

## 2021 NCIHC Annual Membership Meeting (AMM)

April 8-10, 2021

All times below are shown in Central Time (CT)

### AGENDA

#### **Thursday 04/8/21**

5:00 – 6:00 pm

**Welcome | Featuring Artist *Hector H. Hernandez* on the “Role of Art in Addressing Culture and Social Issues**

6:00 – 6:30 pm

**Networking | Meet & Greet (Breakout Rooms)**  
*Sponsored by Certified Languages International*

#### **Friday 04/9/21**

9:30 – 9:45 am

**Welcome Address from NCIHC President**

9:45 – 10:45 am

**Keynote Address – *Dr. Anisa Ibrahim***

10:45 – 11:45 am

**Sponsors/Exhibitor Showcase**

11:45 – 12:20 pm

**Regional Update**

12:30 – 1:30 pm

**Language Access Café - Round 1**

1:30 – 1:45 pm

**Break | Sponsors/Exhibitor Showcase**

1:45 – 2:45 pm

**Language Access Café - Round 2**

2:45 – 3:00 pm

**Break | Sponsors/Exhibitor Showcase**

3:00 – 4:00 pm

**Language Access Café – Round 3**

4:00 – 4:15 pm

**Break | Sponsors/Exhibitor Showcase**

4:15 – 4:45 pm

**NCIHC Committee Reports**

4:45 – 5:00 pm

**NCIHC New Board Installation | Day 1 Wrap-Up**

#### **Saturday 04/10/21**

9:00 – 9:30 am

**Welcome | NCIHC Language Access Champion Award Presentation**

9:30 – 10:30 am

**Keynote Address – *Toc Soneoulay-Gillespie, MSW***

10:30 – 10:45 am

**Sponsors/Exhibitor Showcase**

10:45 – 12:15 pm

**Language Access Cafe - Reports and open dialogue**

12:15 – 12:30 pm

**Closing Address from NCIHC President**



## LANGUAGE ACCESS CAFE

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### (A) Domestic Violence in Asian Communities -- Lessons Learned and Implications for Other LEP Communities

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Consider that Asian immigrants or refugees face distinct, cultural challenges when confronting domestic violence in the home:

- Violence is seen as a family matter; seeking help outside the family is perceived as disgraceful to the family.
- Asians who leave their spouse risk being ostracized from their entire community and support system.
- A refugee from war or conflict abroad will often have no surviving relatives except a spouse, meaning any decision to leave will sever the last remaining tie to family.
- Experience in their countries of origin often cause Asians to mistrust uniformed authorities, preventing them from seeking help from police or utilizing the court system.
- Because they have been isolated by their batterers, many Asians are not knowledgeable about the community resources available to them.
- Limited or non-existent English language skills and illiteracy in their native languages make it difficult for some Asians to build new lives in the United States. Most mainstream human service agencies present cultural and linguistic barriers to Asian families.

Given this host of challenges, and the primacy of language as a means to communicate, what can language access advocates do to support Asian immigrants/refugees dealing with domestic violence? What lessons can be carried to other LEP communities?

#### **Objectives:**

1. Increase understanding of domestic violence in Asian communities
2. Increase understanding of domestic violence in refugee/immigrant communities
3. Increase ability to utilize language access skills in the encounter with domestic violence victims
4. Increase ability to support and advocate for domestic violence victims, and efforts to prevent DV

**Christine Ayala**, Co-Executive Director, Asian Task Force Against Domestic Violence, earned her B.A. from Yale University and her Certificate in Public Health from the Harvard School of Public Health. She has been involved in many aspects of ATASK's operations over the past 11 years, including grant writing, contract reporting, community relations, and event planning. She served as ATASK's Emergency Shelter Director for six years, and then became the Founding Director of the Transitional Housing Program. Cristina is a consummate ambassador and has represented ATASK at various speaking engagements, events, and meetings with key funders.

Earlier in her career, Cristina worked on various public health projects in Latin America. She later joined the Greater Lawrence Family Health Center and managed the construction of their largest site. As their Operations Manager, she was in charge of Medical Records, the Laboratory and Facilities. She also worked with Boston Partners in Education and served on the Board of St. Peter School in Cambridge.

