LANGUAGE ACCESS CONGRESS 2026

The Symphony of Synergy: Speak Clearly, Lead Boldly, Define the Action

Sept. 24-26
Providence, RI

NCIHC

NCIHC started by holding its Annual Membership Meeting in a different city every year. To date, we have been to these cities.

CHICAGO, Illinois (2007)
ATLANTA, Georgia (2008)
LAS VEGAS, Nevada (2009)
WASHINGTON, D.C. (2010)
NEW ORLEANS, Louisana (2011)
MADISON, Wisconsin (2012)
SEATTLE, Washington (2013)
CHARLESTON, South Carolina (2014)
MINNEAPOLIS, Minnesota (2015)
AUSTIN, Texas (2016)
PORTLAND, Maine (2017)
DENVER, Colorado (2018)
PHILADELPHIA, Pennsylvania (2019)

Due to the pandemic, NCIHC continued to hold its Annual Membership Meeting virtually. (2020 to 2023)

Annual Language Access Congress

In 2023, NCIHC held a virtual Annual Membership Meeting, but we also celebrated our 25th Anniversary through a virtual Language Access Congress.

Based on feedback from our members and attendees, NCIHC has now made this an Annual Language Access Congress.

LITTLE ROCK, Arkansas (2025)
PROVIDENCE, Rhode Island (2026)

2026

Welcome

Welcome to Providence, Rhode Island, for our 3rd Annual Language Access Congress!

This year's theme, "The Symphony of Synergy: Speak Clearly, Lead Boldly, Define the Action," speaks to what I see in this community every day. Language access is never a solo effort. It takes interpreters, translators, clinicians, administrators, educators, and advocates working together to make sure every patient receives quality care in a language they, and their family, understand.

Our field continues to evolve. New technologies, shifting policy landscapes, and emerging care models are changing how language access services are delivered. In response, we need not to just keep up, but to lead. The 21 sessions at this Congress reflect that ambition, drawing on the expertise of professionals from across the language access field.

We are honored to welcome our keynote speaker, Lisa Diamond, MD, MPH, MHS, FACP, whose presentation, "Beyond Concordance: Building the Clinician-Interpreter Partnership," will explore how interpreters and clinicians can move beyond simplistic message conversion to build genuine partnerships that improve patient care.

In addition to the sessions, I hope you'll take full advantage of everything that makes the Congress special. Visit a local hospital on our guided tour, join us for the Meet & Greet on Thursday evening, and celebrate our field's outstanding contributors at the Interpretini Reception, where we'll present the annual Language Access Champion Awards.

Whether this is your first Congress or you've been part of the NCIHC community for years, thank you for being here and for the important work you do every day.

I wish you an inspiring and energizing Congress.

Andy Schwieter
President, National Council on Interpreting in Health Care

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Program Agenda

Program Agenda

THURS 09/24

2:00–4:00 pm **Hospital Visit** (registration required) FULL
Care New England, Women & Infants Hospital Interpreter Services Department

6:30–9:00 pm **Welcome Reception | Meet & Greet**
WXYZ Bar (in the Aloft Hotel lobby)

FRIDAY 09/25

NCIHC Language Access Congress 2026
Aloft Hotel, 191 Dorrance St, Providence, RI 02903

8:00–8:45 am **Registration**
CIC Providence (backyard of Aloft Hotel), 225 Dyer St, Providence, 1st Floor

8:15–9:00 am **Full Breakfast**
CIC Cafe Lounge, 2nd Floor

9:00–9:15 am **Welcome Address**
Natalya Mytareva, Emcee & Andy Schwieter, President NCIHC
CIC Full Assembly, 2nd Floor

9:15–10:15 am **Keynote and Q&A**
Lisa Diamond, MD, MPH, MHS, FACP, Associate Attending, Memorial Sloan Kettering Cancer Center, Department of Psychiatry and Behavioral Sciences, and Department of Medicine

Beyond Concordance: Building the Clinician-Interpreter Partnership
CIC Full Assembly, 2nd Floor

10:15–10:30 am **Break/Transition**

Program Agenda

FRIDAY 09/25

10:30–11:45 am session block 1	**Lessons Learned from the Field: Reflections on Successful Partnerships with Medical Interpreters in Clinical Care, Education, Research, and Program Development** Facilitator: Jessica Goldhirsch; Panelists: Nina Scott, Luciana Canestraro, Allison Wise, Melad Soliman, Alexandra Dobie CIC Full Assembly, 2nd Floor
	Your Voice Is a Policy Tool: How Healthcare Interpreters and Advocates Can Shape the Laws and Policies That Govern Language Access Presenters: Liliana Dinu, Joana Ramos CIC Watch Hill, 2nd Floor
	From Language Access to Patient Outcomes: Building Accountable Systems in Healthcare Presenter: Natasha Davis CIC Innovators' Lounge, 1st Floor
11:45–1:00 pm	**Lunch & Visit our Sponsors** CIC Cafe Lounge, 2nd Floor
1:00–2:15 pm session block 2	**Beyond Interpretation: Building a Qualified Bilingual Workforce in Healthcare Systems** Presenters: Madelyn Lorena Jiménez-Torres, Kimberly Pineda CIC Full Assembly, 2nd Floor
	Orchestrating Equity: Coordinated Strategies for System Wide Language Access Transformation Presenters: Justin T Menke, N. Chineye (Chi) Anako CIC Watch Hill, 2nd Floor
	Managing Dual Role for Language Professionals: Strategies for Interpreting Versus Translating Presenter: Bindiya Jha CIC Innovators' Lounge, 1st Floor
2:15–2:30 pm	**Break/Transition**

