remote interpreters skyrocketed. "I heard testimonies of patients around the state getting their procedures, doctors' visits, and even surgeries re-scheduled and sometimes canceled," observes José García, CD, CHITM, language access services manager for Northern Inyo Healthcare District in Bishop, California, and board chair of CHIA. He adds, "Our hospital relies on the services of a few vendors that we work with to ensure language access to all." When the vendors were faced with the risks of noncompliance with AB5 and were consequently unwilling or unable to hire those workers as staff, all the stakeholders were affected. Many language agencies did not have the funds to hire all the contractors necessary to cover all languages requests, could not find enough contractors who wanted to be employees, and did not want to risk the consequences of audits and fines if they didn't comply with the new legislation. These stresses on agencies, in-turn, put healthcare organizations in a bind to meet the language access needs of patients and to maintain compliance with labor laws on one hand and to comply with language access laws on the other.

COMPANIES AND CLIENTS WEIGH IN

Although many stakeholders are in favor of amendment AB2257 and the ability to maintain an independent contractor status, the position of agencies is not as clear. In some respects, AB5 was an improvement upon past tests for employers and provided incentives to hire staff interpreters. William Glasser, president and founder of Language World Services, already subscribed to an employee-based hiring model. "AB5 was all about Uber and Lyft," he notes. The law did simplify things, but it didn't understand and vastly underestimated the scale and nuances of the language industry.

Companies using the employment model fared better with implementing the law, but they weren't as agile as other agencies at scaling back, because of the pandemic. Glasser explains that despite the financial investment, there are many upsides to employment: "I can take care of my interpreters, train and mentor them from the ground up, outfit them with equipment, and manipulate their daily schedules in an extremely efficient way. I can get them vaccinated!" Like many involved with the passage of AB2257, he hopes to support the professionalism and status of linguists. He knows COVID-19 will permanently alter the field but advises language companies to focus on quality, knowing their local market, and increasing the value of interpreting services instead of joining a race to provide the cheapest rates. AB5 wasn't a problem for the many interpreters who are already staff. Asked about the impact of the law on her healthcare system, Elena Morrow, MPPA, CT, CMI, manager of Medical Interpreting Services at UC Davis Health, replies, "Our interpreters are staff and already represented by a union." There are existing limitations on the university system, and many other systems like it, that disallow them from contracting with individual interpreters, and these organizations can contract only with agencies. "The indirect impact would be any difficulties for the agencies . . . to hire and retain interpreters, but UC Davis Health has not seen any impact to our operation and patient care since AB5 went into effect," Morrow explains. Larger organizations, such as this one, trusted that their vendors were able to comply with labor laws and meet the language access requests of client organizations.

In stark contrast, language companies using a contract model were stunned in the spring of 2020, not only because of the pandemic, but also because many had to scramble to get their interpreters in line with the new expectations of the California law. The onus was soundly on the agency to prove the independence of its workers. Companies like Glasser's and others that had been recovering or expecting audits were more prepared. In the end, AB2257 provides more flexibility for agencies and linguists. It enables employee-based agencies to thrive, focusing importantly on the healthcare sector where newer interpreters can gain experience and consistency of care is rewarded by clients. Agencies

choosing a contractor or hybrid model can bring staff interpreters in for high frequency language requests while still using contractors for languages of lesser diffusion. Highly specialized interpreters in the legal, conference, and remote settings can work independently across sectors. Glasser, having worked over his career on many sides of the industry, explains, "There are many paths to this business. It is a scope. A spectrum."

THE PATHWAY TO AMENDMENT AB2257

In 2018, the U.S. Supreme Court created a three-part "ABC" Test to help determine whether workers should be classified as independent contractors or employees in the case of Dynamex Operations W. Inc. v. Superior Court (2018) 4 Cal. 5th 903. California legislators took on the same test through new legislation in an attempt to regulate its gig economy and prohibit exploitation of workers through misclassification issues with a law commonly referred to as AB5.

The new labor law was vast and considered by some to be overly broad. AB5 established an assumption that most workers will be classified by default as employees so that they can participate in labor protections and receive benefits such as minimum wage, sick leave, workers' compensation, and unemployment. AB5 also establishes an obligation for a hiring entity to satisfy three conditions about the work being performed: (a) there is freedom of control and direction over the person and performance; (b) the work is outside the usual course of its business; and (c) the person is customarily engaged in the same type of work.