Cristina is recognized for her leadership within the Filipino community in Boston, where she teaches at the

Filipino School and helps organize fundraising events for natural disasters and low-income communities. She currently resides in the Greater Boston area with her family.

**Dawn Sauma, MSW, LICSW** has been the Co-Executive Director and Clinical Director of Asian Task Force Against Domestic Violence ([ATASK](#)), for the past 10 years, overseeing direct services, collaborating with stakeholders and community partners and authoring grants. She has worked in social services for over 27 years as a provider, educator, manager, and administrator within mental health, crisis intervention, judicial, academic, and non-profit systems. The majority of her work has been with underserved Asian and Pacific Islander (API) communities in various settings and service delivery systems in Hawaii and Massachusetts. She is a Board Member and President-Elect, [Jane Doe Inc \(JDI\)](#), the MA Coalition against Sexual Assault and Domestic Violence; Community Co-Chair of [ADAPT](#), Addressing Disparities in Asian Populations Through Translation Research; member of the [Tufts CTSI Stakeholder Expert Panel](#); and partner in [Asian CARES](#), Asian Center for Addressing Research, Education, and Services. She is a bi-racial, bi-cultural, advocate/activist, her work blends personal and professional experience.

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## **(B) Language Access for Health Equity!**

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### **What can be done about the systemic problems at the root of language barriers in healthcare?**

The issues are many and complex, and despite laws and policies long in place, and awareness of language access as a social determinant of health, communication for all continues to be elusive at the service level. In ordinary times, trying to make needed changes can seem overwhelming or even impossible. While not news to us, when the COVID-19 pandemic began early last year, long-standing inequities in health and healthcare among BIPOC communities nationwide were laid bare to the general public, including a focus on language barriers as an extra level of disparities.

The public health emergency has served to engage more individuals, organizations, and agencies all around the country to engage in efforts to reverse the situation. and build new alliances.

We will share basics of advocacy how-to's, examples of current language access advocacy work in progress, and ideas and practices that can be replicated across a range of organizational and jurisdictional (local, regional, state, and national) levels. Discussion will focus on identifying next steps for participants to take action on specific issues of concern they bring to the table. The context of advocacy work will be addressed, acknowledging the challenges inherent in equity efforts, how to deal with setbacks and get support for ourselves and our causes.

Objectives:

Participants will:

1. Learn from other participants about language access issues and problems in their respective communities, and current language access policy work related to health and healthcare.
2. Know how to start to research and identify the organizational structures and systems issues underlying specific language access challenges
3. Be able to begin to plan next steps and collaborations towards specific language access goals at any level (local, state, national, organizational or other), including action items for each scenario , e.g. action planning for hospital employees, community advocates, public agency staff, language agency, contractors, free-lance interpreters, etc.

**Wilma Alvarado-Little MA, MSW** Associate Commissioner, New York State Department of Health Director, Office of Minority Health and Health Disparities Prevention. Ms. Alvarado-Little joined the New York State

Department of Health as Associate Commissioner and Director of the Department's Office of Minority Health and Health Disparities Prevention in July 2017. She focuses on health equity issues from a linguistic and cultural perspective in addition to her interests in public policy, research, health literacy and health disparities prevention, racial and health equity. She has been instrumental in the development and implementation of hospital and clinic-based programs and is a healthcare interpreter and trainer. She is the former Co-chair of the Board of the National Council on Interpreting in Health Care, serves as a member of the National Project Advisory Committee for the Review of the CLAS Standards, HHS Office of Minority Health, and has served as a member of the National Academy of Sciences, Engineering and Medicine Roundtable on Health Literacy and past Chair of the New York State Office of Mental Health Multicultural Advisory Committee. She also serves on various boards, at the state and local levels, which address multicultural and language access issues. She has a Master Arts degree in Spanish Literature and a Master's in Social Welfare.

**Joana Ramos, MSW** is a health policy consultant, and a founding member of the Washington State Coalition for Language Access. She is the immediate Past President of the WASCLA Board of Directors and Chair of the Healthcare Committee. Her work is inspired from background in direct practice and policy work in health and human services, education, child welfare, patient advocacy, medical interpreting, and nonprofit organizations, domestic and international. A former Portuguese medical interpreter, Joana was in the pilot group to earn the CoreCHI™ credential, and Washington DSHS medical interpreter Authorization.