Program Agenda

FRIDAY 09/25

2:30–3:45 pm session block 3	**Language Justice in Action: Mapping the Future of Responsible AI-Augmented Translation and Interpretation in Healthcare** Presenters: Marina Persoglia Bell, Vonessa Costa, Alegna Zavatti CIC Full Assembly, 2nd Floor **Reading the Room: Contextual Judgment, Communicative Equity, and the Irreplaceable Human Interpreter** Presenters: Dr. Frank Mann Dolce, Liliana Dinu CIC Watch Hill, 2nd Floor
3:45–4:00 pm	**Break/Transition**
4:00–5:15 pm session block 4	**Defining "Safe Enough": A Framework for Evaluating Raw Machine Translation in Written Healthcare Communication** Presenter: Andy Schwieter CIC Full Assembly, 2nd Floor **Promoting Health Equity Through Language Access: Case Study from Harborview Medical Center** Presenters: Yuliya Speroff, Jean-Jacques Kayembe CIC Watch Hill, 2nd Floor **Beyond Words: Human Cognitive Skills at the Heart of Interpreting Performance** Presenters: Jorge U. Ungo, Mateo Rutherford CIC Innovators' Lounge, 1st Floor
6:30–9:00 pm	**Interpretini Reception** and the **Language Access Champion Award** (registration required) FULL Brown University, Brown Faculty Club

Program Agenda

SAT 09/26

8:00–8:40 am **Full Breakfast**
CIC Cafe Lounge, 2nd Floor

8:40–8:50 am **Opening Remarks**
CIC Full Assembly, 2nd Floor

8:50–9:00 am **Break**

9:00–10:00 am
session block 5

When Language Access Plans Aren't Enough: What Behavioral Health Systems Must Do Next
Presenters: Cecily Jane Rodriguez, Anne Walters, Tanyika Mobley
CIC Full Assembly, 2nd Floor

Voices That Must Be Heard: Linguistic Equity and the Interpreter-SLP Partnership in Medically Complex Care
Presenters: Dr. Aigerim (Aya) Aliakparova, Dr. Panayiota Senekkis-Florent
CIC Watch Hill, 2nd Floor

10:00–10:10 am **Break**

10:10–11:10 am
session block 6

Grow Our Own: Leveraging the Hospital as a Classroom to Train the Next Generation of Medical Interpreters
Presenter: Paul Spacek
CIC Innovators' Lounge, 1st Floor

Fluency in Systems - Expanding Your On-Site Language Access Team in the World of Business and Political Interest
Presenter: Evan Lee-Ferrand
CIC Full Assembly, 2nd Floor

From Classroom to Certification: Aligning Training, Credentialing, and Career Sustainability
Presenter: Valeria Barraza Delmar
CIC Watch Hill, 2nd Floor

Program Agenda

SAT 09/26

11:10–11:20 am	**Break**
11:20–12:20 pm session block 7	**The Revised National Code of Ethics for Interpreters in Health Care: Shaping the Future of Ethical Practice** Presenters: Maria-Paz Beltran Avery, Lorena Castillo, Jane Crandall Kontrimas, Analia Lang, Fabiola Munafo CIC Full Assembly, 2nd Floor
	Your Language Access Program Is Running, But Is It Working? Presenter: Dr. Julie Mills CIC Innovators' Lounge, 1st Floor
	Holding AI Vendors Accountable: A Practical Toolkit for Healthcare Language Access Leaders Presenter: Eliana Lobo CIC Watch Hill, 2nd Floor
12:20–12:25 pm	**Quick Break**
12:25–12:40 pm	**Closing Remarks** CIC Full Assembly, 2nd Floor

LANGUAGE ACCESS CONGRESS 2026

Keynote

Keynote Speaker

Lisa Diamond, MD, MPH, MHS, FACP, Associate Attending, Memorial Sloan Kettering Cancer Center Department of Psychiatry and Behavioral Sciences and Department of Medicine

Beyond Concordance: Building the Clinician-Interpreter Partnership

Dr. Lisa Diamond is a board-certified internist and a research faculty member in the Immigrant Health and Cancer Disparities Service at Memorial Sloan Kettering Cancer Center (MSK). She has served as Principal Investigator and Co-Investigator on studies focusing on understanding how clinician non-English language proficiency affects the quality of care delivered to patients with a non-English language preference. Dr. Diamond aims to use her study results to identify process and outcome measures that capture the quality of cancer care being delivered to patients with a non-English language preference, and ultimately establish appropriate standards and make programmatic changes.

Dr. Diamond completed medical school at the George Washington University School of Medicine. She completed her internship and residency at Columbia University Medical Center in New York City. She received a Master of Public Health degree from the Johns Hopkins Bloomberg School of Public Health, and a Master of Health Science from the Yale University School of Medicine as part of the Robert Wood Johnson Clinical Scholars Program.

At MSK, Dr. Diamond is a Hospitalist in the Department of Medicine. She is also the Co-Director of the Patient-Reported Outcomes - Community Engagement and Language Core, which supports MSK investigators in engaging socioeconomically, linguistically, and culturally diverse patients and community members in research and the Senior Director of Implementation for the Office of Women in Science and Medicine.

In addition to her roles at MSK, she is a co-founder and Chief Strategy Officer for the Center for Clinician Multilingualism and founding Executive Board Member and Academic Medical Director for the National Association of Medical Spanish.

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Sessions

Language Access Sessions

Lessons Learned from the Field: Reflections on Successful Partnerships with Medical Interpreters in Clinical Care, Education, Research, and Program Development

Facilitator: Jessica Goldhirsch; Panelists: Nina Scott, Luciana Canestraro, Allison Wise, Melad Soliman, Alexandra Dobie

Medical interpreters are essential participants in the complex tapestry of health care that is both linguistically and culturally responsive to patients. The provision of high-quality healthcare from multiple points of access and across multiple specialties must be carefully designed to meet the needs of patients from other cultures and preferring to speak a language other than English (LOTE). It is becoming increasingly recognized that physicians, nurses, social workers, chaplains and other health care clinicians provide more effective care across language and cultural differences when they integrate professional medical interpreters (PMI) into the health care team. However, the way medical interpreters are integrated into healthcare teams is hugely variable across specialties, hospitals, and healthcare systems. For comprehensive, truly patient centered care addressing the needs of all our patients, it is critical to integrate the medical interpreter into both direct patient care teams and into non- clinical spaces, including research/quality improvement, education, program and policy development. This multi-disciplinary and culturally diverse panel of professionals from three different Boston teaching hospitals will share their dynamic progressive and status quo-changing work encompassing various hospital-based projects during a dynamic panel discussion.

Learning Objectives

- Participants will view culturally and linguistically appropriate care from a broad multi-disciplinary and multi-layered holistic and institutional approach.
- Participants will recognize the essential value of integrating the medical interpreter into professional development programming, policy development, quality improvement, education, clinical teams and clinical research studies.
- Participants will broaden their view of the role of the medical interpreter in health care institutions.