Many linguists and agencies objected to aspects of the law. Some made the point that they did not have the option or the desire to become an employee. Others worried they would lose their control over their schedule and their ability to maximize their income. Meanwhile, organizations across the country were immediately hesitant to work with Californian linguists in this new landscape. Supporters of the law included some agencies that already used an employment model, the government, and some labor rights groups. AB5 threatened to disrupt the language industry as we knew it by limiting independent linguists and their representing agencies from working together.

After the enactment of AB5, and in direct response to the stakeholders' concerns mentioned above, the Coalition of Practicing Translators and Interpreters of California (CoPTIC) convened to advocate for an exemption for the language service industry. CoPTIC is an organization that describes itself as a constituent-driven advocacy group led by Lorena Ortiz Schneider, a certified trainer and credentialed interpreter, and Katharine Allen, a practicing interpreter, translator, and trainer. CoPTIC gathered a wide representation of the industry through the participation of more than 2,000 advocates, allies, agency owners, and Assembly members throughout the state, and, of course, of many concerned linguists. As well, national standard setting, certification, and professional organizations—also stakeholders in the outcome of this law—joined forces to support CoPTIC's efforts. At the same time, exemptions from AB5 were being sought by other individuals and industry groups, including photographers, videographers, landscape architects, real estate appraisers, home inspectors, specialized performers, and umpires and referees. All these efforts led to the reevaluation of the relevance of AB5 to all workers. The result of many months of nonstop outreach and public education by CoPTIC and others was the California legislators' enactment of amendment AB2257 (signed into law September 4, 2020). AB5's primary intent holds: Contractors will be assumed to be employees unless evidence and steps are taken to show otherwise. However, the exemption enables these individuals to act as subcontractors if they meet certain requirements. The exemption explicitly recognizes individual linguists (interpreters and translators) who hold themselves

out as sole proprietors, and it allows exemption for three scenarios, which will be explained in more detail below: (a) professional services; (b) business-to-business relationships; and (c) service providers through a referral agency. The significance of these exemptions cannot be overstated. Although not perfect, they provide protection instead of exposure both for linguists and for those agencies that represent them.

PATHWAYS TO EXEMPTION FOR LINGUISTS

The dedication of CoPTIC and the participation of national industry organizations supporting the passage of AB2257 helped to create multiple pathways for translators and interpreters, along with others in the industry, such as CART (Communication Access Realtime Translation) providers and transcribers, to continue to work as independent contractors and avoid being classified as employees.

In sum, translators and interpreters can contract with language companies as contractors by following the steps outlined in AB2257. These steps are obtaining a local business license, setting up a business entity, and (optionally) obtaining a federal employment ID number. Exemptions allow translators to act as a sole proprietor if certain conditions are met, such as establishing an office (home or elsewhere), advertising services, and obtaining the federal employment ID number. Interpreters have an additional requirement if they are working through a referral agency: providing a number of compliance documents to prove they are qualified and registered or certified as an interpreter as required by California law.

In order for interpreters to qualify for an exemption, they must be registered or certified if a language with an available credential is offered by certifying bodies, associations, and government entities. Languages without an available certification are also exempt after already meeting other requirements. To remain dynamic, the amendment allows for future credentialing by other potential state-approved bodies, such as educational institutions. With all this in mind, interpreters are now expected to show proof of certification to agencies that work with them.

Organizations that work with contract translators (and interpreters) and that seek to avoid misclassification errors must still allow the contractors to set their own rates and hours, and they must not restrict that person from working elsewhere, as is set forth in the original legislation AB5. In addition, AB2257 instructs agencies that they must not use the contractor to replace a staff position and must not require the person to work 100% at the agency's location. It is also expected that independent contractors and hiring agencies will operate under a written contract.

WHERE THE ROAD LEADS NEXT – THE NATIONAL OUTLOOK

Bill Rivers, principal at WP Rivers & Associates, is a longtime advocate and lobbyist for the language industry. He reports that "many states are looking closely at AB5 and AB2257 as a model, especially New Jersey, Connecticut, New York, and Maryland." Already in New Jersey, a bill similar to AB5 was pulled because of some of the complexities experienced by interpreters and businesses, including a decrease in the number of available practicing interpreters and the difficulties so many were having in making a living. If the trend continues across the nation as expected, ultimately, the enhanced requirements and incentive to acquire certifications will push national certification programs to expand, thereby supporting the reputation and acceptance of language providers for who they are: professional and highly skilled workers. Rivers agrees, noting, "Having legal structures and documented compliance proof will further help professionalize the industry as a whole."