She has led various WASCLA initiatives including the campaign to preserve Washington's Medicaid Interpreter Services program; Washington's first collaboration on language access in pharmacies; the Tools for Health project which created multilingual consumer materials and provider education on language access rights; implementation of the Affordable Care Act in Washington; curriculum development for WASCLA Language Access Summits; and efforts to establish an Office of Equity for Washington State, and the state COVID-19 response. Joana is active in health equity efforts including the Language Access Research for Community Health (LARCH) group, the Community Advisory Board for the Harborview Injury Prevention and Research Center, and the King County Immigrant & Refugee COVID-19 Advisory Group, and in various cross-sector language justice policy efforts. She is a graduate of Boston University and the University of Washington School of Social Work.

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### **(C) Using Peer Feedback to Make Interpreter Training More Inclusive**

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Making interpreter training more inclusive through language neutral courses allows interpreters of all languages to participate in training. However, the trainer is not an expert in each participants' community. Encouraging peer feedback in interpreting practices allows us – however difficult it may be – to open up a useful conversation that helps us understand how different challenges are addressed in varying cultural contexts, and allows the interpreters to experience the agency that they truly have in any given encounter.

**Learning objectives include:**

- Define and evaluate peer feedback's place in interpreter training
- Evaluate how we teach trainees to give and receive peer feedback
- Identify ways that peer feedback can make interpreter training more inclusive of all communities

**Liz Essary** began working as a Spanish interpreter in 2002, and has been training and coaching interpreters since 2008. From 2011 to 2015, she supervised the Indiana University Health Language Services Department in Indianapolis. Liz is a Certified Healthcare Interpreter™ and a court certified interpreter in the state of Indiana. She earned her Master's of Conference Interpreting at Glendon College in Toronto, where she is adjunct faculty. Liz is a freelance interpreter and interpreter trainer based in Houston, and was a founder of Seven Sisters Interpreter Training & Consulting.

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## **(D) Evaluation of Language Proficiency Standards and Requirements**

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The role of the language proficiency assessments has changed in the context of the national healthcare interpreter certification. It is important for the profession to come to a consensus regarding that role as well as specific language proficiency standards applicable to medical interpreters of *all* languages. Facilitator will provide an overview of existing language proficiency assessments and outline challenges of utilizing them for validating qualifications of healthcare interpreters. Participants will discuss the components of the language proficiency that are germane for healthcare interpreters and help identify critical areas that require national conversation and consensus.

### **Objectives of the discussion:**

- Clarify the definition of language proficiency (LP) in the context of healthcare interpreting
- Define what LP elements are germane for healthcare interpreters
- Identify challenges of applying LP standards to qualifying healthcare interpreters

**Natalya Mytareva, M.A., CoreCHI™**, is Executive Director of the Certification Commission for Healthcare Interpreters, and a Commissioner of the National Commission for Certifying Agencies (NCCA). In 2000-2013, Natalya was Communications Director at the International Institute of Akron, a refugee resettlement agency in Ohio. She developed and taught several courses for healthcare and court interpreters, with the focus on languages of lesser diffusion. Natalya is a Russian interpreter/translator, and started her career as instructor of interpretation/translation courses at Volgograd State University (Russia) in 1991. She holds a combined BA/MA degree from VSU in Philology & Teaching English as a Foreign Language.

**Mateo Rutherford, M.A., CHI™-Spanish, CCHI Vice Chair**, has worked as Supervisor, Administrative Director, and Technology & Systems Manager for Interpreting Services at UCSF Health since 2012. He has worked as a freelance interpreter since 1987 throughout Latin America, Europe, Asia and the U.S. Mateo was a disease prevention trainer/curriculum developer for the CDC, has presented on topics related to medical interpreting nationally and internationally. Mateo holds a Master's Degree in Biology from the University of California, Berkeley, and a Master's Degree in Spanish Interpretation & Translation from the Monterey Institute of International Studies. Mateo serves on the Education Committee of CHIA.