Jessica Goldhirsch, LICSW,MPH, MSW is a palliative care social worker with Brigham and Women's Hospital and Dana Farber Cancer Institute. A former manager of a medical interpreter services department, she continues to develop continuing education programming for professional medical interpreters. Ms Goldhirsch has published and presented nationally and internationally on innovative medical interpreter training including Dialogues in Palliative Care. Ms Goldhirsch is a member of Brigham and Women's Hospital Ethics Committee, National Council on Interpreting in Health Care, Social Work Hospice and Palliative Care Network, and co-chair of the Palliative Care and Hospice Social Workers of Massachusetts.

Nina Scott, MSHS, CMI-Spanish is the Director of Interpreter Services at Dana-Farber Cancer Institute, an instructor and language coach for the Massachusetts Medical Interpreting Training Course via Health Consulting at UMass Chan Medical School and serves on the board of the Forum on the Coordination of Interpreter Services (FOCIS). Previously, Nina served as an instructor for the Medical Interpreting Course at Boston University, as Coordinator of Interpreter Services at McLean Hospital and worked as a medical interpreter at UMass Memorial Medical Center and Shriners Hospitals for Children-Boston. Nina has a BA in International Cultures and Economics from Bentley.

Luciana Canestraro is the Director of Language Access at Boston Children's Hospital and a member of the BCH Program for Language Equity, which advances language equity in research, clinical care, and medical education. She also serves on the board of FOCIS (Forum on the Coordinators of Interpreter Services). A medical interpreter by training, Luciana has interpreted in Portuguese and Spanish in hospital settings for several years. She participates in multiple large-scale, institution-wide projects to advance equitable access to care and improve processes. Luciana holds a Master of Healthcare Administration from the Sawyer Business School at Suffolk University.

Allison Wise is an Attending Physician with the Pediatric Advanced Care Team (PACT) at Boston Children's Hospital/Dana-Farber Cancer Institute, and in the Pediatric Intermediate Care Unit (PIMCU) at Boston Children's Hospital. She is an instructor of Pediatrics at Harvard Medical School. One of her passions and areas of academic focus is improving partnership between clinicians and medical interpreters to facilitate cultural responsiveness and optimize communication with families who speak languages other than English. She is a member of Education subcommittee of the Program for Language Equity at Boston Children's Hospital, focused on improving provider training in best practices working with medical interpreters.

Melad Soliman, CHI, is an Arabic Medical Interpreter and Translator at Dana-Farber Cancer Institute, where he supports clinical care, patient education, and interdisciplinary communication. He previously served as a medical interpreter at Boston Children's Hospital, contributing to triage and care coordination. With extensive experience through American Translation Partners and Cross-Cultural Communication Systems, Melad has provided language access across multiple healthcare institutions, including Lahey Clinic, McLean Hospital, Saint Vincent, UMass Memorial, and Boston Medical Center. He is completing his Master of Business Administration with a focus in Management at Fitchburg State University, integrating leadership and healthcare operations into his practice.

Alexandra Dobie, LICSW, APHSW-C, is the Director of Supportive Oncology & Health Equity within the Department of Supportive Oncology at Dana-Farber Cancer Institute. She is also a former palliative care social worker and Psychosocial Services Director at Boston Medical Center. Alexandra has had the privilege of working within various cultural contexts and internationally, including with Indigenous populations in western Canada and new immigrant populations. She is particularly interested in examining how structural inequities impact access to and delivery of healthcare. Alexandra emphasizes a framework of cultural humility and anti-racism in her clinical work and in facilitating and teaching workshops.

Your Voice Is a Policy Tool: How Healthcare Interpreters and Advocates Can Shape the Laws and Policies That Govern Language Access

Presenters: Liliana Dinu, Joana Ramos

Healthcare interpreters stand at the intersection of language, culture, and healthcare equity, yet most have never considered their potential role in shaping the policies that govern the very services they provide. Federal, state, and local laws on language access rights, interpreter qualifications, and healthcare systems continue to be proposed, revised, and sometimes dismantled by legislators and officials who often have little direct experience with professional interpreting in practice.

This session, led by members of the NCIHC Policy Work Group (PWG), demystifies the policy landscape affecting our field and makes the case that advocacy is not optional: it is a professional responsibility. We also acknowledge the real-world context. The chilling effects of current federal policies and immigration enforcement actions create genuine fears for many interpreters, their families, and the patients they serve. Understanding how to engage safely and strategically and how to build strength through coalitions is therefore essential.

Drawing on the PWG's active collaborations with local, state, and national organizations, presenters will introduce the fundamentals of policy monitoring and advocacy. Participants will explore concrete, accessible action steps ranging from self-education and contacting legislators to endorsing joint statements and joining sign-on campaigns, accessible to anyone regardless of prior advocacy experience.

Participants will leave with a clear understanding of how policies affect their daily practice, coalitions that are currently active in language access advocacy, and what each of us can do right now. The session's core message: advocacy is not for someone else. It is for each of us.

Learning Objectives

1. Identify at least three federal laws pertaining to language access in healthcare and two current federal policy developments with potential impact on language services, and explain how each affects patient access to qualified interpreters.
2. Name at least two national or state-level organizations that share NCIHC's language access goals and describe how NCIHC PWG members have collaborated with them in responding to a specific current issue or policy threat.
3. Select and apply at least two concrete advocacy strategies, such as monitoring policy developments, contacting elected representatives, submitting public comments, endorsing joint organizational statements, or participating in sign-on campaigns, and articulate their next steps as an advocate.

Liliana Dinu, M.A. Chair, NCIHC Policy Work Group | Content and Curriculum Development Manager, Cross-Cultural Communications
Liliana Dinu holds an M.A. in Translation Studies and Interpreting from Ruprecht-Karls Universität Heidelberg and is a CHI-Spanish certified healthcare interpreter. She began her career as a conference interpreter for the European Parliament in Luxembourg and has since dedicated her work to healthcare and educational interpreting in the United States. As Content and Curriculum Development Manager at Cross-Cultural Communications (CCC), she leads curriculum development, training delivery, and industry advocacy. She chairs the NCIHC Policy and Education Workgroup and has presented at national conferences on AI-enhanced interpreter training, ethical decision-making, and language access policy. She is also a Jay Fund ambassador and serves on the Membership Council for Clarke Schools for Hearing and Speech.