AB5 and AB2557 continue to shape language services in California. The question of how the legislation will affect other localities and national trends remains to be answered. When asked to provide insight on

the federal landscape, Rivers explains, "Even prior to the pandemic, there was a national movement spurred by revenue-seeking state agencies, but now that the economy has taken such a hit, those coffers will need to be filled." Newly elected President Biden falls cleanly on the side of workers' rights; he has already made commitments to support union workers. The PRO ACT (House Resolution 842), which passed the House and was sent to the Senate, gives everyone who is working as an employee the right to organize. As well, the Biden Administration has vowed to increase wages and to support workers' right to provide more social benefits to employees. Time will tell how these initiatives will evolve in light of the implementation of these new labor laws in California. Engagement from a large industry-wide coalition made the largest impact on the ultimate state of California labor law on linguists and on the language industry as a whole.

Discrepancies will still exist in how the law plays out, especially for those who may not have as many resources to obtain certifications or licensing. However, the final aim of both CA AB5 and A2257 is to balance the relationship of power between companies and their employees, and between independent contractors and the businesses that rely on them. CoPTIC's work was crucial in establishing clear guidelines for our industry. The burden is now shared by linguists and the companies working with them to demonstrate that they are rightly classified if acting as a contractor, and that their expertise is demonstrated through evidence of certifications and training, their status as a separate and distinct business, and their ongoing professional growth. Importantly, with the exemption of AB2257 firmly in place, the option of employment remains for those who choose it.

River suggests that to become more engaged in national trends and the future of the policy development within language service industry, practitioners should join a professional organization, such as the Joint National Committee for Languages, the American Translators Association, the National Association of Judiciary Interpreters and Translators, or the National Council on Interpreting in Health Care. When asked what advice she has for interpreters in other states who might be facing legislation similar to AB5 and AB2257, Cerna answers, "Everyone should further train and obtain their national certification and keep it current." She repeats, "I recommend to anyone, anywhere, to get certified—everyone. The other one is to become a sole provider. I think we need to advocate for ourselves. Get yourself ready."

A Day in the Life of Ubah Warsame-Aden

By Jaime Fatás-Cabeza

Our first feature is an interview with Ubah Warsame-Aden, a healthcare interpreter and health coach living in Tukwila, Washington, a diverse community south of Seattle. Her working languages are English and Somali. The interview has been edited and condensed for clarity.

Fatás-Cabeza (F-C): Ubah was a teenager when she left Somalia in 1992. After a coalition of warlords overthrew the former Somali dictator Mohamed Siad Barre, the bloody and violent civil war that followed forced Ubah from her home. She migrated to a refugee camp in Kenya and then left her family behind to travel to the United States after being sponsored by a family member. She worked as a housekeeper at a hotel while attending night school to obtain a medical assistant certificate. She worked as a certified medical assistant and an assistant office manager at a primary care provider in Georgia for 12 years and became a health coach in 2013. She moved to Washington State and obtained a bachelor's degree in liberal arts with emphasis in psychology and sociology. Today, she works part time as a healthcare interpreter for Swedish Hospital in Seattle and as a freelance interpreter and cultural mediator in the Seattle area. She plans to pursue a master of social work degree in family counseling.

What do you remember from your arrival in the United States?

Warsame-Aden (W-A): I didn't understand many things in this new place—the culture, the language... I really hated that I couldn't communicate. I had so much to say! I felt trapped, to the point that I asked to be taken back to the refugee camp. I was working full-time and enrolled in an ESL course for adults. I was sharing a bedroom with two other girls who couldn't speak any English, and instead of partying I spent all my time reading and learning the language, with cassettes from the library and one of those prehistoric Walkmans. It was my best friend! I missed all the fun, but soon I was being called to interpret for my roommates and others. It was then, when I understood how hard it was not to be able to communicate, that my passion for interpretation began. I made a promise to myself that I would do whatever it takes to help remove the language barriers many new immigrants face.

