NCIHC Open Call
February 2, 2007
12:00 – 1:30 PDT

Topic:
Providing Language Services in Languages of Limited Diffusion

The NCIHC Open Calls are held quarterly, as a means of encouraging exchange among professionals working in the field of language access and soliciting input from practitioners in the field to inform NCIHC policy making.

Participants: about 28 total
8 from the West
5 from the Mid-west
11 from the East Coast
4 Unknown

Introduction
The open call began with a short introduction. Cornelia E. Brown, from the NCIHC Outreach Committee, explained the background of the NCIHC open calls. She reviewed the mechanics of the call and then introduced this month's topic: the provision of language access in languages of limited diffusion (LLD). She then introduced our guest specialists, Santiago Ventura and Julie Samples from the Oregon Law Center. They have been working to train speakers of indigenous languages from Central American and Mexico as interpreters for legal and medical settings.

Santiago Ventura / Julie Samples
Mr. Ventura and Ms. Samples started by discussing the need to adjust training for interpreters of LLD. Since the interpreters they work with, indigenous people from Mexico and Central America, speak languages that are no longer written, there are difficulties with writing down and learning vocabulary. In addition, there is often a notable lack of linguistic or conceptual equivalencies between English and these languages, leading to the need to work on building word pictures. Because of this, glossary work as a part of training is extremely important. The

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Oregon Law Center has begun working with the Center for Indigenous Languages (INALI) in Mexico to develop glossaries together.

As few LLD speakers from indigenous languages speak English, it may be better in these cases to consider training relay interpreters, for example, an interpreter working from LLD to Spanish, with a second interpreter working Spanish to English. Must take in cultural aspects as well – traditional medicine, etc.

Secondly, the speakers addressed the question of how to recruit good interpreter candidates. They emphasized the need to build relationships and trust WITHIN LLD communities, as it is often difficult to find people who are even willing to serve as interpreters. Human connection in these communities is very important, which is why language-specific trainings are necessary. Finally, the speakers discussed whether the standard role for the interpreter needs to be adjusted when the patient speaks a LLD. Both felt it was very important that interpreters be able to share cultural information, both in health practices and in general cultural practices, which may represent a role shift for some interpreters.

The speakers also emphasized the need for training for providers as well as for interpreters.

Discussion

Participants on the call then discussed the six following questions.

1. Should the role of the interpreter be different for speakers of LLD?
   - This really depends more on educational background, familiarity with western biomedicine, and experience with having an interpreter than on the fact that a language is "uncommon." A well-educated speaker of an uncommonly spoken language from Western Europe would probably not need a role shift, while a less-educated speaker from a rural area of a developing nation might need one.
   - Interpreters should be ready to take on all the roles commonly taught to health care interpreters (conduit, clarifier, culture broker, advocate). It may be that they will need to do more culture brokering and advocacy with patients speaking LLD. Interpreters need to be acutely aware of cultural differences. For this training is crucial.
   - Spanish interpreters may have to add an additional role: that of trainer for a family member to work in a relay if the patient speaks a Mexican or Central American LLD.
   - It would be useful if telephonic interpreting companies had more interpreters in LLD.
   - On the other hand, it might be better to have LLD interpreters on-site, as appointments get longer due to the significant cultural and linguistic differences.
   - In small refugee communities, at first only a few people speak English. These people end up being the interpreters for absolutely everybody in every venue. This is too draining. Also, as they see all the same people in all venues, maintaining confidentiality can be a challenge, even for trained interpreters. Interpreters will know the patients, and there's nothing to do about it in small communities.
   - The advocacy role may need to be used more often. For example, the interpreter may have to educate patients about the desirability of using a trained interpreter since often

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patients who speak LLD don't expect there to be an interpreter, so they bring their family members and might even insist on using them.

2. Do LLD interpreter candidates have special training needs?
    - They often get grouped in to non-language specific training, or no training. Centralizing might help; for example sharing language coaches, etc.
    - Many LLD interpreter candidates won't come to training because they don't interpret that much. Even a short 40-hour training represents too much time and expense. Would a streamlined, small-group language-specific training be worthwhile? (NAJIT is providing this sort of training for legal interpreters of LLD – see www.najit.org.)
    - Language specific training is important to deal with cultural issues that are more prevalent for these groups. This is very expensive though. Maybe candidates for LLD interpreting could be "clumped" – e.g. Muslim countries, CA indigenous groups. On the other hand, training interpreters of different languages together allows all interpreters to address issues that are common to interpreting, develop respect for cultures unlike their own, and learn about the special issues of LLD. Some course time should also be spent in separate groups on vocabulary and culture study.~~,~~ ~~separate vocabulary and culture work is important.~~
3. How can we help interpreters of LLD develop bilingual medical vocabulary when there are no glossaries or dictionaries available?
    - Additional problem occurs when the LLD is not written at all.
    - Audio glossaries are an option.
    - Bring elders / new arrivals into the process of developing glossaries in ways people can understand. Ex. Navajo, Vietnamese
    - Partner with organizations in the country of origin, e.g. Mexican Institute for Indigenous Languages (INALI). Question: Could these glossaries be distributed? Mr. Ventura and Ms. Samples were not sure.

4. How do you assess language skills of an interpreter candidate in LLD?
    - Use a vendor – but vendors often don't have assessment for these languages. It may be necessary to search through many agencies.
    - It is often more important to assess a candidate's English skills, not the LLD skills.
    - Again, consider relay interpreting.

5. Should interpreters for illiterate patients learn special skills to help patients understand?
    - Interpreters for patients who speak LLD must understand more, because they must explain more, be more willing to fill out forms, explain how systems work.
    - Interpreters should encourage providers to use more models and aids. Actually, this is recommended for all patients with limited health literacy. Agencies may have to get involved in training providers about this – there is a lot of impatience from the providers with interpreters and with the need to use models/aids, etc.

6. What steps could we take to improve availability of interpreters in LLD

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- Work through consulates, refugee centers and community-based organizations to find speakers of LLD.
- Provide decentralized, local interpreter trainings to harness local talent in hard-to-find languages.
- Centralize resources and provider services through remote interpreting.
- Share glossaries; build glossary groups from around the country. Could NCIHC's website serve as a clearinghouse?
- Acquire multi-language copies of books like *Where There Is No Doctor.*

Summary and conclusion
At 1:25 PDT, Cindy Roat, who had been taking notes on the discussion, summarized the ideas that had been shared on the call.

Additional calls will take place on:
March 23: Dual Role Interpreters: Where do they fit in a Language Access Program?
May 4: Remote and In-person interpreters: When are each Most Appropriate?

Thanks to everyone who participated!

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