Joana Ramos, Member, NCIHC Policy Work Group
Joana Ramos, MSW is a health and human services policy consultant specializing in language access. She was a founding member of the Washington State Coalition for Language Access (WASCLA), an education and advocacy organization dedicated to eliminating communication barriers to essential services at the state and national levels. She has held various leadership roles in WASCLA, and is Immediate Past Co-Chair.

Joana's multi-sector background continues to inform her language justice involvement. She was trained and worked as a health educator in Brazil and was a Portuguese medical interpreter for some two decades in the Seattle area. Along with her state interpreting credential, she was in the pilot group to earn the CoreCHI™. Much of her work focuses on accountability of public-serving agencies and institutions involved with access to healthcare for underserved populations through inclusion of meaningful language access services. Examples at the state level include initiatives on ACA implementation,COVD-19 emergency response plans, interpreter services for governmental health programs, accessible Rx drug information, hospital financial assistance and addressing HR.1 impacts. Joana is active in various advocacy networks, including the recently formed Coalition for Healthcare Language Access in Washington. She is a graduate of Boston University and the University of Washington School of Social Work.

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From Language Access to Patient Outcomes: Building Accountable Systems in Healthcare

Presenter: Natasha Davis

Language access in healthcare is widely recognized as essential, yet in practice it remains inconsistent, reactive, and fragmented. Despite regulatory requirements and increased awareness, many healthcare systems continue to rely on inconsistent and informal processes that introduce risk to patient safety, care quality, and operational efficiency.

This session challenges the current state of language access by shifting the conversation from access alone to accountability. Participants will examine how language access is currently deployed across healthcare environments and where critical breakdowns occur, including delayed interpreter access, inconsistent modality selection, use of unqualified interpreters, and lack of workflow integration.

Through common operational scenarios observed across healthcare settings, this session will highlight the gap between policy and practice, and explore what it takes to embed language access into healthcare systems as a core function rather than a support service. Attendees will engage in guided discussion to evaluate how language access intersects with clinical workflows, patient throughput, compliance requirements, and interdisciplinary coordination.

The session will introduce a practical framework for operationalizing language access across three key areas: workflow integration, workforce alignment, and accountability measures. Participants will explore how to define appropriate response standards, align interpreter resources to care settings, and implement mechanisms for tracking utilization, timeliness,
and quality.

The session will also address the evolving role of technology, including where AI-driven tools may support language access in lower-risk use cases, and where their use may introduce clinical, compliance, and financial risk if applied inappropriately.

Interactive elements will include scenario-based problem solving and peer discussion, allowing participants to assess current-state challenges within their own organizations and identify opportunities for system-wide improvement.

This session is designed for leaders, administrators, and language access professionals who are ready to move beyond awareness and take action. Participants will leave with a clearer understanding of how to transition from reactive language access models to intentional, coordinated systems that support both patient outcomes and operational performance.

Learning Objectives:

- Evaluate common failure points in language access delivery within healthcare settings, including delays in interpreter access, inappropriate modality selection, and use of unqualified interpreters, and assess their impact on patient safety, compliance, and clinical outcomes.
- Examine how language access integrates with clinical workflows, patient throughput, and care coordination, and identify gaps between regulatory expectations and operational execution.
- Develop actionable strategies to operationalize language access, including establishing response time standards, aligning interpreter resources to care settings, and implementing mechanisms to monitor utilization, quality, and accountability.

Natasha Davis is an operations and workforce strategy leader with over a decade of experience building and scaling service delivery models across complex, high-demand environments. She has led national teams supporting more than 1,000 employees daily, with a focus on aligning operations, workforce strategy, and client delivery. Her work centers on bridging the gap between strategy and execution, particularly in areas where service delivery directly impacts outcomes, compliance, and risk. She brings a systems-level perspective to language access, examining how interpreter services are integrated, managed, and measured within broader organizational workflows. Natasha's approach emphasizes operational clarity, accountability, and scalability, challenging traditional models that treat language access as an isolated function rather than a coordinated component of care delivery. She is passionate about advancing practical, sustainable solutions that improve both user experience and organizational performance.

Beyond Interpretation: Building a Qualified Bilingual Workforce in Healthcare Systems

Presenter: Madelyn Lorena Jiménez-Torres and Kimberly Pineda

Healthcare systems across the U.S. increasingly rely on bilingual staff to communicate directly with patients. However, without structured assessment and training, this practice can introduce significant risk, inconsistency, and inequities in care.

This interactive workshop presents a practical and scalable framework for developing a Qualified Bilingual Staff (QBS) program within a healthcare system. Drawing from real-world implementation, participants will explore strategies to assess language proficiency, align with national standards, reduce organizational risk, and improve patient outcomes.

Participants will engage in guided reflection and discussion to identify current gaps within their own organizations and explore practical solutions. The session will include real-life scenarios, implementation strategies, and tools that can be adapted across healthcare settings.

Attendees will leave with a clearer understanding of how to move beyond informal bilingual communication toward structured, compliant, and equitable language access systems. This session is designed for leaders, administrators, and advocates seeking to expand language access through sustainable workforce strategies.

Learning Objectives:

1. Identify risks and challenges associated with unstructured use of bilingual staff in healthcare settings
2. Describe key components of a Qualified Bilingual Staff (QBS) program, including assessment, training, and policy alignment
3. Develop actionable strategies to implement or strengthen bilingual workforce programs within their organizations

Madelyn Jiménez-Torres, Bilingual Health Educator & Workforce Development Professional, Valley Health | Small Business Development Center (SBDC)
Madelyn Jiménez-Torres is a bilingual health educator and workforce development professional with over 25 years of experience in healthcare, education, and community engagement. She currently serves in the Language & Multicultural Services department at a regional healthcare system, where she leads initiatives to improve language access, including the development of Qualified Bilingual Staff (QBS) programs and training for clinical teams.

In addition to her healthcare work, she is a bilingual business advisor with the Small Business Development Center and a long-standing adult educator, specializing in workforce training and culturally responsive instruction. Madelyn is passionate about bridging systems, empowering bilingual professionals, and advancing equitable access to care through innovative training and leadership.