When did you get your first assignment as a healthcare interpreter?

W-A: In 1994 I moved from Virginia to Atlanta, Georgia. I became a certified medical assistant that year. I spent 20 years in Atlanta. I started interpreting in a private clinic, and then in hospitals and clinics. As an interpreter, I

learned on the job. I educated myself informally through my work with providers, working in specialized clinics in autism, genetics, or cancer. I loved it. It was my job, but I never looked at it as a job because I understand how important it is for my patients. That's where I gained experience and understood that there is more to interpretation than interpreting words. Interpreters have many responsibilities, have to look at interpreting holistically, as a complex, multifaceted profession. To me, it is an art form.

What are some of the intervening cultural factors that you find challenging to navigate?

Trust

W-A: Trust. Do patients trust the staff, including the interpreter? Sometimes yes, sometimes no. Sometimes providers are not aware or prepared to provide care for a patient that has a very different understanding of the relationship. They don't have time or interest in building rapport. Appointments are exceedingly short, and patients oftentimes leave without answers to their questions. Patients need time to be patients. Sometimes patients are not forthcoming with doctors. They may not tell some things, like noncompliance with treatment or diet, because they fear that the doctor is going to be mad about it. This may be because of the way the patient grew up: the parent-child relationship, notions about authority, not wanting to disappoint your doctor, or sometimes because of an oppressive culture. Somali cultures teach respect of authority (doctors, teachers, law enforcement, elected officials, parents and elders). Patients may be fearful of the consequences or retaliation, not necessarily fearing harm but rather causing disappointment. They may not understand that an open, sincere exchange is better for them and that the doctor is not going to be mad at them if they tell the truth. They may share that information with you, the interpreter. Then, making the doctor aware while maintaining their trust may present ethical dilemmas. That is one of the responsibilities I was referring to. I need to find a way to maintain their trust so they will not avoid me. The goal is to get the patient to come back and get the best care possible.

"Tie your camel and trust in God. Because if you don't tie your camel, it will go away."

Gastronomic Traditions

W-A: Food is another culture-bound topic. I became a health coach in 2013. I coach patients with chronic diseases, mainly diabetes. Flatbreads like canjeero, pasta, and rice are very popular in the Somali community! So educating patients, persuading them to change their eating habits and eat less carbohydrates—we love this food but this food does not love us—becomes a long-term project. Lifestyles and traditional cultural patterns are factors as well. Interpreters are crucial to help bridge cultural barriers and encourage small changes. While adhering to the interpreter role, interpreters play a big part in setting attainable milestones that are culturally appropriate, aligned with the patient's beliefs and priorities, and that bring satisfaction and get results. Understanding the barriers our patients face helps us provide better care for them.

You have to be at the table, because if you are not at the table, you are on the menu.

Faith-Based Ideals

W-A: Some folks show a faith-based determinism: Whatever happens to you was written down a long time ago. If I am a diabetic, it was meant to be. However, a well-known traditional Muslim proverb says, "Do your best, and Allah will help you." So I tell them, "Tie your camel and trust in God. Because if you don't tie your camel, it will go away." God has a part, but you have to play your part as well. Symbolic, cultural analogies are useful with these issues. Oftentimes, the way mainstream Western medicine approaches these issues is not culturally appropriate or aware.

Understanding those behaviors, based on traditional beliefs—religious or otherwise—is helpful to understand your patient. I want to elevate and empower our diverse communities by encouraging a holistic approach to seek healthy mind-body-spirit connections. I want to do my part to provide effective, culturally appropriate counseling and therapy that is tailored to our diverse communities.

How has the pandemic affected you and your fellow interpreters?

W-A: It has actually brought many changes. A lot of the interpreters are hurting, especially those that provide clinical, face-to-face services. As a freelancer, it is not easy to accept a job when you have the fear of going to a place where you may be exposed to COVID-19. Many individuals and locations are not prepared. So, as a freelancer, I have only been doing video remote, mostly patient education for nonprofit organizations.

What's the level of technological proficiency in the Somali community you work with?