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## **(E) Intersectional Trauma: The Importance of LGBTQ-Affirming Interpreting Services**

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Members of the LGBTQ community who are in need of interpreting services often have multiple layers of marginalized identities. As a result it is of utmost importance for interpreting professionals to take a trauma-informed approach when serving this population. We will discuss the unique challenges the LGBTQ community faces, especially in terms of mental health, and how we as language professionals can carry out our duties in a more trauma-informed, affirming manner, all within the ethical framework laid out for healthcare interpreting.

### **Objectives:**

- Identify the unique mental health challenges that the LGBTQ, LEP, and immigrant populations face.
- Describe the framework of trauma-informed care.
- Explain the importance of accuracy in rendering affirming utterances when working with the LGBTQ population.

**Kelly (Grzech) Henriquez, CMI-Spanish**, is a Spanish medical interpreter practicing in the greater Richmond, Virginia area. She is also an interpreter trainer with Americans Against Language Barriers and

produces educational materials for interpreters on InterpreMed.com. In addition, Kelly advocates for LGBTQ issues in the interpreter community, having founded the Facebook group "Queer-Friendly Interpreters and Translators" in 2019.

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## **(F) Humor, Jokes, and Sarcasm: Who has the Last Laugh?**

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Few things build trust in any relationship as quickly as a joke. This element of human interaction is shared across all cultures differently. When an interpreter hears a joke or sarcasm, they may get nervous about the delivery of the message. During this presentation, participants will discuss ways to strengthen the patient-provider relationship through the accurate interpretation of humor. We will analyze shades of meaning in our effort to preserve spontaneity in our interpretations of jokes, where timing is everything. Come enjoy and learn together.

### **Learning Objectives:**

- Participants will learn how to strengthen the patient-provider relationship by interpreting the shades of meaning in humor.
- Participants will leave with tools to help interpret humor across cultures.
- Participants will learn skills to explore the culturally sensitive area of humor, jokes, and sarcasm.

**Tamas Farkas** is the Director of Language Access Programs for CCHCP: *Bridging the Gap* medical interpreting training and *Connecting to Care: Patient Guide* training. Tamas is a linguist, trainer and interpreter, with fluency in five languages. Born in Budapest, Hungary, Tamas moved to the United States in 1999. He attended the Metropolitan State University of Denver, spending one year abroad in Switzerland studying at the University of Fribourg. After graduating with a B.A. in German and French, he spent a year in San Juan, Puerto Rico learning Spanish. He worked as a medical interpreter before becoming the manager of the Interpreter Network of Spring Institute. He became a trainer for the Bridging the Gap program in 2016 and has been training Bridging the Gap since then. Tamas also enjoys making art and doing outdoors activities like biking and swimming.

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## **(G) Fair Labor Conditions for Interpreters**

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As our profession evolves there needs to be consensus and industry standards on what are fair labor conditions for interpreters. Generally speaking, working conditions cover a broad range of topics and issues, from working time to remuneration, as well as the physical conditions and mental demands that exist in the workplace. The pandemic has shown us that interpreters have had to self-advocate to be given appropriate PPE and vaccines. There are stories of interpreters doing remote interpreting in basement 'sweat shop' conditions and of interpreters working with one-hour minimums and signing prohibitive non-compete clauses. All these practices diminish and marginalize our profession. Should the NCIHC write a position paper drawing from conversations with working interpreters and the industry? This is your opportunity to join the conversation and contribute to the long-term future of our profession.

### **Objectives:**

Understand and consider the physical, mental, environmental, and contractual standards that affect medical interpreters and their ability to perform their work.