Kimberly Pineda is a teacher, cultural bridge, interpreter, and proud mother of 4 children. She holds a master's degree in intercultural relations, a bachelor's in Spanish and has served Valley Health for the past 22 years – currently as the manager of language and multicultural services.

Over the years, she has worked as an interpreter/cultural consultant and trainer. As a language interpreter/cultural consultant, she worked closely with the case management team, ensuring that care plans for limited-English-proficient patients are linguistically accessible, socially possible, and culturally appropriate. As a trainer, she employs expertise in innovative training design and adult learning theory and teaches intercultural communication courses at Shenandoah University.

She has developed a variety of training activities for staff on intercultural sensitivity and also health education programs for the immigrant community. Most notably, she created and teaches in Spanish a culturally appropriate, award-winning childbirth education and breastfeeding class, which has proven to increase exclusive breastfeeding rates by 45% and the team has published these results. She currently supports an amazing team of interpreters and works system wide implementing systems so that care is accessible for everyone – no matter the language spoken.

Orchestrating Equity: Coordinated Strategies for System Wide Language Access Transformation

Presenters: Justin T Menke, N. Chineye (Chi) Anako

Effective language access within complex health systems requires more than policies or compliance checklists. It requires leadership that is intentional, accountable, and collective. This interactive workshop explores how leadership approaches can move organizations from fragmented language access efforts to coordinated, system wide strategies that advance patient safety, trust, and better health outcomes.

Grounded in real world implementation, facilitators will share examples from a multi state health system operating across twenty three states. Participants will examine how governance structures, operational models, and organizational strategies were designed and executed to support standardized, yet flexible language access practices across diverse populations and geographies. Emphasis will be placed on leadership engagement that enable alignment, including strategic partnerships, clear communication pathways, and shared decision making.

Patient experience remains central throughout the session. Case examples will illustrate how leadership choices directly influence care quality, safety, and outcomes for Limited English Proficient (LEP), Deafened, D/deaf, and Hard of Hearing patients, families and companions. Through guided discussion and reflection, participants will connect system level decisions to frontline practice and to the lived experiences of the communities served.

The workshop features interactive learning methods such as small group problem solving, real time polling, and scenario based exercises. These activities address common challenges, such as limited resources, resistance to change, and competing organizational priorities, while highlighting practical approaches to overcoming them. Participants will explore adaptable

initiatives including cross department collaboration frameworks, executive sponsorship models, and community informed design strategies applicable across organizational sizes and regulatory environments.

Designed for administrators, communication and language access leaders, interpreters, advocates, and healthcare professionals, this session emphasizes the leadership competencies essential for sustainable change, including empathy, adaptability, communication, and consensus building. Attendees will leave with actionable strategies for translating leadership values into measurable system wide improvements in language access and meaningful impact for the communities they serve.

Learning Objectives:

1. Explain why a coordinated, system-wide, and collaborative approach to language access is essential for improving patient safety and health outcomes across complex healthcare environments.
2. Identify leadership behaviors and models that strengthen language access systems by closing communication gaps and advancing empathy, accountability, and patient-centered strategies across diverse populations.
3. Apply practical strategies for balancing system-wide standardization with education, patient safety, and community needs through partnerships, work groups, and shared governance structures.

N. Chineye (Chi) Anako – Vice President, Health Equity and Human Impact, Trinity Health. N. Chineye (Chi) Anako, MPH, CHES, is a public health practitioner and a health equity strategist. With over a decade of experience, her career has been dedicated to advancing equitable, culturally responsive care and strengthening the conditions that allow individuals, families, and communities to thrive. Chi serves as the Vice President of Health Equity and Human Impact at Trinity Health and an Adjunct Instructor in the College of Health Professions at Sacred Heart University. Chi's work has earned national recognition. She was named a 2020 Healthcare Hero by Equiti for expanding access to multilingual health services during the COVID 19 pandemic. She received the Outstanding Service & Leadership Award from the National Commission for Health Education Credentialing; and earned the Tri State LGBTQ+ Unity Summit's LGBT Ally Award for her work in advancing gender inclusive clinical practices. She was also honored as one of the 2022 Healthcare Diversity Leaders by the National Diversity Council. Most recently, Chi received UConn's 2025 MLK Legacy Award for her leadership in advocacy, social justice, community service, and education. Chi holds a master's degree in public health from Southern Connecticut State University and a Bachelor of Science in Biological Sciences from the University of Connecticut.

Justin Menke – Language Access and Health Equity and Human Impact Specialist, Mount Carmel Health SystemJustin Menke is a health equity and human impact professional dedicated to designing inclusive solutions that expand access, dignity, and opportunity for individuals and communities. With nearly a decade of experience, he holds a Bachelor of Arts in Political Science with a minor in Population & Medical Geography from Bowling Green State University, where his academic focus strengthened his understanding of how social, geographic, and structural factors shape health outcomes.

Throughout his career, Justin has centered language access, economic equity, and the removal of structural barriers that limit participation in health care, financial systems, and other essential services. His professional experience began with a non-governmental organization in Brussels and continued across community-based and national organizations, including direct engagement in communities where English is spoken sparingly. These experiences inform his commitment to culturally responsive, linguistically appropriate, and people-centered solutions.

Currently, Justin serves as the Language Access, Health Equity, and Human Impact Specialist at Mount Carmel Health System, a partner of Trinity Health, where he supports critical language access services and advances initiatives addressing health inequities at both local and national levels.

Managing Dual Role for Language Professionals: Strategies for Interpreting Versus Translating

Presenter: Bindiya Jha

Most language professionals often find themselves being approached for interpreting and translating both irrespective of their specific training in one of the areas. If you speak languages of lesser diffusion, this happens more often.

Through work experience, organic growth and multiple continuing education workshops, I have also found myself taking on both roles for the last many years. However, an internal dialogue is always present, interpreter in me talking to translator in me. And at times, they are at odds and don't agree. Will I use the same vocabulary, exact delivery, or am I adding or tweaking to get to the essence of the message in each of the formats? Furthermore, am I overstepping my role boundaries while trying to communicate?

Over the years and personal learning journey, I have crafted some strategies that help me do justice to both interpreting and translating. I want to share what has worked for me, what are the barriers, limitations in my language context, and self-imposed standards with other dual role professionals through this workshop.