W-A: It varies greatly, from highly proficient to unable to do the basics. And it is not always age-related. You may find a 40-year-old mother who needs a lot of help with computers and a 60-year-old woman who can log in to Zoom. It varies from person to person. I would say that proficiency with technology is related to socioeconomic status, lack of linguistic proficiency, and literacy. And I mention women because Somali women are the backbone of the family; their resiliency is what got us through the past 30 years of civil war. They are the ones who are usually taking care of health issues as well. That is well known in the Somali community, and although males acknowledge this fact, proper credit has never been given, and it should be more than words. Even though we are improving, we have a long way to go.

You have been participating in a number of academic, professional and social activities in the community. What are some of the actions you have been involved with and why are you interested in those activities?

W-A: Yes, while I was pursuing my BA, I have been the event coordinator for the Student Activities Board. I have been a test

preparation consultant for the Interpreter Certification Program Advisory Board of the Washington State Department of Social Services, and I am the co-vice president of the Tukwila Children's Foundation. I also ran for the school board in my city in 2017. There is always talk about the right way to treat immigrants and newcomers, but if we don't take the steps to participate in policy, policy will not be changed. You have to be at the table, because if you are not at the table, you are on the menu. I had three children in the public school system. I was serving in the budget committee, in the parent's advisory committee. I was talking to a lot of parents. I understood as a parent that there were issues in a district where more than 80 languages are spoken and [that] had five White school board members, with no representation of all the cultures and languages that called Tukwila home. I couldn't see the justification for that. We wanted to help communities reclaim their collective power by dismantling unjust systems, eliminating barriers to services, and working in solidarity to create sustainable, meaningful solutions. So I decided to run for the school board in Tukwila, my city.

And how did it go?

W-A: Well, I lost. However, we kind of shook the city's conversation at that time and changed it. I personally registered over 1,500 new voters. We brought visibility for minorities in the community. I learned a lot of things. Tough love, though [laughs]. It was a presidential election year, so I did get a lot of people who were not happy when I knocked at their door wearing a hijab.

Do you have any advice or want to share any insights regarding how interpreters are perceived in the clinical environment where you work?

W-A: When many providers talk about the clinical team, they do not include interpreters and do not understand the importance that interpreters have. They need to look at interpreters as indispensable, valuable members of the team. We are not invisible.

Do you have any advice for professional organizations?

W-A: We have many common interests with minority groups such as Ethiopians, Vietnamese, or Cambodians in the area, even Chinese and Latino groups. However, I hardly see any representatives from professional organizations that look like us—officers and employees from underrepresented minority groups that speak languages of lesser diffusion and are knowledgeable about the real issues in the community. Engage people from these communities. Give us a voice, more visibility.

CLOSING

F-C: It was a pleasure to have these conversations with Ubah. Her meaningful contributions, determination, resilience, and altruistic values are inspiring. Her experience highlights the interpreter as a professional who raises awareness of cultural context while facilitating successful interactions between patient and provider. I loved her metaphor: "If you're not at the table, you're on the menu." It reminded me that we need to continually advocate for the importance of linguistic access and cultural sensitivity. Ubah's insightful comments and recommendations could serve as guidance to any organization that offers linguistic and cross-cultural services to minority populations, especially to those that have been victims of genocide, armed conflict, natural disasters, or any form of discrimination.

Jaime Fatás-Cabeza (MMA, CCHI, USCCI) has been the director of the undergraduate degree program in healthcare and legal translation and interpretation since 2006 at the University of Arizona, where he has also developed medical Spanish courses for the biomedical schools and teaching hospitals. Jaime has served on the Board of Directors of NCIHC and is a member of its Education, Research and Trainers of Trainers Committees. He serves as a commissioner with CCHI.

California Healthcare Interpreting Association–CHIA

By Linda Golley

In order to explore the energy and diversity embodied in interpreter organizations around the country, the Journal will check in directly with the people involved. We will bring you highlights from large and small groups, from groups that focus on health care to groups that involve different aspects of language access. If you would like to recommend that we interview a particular organization, please contact the editorial committee at: PERC@ncihc.org

NCIHC Journal editors conducted an interview with CHIA leadership in May 2021.

https://www.chiaonline.org/

Tatiana Foerster, CHIA president, and José García, chairman of the CHIA Board, shared their knowledge of CHIA's history and their vision for the future of the organization. Some themes shone out:

Founded in 1996 as California Healthcare Interpreters' Association, CHIA was originally formulated as a membership organization on behalf of interpreters. CHIA was re-formulated and re-named in 2003 to focus on the interests of the community. CHIA's fundamental role today is to provide education to healthcare interpreters in order to promote better language access and better health outcomes for patients.