**Gaye Gentes** was born in New York but grew up in Guadalajara, Mexico, where her family moved



permanently when she was eleven. After earning a B.A. in English from Southwestern University in Georgetown, Texas, she moved about the country, living in Florida, New Orleans, and Chicago, before settling in the Boston area. From jobs in bilingual education and marketing she stumbled into the interpreting profession. She had been working as a legal and medical interpreter, at first freelance and then full-time, when she was appointed the Director of Interpreter Services for Tufts New England Medical Center. In her five years there, she oversaw an increase in staff interpreter positions and the standardization of services. In 1998 she received the Lifespan Cultural Diversity Award for her effort in cultural awareness training. In 2001, she became the Manager of the Office of Court Interpreters at the Trial Court of Massachusetts, where she supervised the statewide program for the provision of interpreters. Her department was honored by the National Center for State Courts as a National Model of Effective Management. In her thirteen-year tenure, she oversaw great progress in both broadening and systematizing linguistic access to previously under-served linguistic minorities. At Found in Translation for five years she served as the Program Director of their Medical Interpreter Interpreter Training program for low-income bilingual women, there she oversaw both professional development and the certificate program. Her current position is Interpreter Resource and QA Director at CCCS/Embracing Culture. She has served as a Board Member and as the Treasurer of the NCIHC.

**Maria Vertkin** was born in Nizhny Novgorod, Russia and lived in Kadima, Israel before immigrating to the United States. In addition to English, Maria speaks Russian, Hebrew, Spanish, and a little Portuguese. Maria studied Social Work at Regis College and began her career at the nonprofit Rediscovery. There she worked with adolescents transitioning out of foster care and led two pilot programs: a summer jobs program for at-risk youth and an innovative school-based program for homeless, unaccompanied high school students.

She has also worked with survivors of domestic violence, was a mentor to girls at Big Sister of Greater Boston, a support group facilitator at Parents Helping Parents, a phone counselor on the state-wide Parental Stress Line, and translated for the grassroots media project Alive in Mexico to raise awareness of social justice issues in Mexico.

For her service and dedication to the community, Maria has received several awards, including the 2009 Veronica Award from the Superstars Foundation, the 2010 Pearson Prize, the 2011 Women of Peace Award from the Women's Peacepower Foundation, the 2011 Kip Tiernan Social Justice Fellowship, which has enabled her to launch Found in Translation, the 2013 Echoing Green Global Fellowship, the 2015 Richard Cornuelle Award for Social Entrepreneurship from the Manhattan Institute, the Innovator for Social Justice Prize from Grinnell College.

She is profiled in the 2016 Chronicle of Philanthropy 40 Under 40 list, and in the 2016 Forbes 30 Under 30 Social Entrepreneurs.

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## **(H) The Educational Setting: An Interpreting Crossroads**

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Interpreting in education can provide for more diversity than many other community interpreting sectors, making many educational interpreting settings a true knowledge and skills crossroads. Those who have interpreted in educational settings often describe many settings as an intersection between legal, health care, and education. However, all agree that the educational setting, although it may have many similarities to other settings, is so unique that the knowledge and skills applied in sectors like health care alone may not suffice to interpret effectively. This realization has in the last few years encouraged the development of local and national efforts to professionalize interpreting in education and develop resources and tools to address the unique aspects of interpreting in Education. In this Language Café, we will have an opportunity to, together with colleagues, discuss the various areas of overlap between health care and educational interpreting specifically. We will have an extensive discussion related to the challenges that are specific to educational settings where health care interpreters may find themselves and brainstorm ideas to more successfully facilitate communication in those settings.

**Objectives:**

Participants will:

- Compare areas of overlap between interpreting in a health care and an educational setting
- Determine the educational settings where health care interpreting knowledge and skills are applicable
- Identify resources and tools to successfully interpret in settings where health care and education may intersect

**Gabriela Siebach:** A Certified Healthcare Interpreter, Gabriela has accumulated more than 10 years of professional experience, and has spearheaded the development of multiple training, mentorship, and assessment programs. She holds a graduate degree from the world renown Middlebury Institute of International Studies at Monterey. She served on the National Council on Interpreting in Health Care (NCIHC) Board of Directors (2019-2021) and Chairs the NCIHC Policy, Education & Research Committee. She also participates actively in the Interpreting and Translation in Education (ITE) Workgroup leadership, Job Task Analysis, and Ethics & Standards Committees. She works as a freelance Spanish interpreter in community and conference settings, and provides training, coaching, and Language Access consulting services.