With real life examples related to the same topic, I will highlight my approaches to interpreting versus translating so dual professionals can assess my approaches. They, in turn, can share what has worked for them and bring their strategies to benefit all. Together, we can come up with some guidelines that will become part of our professional toolkit moving forward.

Learning Objectives:

1. Review how dual language professionals tackle their interpreting versus translating roles with personal real-life examples
2. Differentiate between unique approaches that works for interpreting but not for translating; identify barriers and limitations
3. List and share strategies that dual professionals can add to their toolkit

Bindiya Jha is a believer in language access and equity. She is a community-based interpreter educator, administrator, and advocate with a focus on healthcare and legal interpretation. She speaks Nepali and has worked as a Nepali freelance interpreter since 2008. At present, she is CCHI-P/ CORE CHI certified in the healthcare domain and NCSC certified in the legal area. She has a masters degree in International Development and Social Change from Clark University, Worcester.

She has a background in refugee resettlement and has worked with Nepali-speaking Bhutanese refugee populations all across the commonwealth. She has worked as a lead trainer and Nepali language coach for medical interpreter students in various platforms. She has been a passionate advocate for languages of lesser diffusion like Nepali and promotes language access for essential community services.

At present, she serves as the medical interpreter training coordinator within Cross-Cultural Initiatives for ForHealth Consulting at UMass Chan Medical School. In her current capacity, she is responsible for medical interpreter program implementation, mentoring new trainers, providing continuing education workshops, and assisting with multi-day conferences and specialized trainings offered by UMass Chan.

Language Justice in Action: Mapping the Future of Responsible AI-Augmented Translation and Interpretation in Healthcare

Presenters: Marina Persoglia Bell, Vonessa Costa, Alegna Zavatti

Language access is at an inflection point. Competing federal signals, the rapid proliferation of AI-driven tools, vendor consolidation, offshoring, and persistent gaps between legal mandate and lived reality are reshaping the landscape, and the stakes have never been higher for the communities we serve.

Grounded in peer-reviewed research published in "Medical Writing" (EMWA publication, 2025), this session offers an honest, practitioner-led conversation about where healthcare translation and interpretation are headed, and what responsible practice looks like moving forward.

Participants will explore a practical landscape of the T&I field through the lens of institutional safety and health equity: where AI-augmented workflows can responsibly support, not replace, qualified language professionals; and where their expertise remains essential in high-stakes encounters where nuance, accuracy, cultural competence, and accountability cannot be automated.

The session opens by grounding participants in two questions that define this moment: where are clinicians already reaching for AI tools, and what would make the safe path the easiest path? Drawing on peer-reviewed research and the practitioner-designed Healthcare Language Communication Safety Framework, the presenter maps the T&I landscape across dimensions, from technology and governance to workforce and patient experience. A structured facilitated dialogue then invites participants to reflect on their own institutional reality: where AI is already in

use, what workarounds look like at discharge, and what conditions would need to change. The session closes by connecting what the room surfaces to a concrete framework, giving participants both a conceptual map and immediate talking points they can use the following Monday.

Through facilitated dialogue, participants will leave with a clearer vision of what safe and compliant AI-augmented language access could look like in practice, and with language to advocate for it with patients, care teams, and hospital leadership alike.

This session expands critical thinking capacity so language access professionals are further equipped to be the expert voice at the table, ensuring solutions are operationally sound, clinically safe, and quality-driven, shaped by subject matter expertise, interdisciplinary collaboration, and patient-centered implementation.

Because language is not an add-on. It is part of the infrastructure of care itself.

Learning Objectives:

1. Distinguish between appropriate and inappropriate use cases for AI-augmented language access.
2. Use a practitioner-designed framework to analyze the conditions under which AI-augmented language access can be safely and compliantly implemented.
3. Develop talking points to advance language justice within organizations — navigating vendor pressure, administrative cost-cutting, and competing federal signals.

Marina Persoglia Bell is a healthcare language access leader and independent researcher whose career spans more than two decades at the intersection of language, culture, and technology in clinical settings. She holds a Master of Arts in Translation and Interpretation from the Middlebury Institute of International Studies and brings to her work both the linguistic rigor of a trained interpreter-translator and the operational expertise of a seasoned healthcare administrator.

Marina has led interpreter services programs at Lucile Packard Children's Hospital, Stanford Medicine Children's Health, and Cottage Health in Santa Barbara, building language access infrastructure that advances health equity for linguistically diverse communities. Her collaborative work with the California Perinatal Quality Care Collaborative (CPQCC), including her participation in the NICU Equity and Education Subcommittee, reflects a deep commitment to reducing disparities for the most vulnerable patients and families. An experienced presenter and facilitator, Marina has led focus groups and educational sessions for clinical, administrative, and language access audiences across the health system.

Currently focused on research, writing, and field advocacy, Marina is co-author of peer-reviewed articles in Medical Writing (EMWA, 2024 and 2025) and the UPRISE study published in Hospital Pediatrics (American Academy of Pediatrics, 2024). Her work is driven by a conviction that healthcare stands to benefit from the translation technology infrastructure the localization industry has spent decades building — and that qualified language professionals must be at the center of that transition, implementation and ongoing work.

Vonessa Costa is the Operations Manager for Interpretation and Translation at Children's Hospital Colorado and a CoreCHI P™ credentialed interpreter with Portuguese proficiency. She has held senior leadership roles across the language access field — including with the Health Care Interpreter Network, Cambridge Health Alliance, and the Cross Cultural Communication Institute — and has also served as a CCHI Commissioner since 2020. An advocate for high quality care for minority language patients, she has published in leading journals, held positions in IMIA, ATIF, and FOCIS, and received the 2019 Tony Windsor Award; she is also a graduate of the America's Essential Hospitals Fellows Program.

Alegna Zavatti is the Director of Interpreter Services at Boston Medical Center, where she manages and oversees interpreter and translation operations. She graduated from Universidad Central de Venezuela with a bachelor's degree in Translation and Conference Interpretation and completed Boston University's Medical, Legal and Community Interpreting Certificate program. She is a board member of the Forum on the Coordination of Interpreter Services (FOCIS), an organization that aims to create best practices for interpreter services departments and enhance language access, and is a Commissioner with the Commission for Certified Health Care Interpreters (CCHI).