The mission of CHIA is strictly to improve healthcare and does not relate to court interpreting or to translation. However, CHIA maintains two strong tracks of education to support interpreters who cross over between court and healthcare, and between education and healthcare. In addition, CHIA strongly supports the participation of ASL interpreters in healthcare education activities.

California is a major gateway state for immigrants from all over the world, with three dense population centers along the coast as well as the great agricultural interior with a multilingual workforce.

CHIA builds active partnerships to improve healthcare interpretation. Since its inception, CHIA has sought out language companies, hospital and clinic organizations, and endowments to create synergistic initiatives around interpreter education. CHIA's Board includes leaders from all of these types of organizations.

CHIA has contributed to the national effort of developing the healthcare interpreting profession. Not only was CHIA ahead of the game by developing its own Code of Ethics and Standards of Practice, but there has been an active exchange of ideas between CHIA leadership and the teams building national certification and national standards of practice. Many members of CHIA have served on the boards and committees of national interpreter organizations.

The availability of national certification for healthcare interpreters over the last 10 years has created a cadre of professionals who must take both knowledge-based and performance-based continuing education classes in order to maintain their credential. This ongoing training has driven up the competence of certified interpreters.

CHIA presents strong educational content for interpreters, with a focus on specialized medical topics such as speech pathology and mental health. The yearly conference presents the biggest number of classes, but on-site and remote webinar classes are also available throughout the year. Membership in CHIA is open to anyone, and members get a discount on classes. Now that COVID-19 has forced everyone to move to an online format, CHIA classes have become a better-known way for interpreters to acquire language and practice skills.

Indigenous communities in California receive special support from CHIA. Interpreter training and membership are available at a discount. One example of such a partnership in training is MICOP, or Mixteco/Indígena Community Organizing Project, which provides interpretation in Mixteco. https://mixteco.org/indigenous-interpreter-services/

When asked what CHIA leadership envisions as important work for CHIA to undertake in the next 5 years, in addition to the organization's already well-established role, Tatiana Foerster immediately said, "unification of the profession." Just as CHIA welcomes members from any state, it is important for interpreters working in any location to know that they are part of a big professional movement that can solve problems to improve patient care if everyone participates.

José García says that it is time to have a national discussion about healthcare interpreter identity as workers with particular needs. He envisions roundtable discussions with all the stakeholders to explore what a trade organization might look like for healthcare interpreters.

Each issue of ACCESS will bring you information about topics that affect your practice as a professional healthcare interpreter. Here is a taste of what is to come.

Labor Relations, Working Conditions, and Pay

Did you know that there is an interpreter union in Washington that negotiates directly with the State? Have you wondered whether on-site interpreters get paid differently than remote interpreters? Or whether staff interpreters get paid differently from independent contractors? Are there states that pay more or less for certain languages? What kinds of competence or training do interpreters need to prove they have before being hired or being offered assignments, in different work environments? What do different work environments require from interpreters with respect to competence and training?

NCIHC will be surveying interpreters on these questions, and will bring you stories about those topics.

Training

What a bonanza of training opportunities are out there now! How can you assess your present level of skill and knowledge? How can you create your personal learning pathway? Do you want to get training in the fundamentals of healthcare interpreting? Do you want to hone your interpreting performance? Do you want to add a new skill, such as simultaneous interpretation? How about learning the latest in medical science and terminology?

Technology

Ready for a show-and-tell of the latest in technology supporting healthcare interpretation? What on earth is remote simultaneous interpretation (RSI)? How does an interpreter connect with a patient at home and a doctor at the clinic for a telemedicine encounter? How can you use technology to interpret in a support group meeting, or in a health education group setting? What if your patient is hard of hearing? Interpreters are becoming the go-to person on the care team for solving communication problems of all kinds... What do YOU know that we can share?

Certification and Accreditation

What is trending in certification? What states require certification? How many interpreters across the country are nationally certified? Is demand for certified interpreters growing? What are the plans to use a new method called English-to-English performance testing? What are the best ways to prepare for certification? How are the requirements for continuing education for certified interpreters creating more opportunities for everyone to take classes? Will there be a way to become credentialed in specific specializations of healthcare interpreting, such as mental health or oncology?