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### **(I) Improving understanding of the NCIHC Code of Ethics and Standards of Practice - What's missing?**

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Since the publication of the NCIHC Code of Ethics (2004) and the NCIHC Standards of Practice (2005), the healthcare interpreting profession has advanced, developed and flourished. We have seen colleges, universities and even high schools offer 'interpretation' as part of their curriculum. Nevertheless, the sad reality is that there are still many interpreters who have not received sufficient training about these documents to remember their existence or know how to implement them in their daily practice.

- How can we impress not only on interpreters but also on agencies, clinics/healthcare systems and trainers that there are national ethics and standards, and why they are important and useful?
- What will help interpreters better understand how to read the Code of Ethics and how to apply the Standards in their daily practice?
- What kinds of supporting materials will help trainers improve/deepen their trainings of the Code of Ethics and Standards of Practice so that interpreter understand the intent and know how to use them?
- The industry has seen other modalities such as OPI and VRI thrive in the last 10-15 years, especially last year.
- How can we help interpreters recognize how the standards apply to their remote work (as well as to their in person work, for those who do both.)

#### **Objectives**

1. Participants will engage in a facilitated exchange of ideas related to increasing awareness of the Code of Ethics and the Standards of Practice across the field of healthcare interpreting.
2. Participants will engage in a facilitated exchange of ideas about the type of training material that could be useful when learning or teaching the code of ethics and standards of practice.

**Jane Crandall Kontrimas** CoreCHI™, M.S., Interpreter Training Coordinator, and Interpreter Ethics Liaison,



has been a Russian Interpreter at Beth Israel Hospital—now Beth Israel Deaconess Medical Center—since 1979. In 1985 she and Raquel Cashman, who was Interpreter Services Manager at Boston City Hospital, hosted the first meeting of what became MMIA (Massachusetts Medical Interpreter Association), now called the International Medical Interpreter Association. She co-authored the first MMIA Code of Ethics for interpreters in 1987, chaired the MMIA Standards of Practice Committee while the “Standards of Practice for Medical Interpreters” was developed and published in 1995. She chaired the Certification Committee of the MMIA until December 2007. In 2016 was a CCHI (Certification Commission for Healthcare Interpreters) subject matter expert for Job Task Analysis review, and was a Director of the National Council on Interpreting in Health Care 2018-2020. She continues expressing her passion for interpreting by training interpreters, medical students, and medical faculty and social workers.

**Analía Lang, CHITM**, acquired her BA from Indiana University with a concentration in training, development and communications. She has been a medical interpreter since 2005, has trained healthcare interpreters for more than 12 years, and is licensed to train The Community Interpreter International curriculum. At the present time, Analía serves as a Cloudbreak Health/Martti trainer and subject matter expert in language access, quality, and training for remote interpreters. Analía has developed webinars, workshops, and training curricula for the interpreting community. She has been a presenter at several conferences, has contributed to the *The Remote Interpreter* book (a collaboration between Cross Cultural Communications and other organizations), and serves as a member of the NCIHC Standards and Training Committee and its National Standards of Practice work group. Analía has a deep passion for empowering and inspiring others to flourish and have an impact in this remarkable interpreting profession.

**Katherine Langan, Ph.D. CHI™** is a sociolinguist who has worked as a full time or occasional translator/interpreter since 1979. She earned her Ph.D. and M.S. at Georgetown University in Washington, D.C. She received her initial training in translation through SIL and has worked with various combinations of Indo-European and Mayan languages including English, Spanish, Poqomam, K'iche', Kaqchikel, Koiné Greek and French, working on religious, technical, cultural, medical, legal, and commercial documents. She has been involved in the training of interpreters and translators both in the US and Guatemala since 1979. She has interpreted in legal, educational, medical and ecclesiastical contexts in both the U.S. and Guatemala and has also done conference interpreting. As an active member of the National Council of Interpreters in Health Care she has served on the Standards and Training Committee as Chair, Vice-Chair. Currently, her STC role is co-chair of the Languages of Limited Diffusion Work Group and co-chair of the National Standards of Practice for Healthcare Interpreters Work Group. She has researched and developed specialized training for interpreters working in speech language therapy contexts. She works as a free-lance interpreter and translator and as adjunct faculty for the Interpreting/Translating program at Des Moines Area Community College.