Reading the Room: Contextual Judgment, Communicative Equity, and the Irreplaceable Human Interpreter

Presenters: Dr. Frank Mann Dolce, Liliana Dinu

Skilled healthcare interpreters perform two functions that no AI system currently replicates. First, they render meaning accurately across languages by drawing on contextual cues, pragmatic inference, and a wide range of interactional competencies. Second, they make nuanced decisions about when and how to intervene as mediators, repairing breakdowns in understanding efficiently, transparently, and in their own voice when necessary. Drawing on Goffman's (1988) participation framework, Wadensjö's (1990) research on interpreting, and original analysis by Dolce and Dinu, this session examines the complex skills these functions require and demonstrates how replacing skilled human interpreters with AI can produce measurable clinical harm.

Research consistently shows the high stakes of communication in healthcare settings. Limited English Proficiency (LEP) patients are 49% more likely to experience adverse events (Divi et al., 2007), and communication failures contribute to 52% of those events. At UCSF, the use of professional interpreters reduced 30-day readmissions by 25% (Karliner et al., 2017). Despite rapid advances in language technology, AI systems still fail in critical areas: they miss nonverbal meaning, cannot reliably make pragmatic inferences, struggle to track repair sequences in conversation, and are unable to intervene appropriately to resolve misunderstandings as they emerge.

Building on peer feedback from the field, the session also explores equity-oriented mediation, the ethical judgment demands described in Dean and Pollard's Demand-Control Schema, and the important distinctions between staff interpreters and remote vendor-provided interpreters in high-stakes medical encounters.

To bring these ideas to life, Dolce and Dinu will present transcribed triadic interactions drawn from real medical contexts. Participants will be invited to determine whether each interpretation was produced by AI or by a human interpreter, encouraging active engagement and critical analysis of where AI systems break down. Across a range of medical scenarios and languages, these examples will demonstrate how AI's inability to integrate visual, prosodic, inferential, and contextual cues leads to flawed interpretations—and how those flaws can contribute to negative clinical outcomes.

The session will also guide participants through examples in which human interpreters use subtle but essential interactional skills to repair misunderstandings between healthcare providers and patients. Participants will leave with a research-grounded framework for advocating skilled interpretation within their institutions, along with concrete evidence of the communication and patient-care risks that arise when AI systems replace human interpreters.

Learning Objectives:

1. Distinguish between the renderer and mediator functions of the skilled healthcare interpreter, using sociolinguistic research and clear examples to articulate why each requires contextual judgment and pragmatic insights that AI systems cannot replicate.
2. Apply evidence from patient safety and health outcomes research to make an institutional case for qualified human interpretation, including readmission rates, adverse event data, and HCAHPS implications.
3. Identify the conditions that warrant equity-oriented mediation in clinical encounters, drawing on the Demand-Control Schema and the distinction between equality and equity in language access practice.

Liliana Dinu, M.A. Chair, NCIHC Policy Work Group | Manager, Content and Curriculum Development, Cross-Cultural Communications
Liliana Dinu holds an M.A. in Translation Studies and Interpreting from Ruprecht-Karls Universität Heidelberg and is a CHI-Spanish-certified healthcare interpreter. She began her career as a conference interpreter for the European Parliament in Luxembourg and has since dedicated her work to healthcare and educational interpreting in the United States. As content and curriculum development manager at Cross-Cultural Communications (CCC), she leads curriculum development, training delivery, and industry advocacy. She chairs the NCIHC Policy and Education Workgroup and has presented at national conferences on AI-enhanced interpreter training, ethical decision-making, and language access policy. She is also a Jay Fund ambassador and serves on the Membership Council for Clarke Schools for Hearing and Speech.

Frank Dolce, Ph.D. Senior Manager of Linguist Excellence, Jeenie
Frank Dolce holds a Ph.D. in Applied Linguistics from Carnegie Mellon University. His dissertation examined normative interaction patterns between individuals from different language backgrounds and explored ways to raise awareness of these patterns in order to empower non-native English speakers. Drawing on training in both conversation analysis and concept-based instruction, Dr. Dolce now focuses on helping interpreters better understand the complex and multidimensional nature of their professional practice. Fluent in Mandarin Chinese, before joining Jeenie, Dr. Dolce served as director of engagement at Asia Society, where he oversaw programs designed to help young professionals from across the Pacific develop intercultural competencies. Prior to Asia Society, Dr. Dolce worked as a professor of Chinese language and culture.

Defining "Safe Enough": A Framework for Evaluating Raw Machine Translation in Written Healthcare Communication

Presenter: Andy Schwieter

A 2024 American Medical Association survey found that 56% of physicians use or intend to use machine translation in their practice within a year. Meanwhile, most published validation studies of healthcare MT are small-scale, single-language, and single-document-type — nowhere near the evidence base needed to justify the high-value clinical deployments driving demand. Federal civil rights law (45 CFR §92.201) currently restricts raw MT for documents where accuracy is essential, but this rule was calibrated against pre-LLM technology and will likely be revised before 2028, with or without rigorous evidence to inform it. The conversation about when raw MT is safe enough for written healthcare communication is happening now, and the field is not yet equipped to engage it rigorously.

This session offers a structured way in. Drawing on the presenter's co-authored framework for evaluating AI translation in healthcare and his perspective as a hospital director of language access, the session will: 1. Distinguish machine translation from AI interpreting and explain why each raises distinct safety questions. 2. Walk through the current legal landscape and identify where it constrains deployment and where it leaves ambiguity. 3.Introduce a use-case framework — language × clinical setting × document type × harm potential — for asking whether MT is genuinely safer than the status quo of providing patients nothing in writing in their language. 4. Equip attendees with concrete questions to bring to institutional AI governance discussions.

The session will demonstrate why most published MT pilots establish only a single cell of the framework's matrix yet are cited as if generalizable, and what a properly-scaled evidence base would actually look like. Examples will draw on variation across patient populations (pediatric vs. adult), clinical settings, and digitally underrepresented languages such as Haitian Creole and Somali — where MT performance deficits are most pronounced and where the gap between vendor claims and validated performance is widest.

Attendees will leave with a vocabulary for engaging machine translation conversations at their own institutions: what comparison is being made, what evidence is being cited, what populations are being excluded from validation, and what monitoring would have to exist for raw MT to be a defensible choice rather than a convenient one.