Medical Science and Mental Health Topics

We will showcase new areas of medical science as they develop so that you can find a class and/or resources and study up. Are you ready to interpret on genetic medicine topics? How about on interventional radiology? How about on specific mental health treatment methods, such as cognitive behavioral therapy (CBT)? As you already know from your daily practice, new concepts and new terminology come up for interpreters every day. We will provide good study resources, and we ask that you please send us yours!

Book Reviews

Some fresh new books of interest to health care interpreters have been published. Some offerings provide insight into how to do our job better. Some are fictional and let us enjoy seeing ourselves as protagonists in life's drama. Other books feed our hunger for background on the experience of our patients. We will share reviews of books involving language access in health care and its multiple stakeholders. We want to hear from you about books that you would like us to review.

A Day in the Life of… Interviews with Interpreters

Meet an interpreter from Tonga, or from Croatia! We will interview interpreters across the country, in small towns and in big cities, working in community clinics, and in specialized settings like mental health facilities or jails. You will meet interpreters who are Deaf and interpreters who interpret in three or more languages. You will meet doctors and nurses who started their healthcare professional path as interpreters, and you will meet people who were nurses and doctors in their country of origin and became interpreters in the United States. What a fabulous and talented group of people we are!

The Business of Interpreting

How do interpreters set up their own business and promote themselves? Are there good tools out there for managing finances, taxes, insurance, setting up a home office? Does it make sense to contract with a lot of agencies, or with just a few that know you well? Does it make sense to contract directly with clinics and hospitals? How much money and time should you invest in training to improve your skill and knowledge, and when does it make sense to undertake training in related language professions such as translation? Do you read books about business development? We'll be providing fun business development snippets coming from all the stakeholders in our profession.

Legislation and Policy

Interpreter jobs and working conditions are greatly affected by laws and regulations. We will bring you the latest developments. What decisions are coming out of the courts? Are the CLAS Standards being enforced? What distinguishes interpreters who are contractors from those who are employees? What preparation and skills are needed for an interpreter to be considered "qualified?" What is required for interpretation provided over a remote interface, like phone or video, to be considered equal access to care?

Language Support for Specific Communities

Have you wondered what it is like to interpret for a patient with autism? What is it like to interpret for the Deaf community? Or for children? What special skills are helpful for interpreting for patients who are not literate? What if a patient speaks a rare language at home and has just a rudimentary understanding of a second language—the one that you interpret? How is it different to interpret for brand new immigrants and refugees, for whom our entire health system is a mystery? We will hear from interpreters skilled in these areas of work.

Looking to fill a position?

Did you know NCIHC has its own Career Center/Job Board? Consider posting a job to announce your new opening. You can find the link on our home page. Look for the Career Center button on the right-hand side under the Quick Links or use this link.

Membership Organizations

Membership organizations offer classes, conferences, and networking opportunities. They also provide a great way to meet other interpreters and build an interpreter professional support system at the local, regional, or national level. Some interpreters belong to more than one! Many local membership organizations cater to court interpreters and to translators, as well as to healthcare interpreters, which is great for getting ideas for expanding your career pathway. And how nice to be able to find homies who speak the same language(s) you do! Many organizations have social media with active chats and blogs. We will showcase membership organizations of all shapes and sizes.

Crossover: Interpreters with Multiple Roles

Is your primary job description something other than interpreter? Do you have dual roles or interpret across several domains? What is it like to switch between court, educational, and healthcare interpreting? Do you wear more than one hat, such as being a patient navigator for cancer patients in addition to being an interpreter? Perhaps you are a customer service specialist, or a labor and delivery nurse, but you also serve as an interpreter for colleagues. Do you supervise an interpreter program as well as interpreting for patients yourself? As healthcare interpreting grows as a profession, there are more and more ways to include interpretation in a career pathway.

Research about Interpreter Topics

Ready to get your teeth into data about the healthcare-interpreting world? The NCIHC Research Workgroup will present up-to-date statistics and analysis about how and what healthcare interpreters are doing. For example, this inaugural issue of the NCIHC Journal presents a report on how the COVID-19 pandemic is affecting healthcare interpreters right now.

NCIHC

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Check out: #FunFridays, Member spotlight, #MotivationalMondays & Meet the Board 2022