Learning Objectives

- Describe the current U.S. regulatory landscape governing machine translation in healthcare (45 CFR §92.201(c)(3)), distinguish it from the parallel framework for AI-mediated spoken interpreting, and identify where the rule constrains deployment and where it leaves room for interpretation.
- Apply a use-case-specific framework that combines language, clinical setting, document type, time sensitivity, and harm potential to evaluate whether a proposed raw machine translation deployment is meaningfully safer than the existing status quo for a given patient population.
- Formulate evidence-based questions that interpreters, advocates, and managers can bring to institutional AI governance conversations, including what vendor performance data should be required before deployment and what post-deployment monitoring would look like.

Andy Schwieter leads healthcare language access at Cincinnati Children's and nationally as President of the National Council on Interpreting in Health Care (NCIHC) and Chair of NCIHC's Policy, Education, and Research Committee.

Since 2006, Andy has practiced Spanish interpretation with certifications from the Supreme Court of Ohio (2013) and National Board of Certification for Medical Interpreters (2015). He has co-authored research published in Hospital Pediatrics on improvements for families who use languages other than English.

Andy's leadership combines national policy development with practical implementation, ensuring healthcare interpreting and translation standards evolve to meet clinical needs so that excellent care can be provided to all patients.

Promoting Health Equity Through Language Access: Case Study from Harborview Medical Center

Presenters: Yuliya Speroff, Jean-Jacques Kayembe

Harborview Medical Center (HMC), Washington's only Level I adult and pediatric trauma and burn center, serves patients from across the state as well as Alaska, Montana, and Idaho. With approximately 20% of HMC patients having limited English proficiency (LEP), the Interpreter Services Department (ISD) plays a critical role in ensuring safe, equitable, and effective communication. Each year, ISD facilitates access to care in more than 140 languages, supporting HMC's mission to serve diverse communities.

This interactive session will highlight the structure and scope of ISD's services and examine a recent quality improvement initiative designed to strengthen communication for patients with LEP. The initiative focused on increasing provider training, conducting outreach and rounding to raise awareness of interpreter services, and expanding access to video remote interpretation (VRI) devices. Efforts also included exploring improved documentation workflows for interpreter utilization within Epic. Participants will learn about the practical steps taken, survey results from provider training, and other outcome measures, as well as common challenges such as staffing, budget constraints, and provider awareness.

The session will feature a case study of Harborview's approach, allowing participants to see how strategies were implemented in a complex healthcare environment. Through facilitated group discussion, attendees – administrators, interpreters, and advocates – will share ideas for adapting and applying similar methods in their own organizations. Participants will focus on identifying actionable, replicable strategies that enhance language access and support health equity, even in resource-limited settings. This session is designed to foster idea-sharing, peer learning, and problem-solving, empowering attendees to advocate for and implement effective language access practices. Together, we will explore how practical interventions can contribute to safer, more inclusive care for patients with limited English proficiency.

Learning Objectives:

1. Understand the structure and role of Harborview Medical Center's Interpreter Services Department in serving patients and the broader community.
2. Explore tools and strategies to improve language access in healthcare settings.
3. Engage in idea-sharing on advancing equitable communication for patients with limited English proficiency.

Yuliya Speroff is the Medical Interpreter Supervisor at Harborview Medical Center in Seattle, Washington, and a Russian-English CoreCHI-P™ and Washington DSHS-certified interpreter. She has extensive experience as a trainer, teaching both continuing education courses and introductory medical interpreter training programs for major professional organizations across the United States. Yuliya's passion for advancing the medical interpreting profession is reflected in multiple roles: she is the author of medicalinterpreterblog.com and serves as a board member of the National Council on Interpreting in Healthcare (NCIHC). Her contributions have been recognized nationally – she was named Interpreter of the Year by the California Healthcare Interpreting Association (CHIA) in 2021 and Trainer of the Year by Americans Against Language Barriers (AALB) in 2024.

Jean-Jacques Kayembe, MD, MPH, Core-CHI- P™, is Director of Interpreter Services at Harborview Medical Center, where he leads equitable language access initiatives and advances patient-centered communication. A Certified Medical Interpreter in French and Lingala through CCHI and Washington State DSHS, he brings clinical insight and cultural humility to complex care settings. Dr. Kayembe serves as a commissioner on the Washington State Courts Ethics Committee, promoting fairness in language access. He is Vice-Chair of the Immunization Action Coalition of Washington and a member of the National Council on Interpreting in Healthcare, championing quality standards, workforce development, and health equity nationwide.

Beyond Words: Human Cognitive Skills at the Heart of Interpreting Performance

Presenters: Jorge U. Ungo, Mateo Rutherford

What if we told you the secret to better interpreting isn't about knowing more words? Think of it this way: your language skills are what people hear, but your cognitive skills are the high-performance engine that makes it all happen. While you're listening, remembering, processing, deciding, and self-correcting (all at lightning speed), your brain is doing the real heavy lifting.

These mental superpowers are what separate good interpreting from great interpreting. They include memory, listening comprehension, oral production, information processing, decision-making, and self-monitoring. Here's the kicker: they work the same way no matter what language you speak or what setting you work in. They're universal, trainable, and often overlooked in interpreter training.

At a time when AI tools increasingly replicate surface-level language tasks, these human cognitive competencies remain the cornerstone of accurate, ethical interpreting. This session shines a spotlight on those often-overlooked mental muscles and why strengthening them can transform the way you work.

The Certification Commission for Healthcare Interpreters (CCHI) has spent more than a decade studying interpreter performance through ongoing Job Task Analyses—research that defines what interpreters do on the job. In 2023, CCHI took this work to another level by asking a different question: how do interpreters think while they do it? This led to the groundbreaking EtoE Project, which identified ways to measure the mental skills that support competent interpreting across all languages.

This isn't your typical sit-and-listen session. Join us for interactive exercises that give your linguistic skills a rest while strengthening your interpreting mind.

Learning Objectives:

1. Describe what cognitive skills are and how they support interpreting.
2. Differentiate cognitive skills from language or interpreting techniques.
3. Practice cognitive skills via interactive exercises

Jorge U. Ungo, RYT® 200, is the Language Access Advocate at CCHI and a Registered Yoga Teacher. For over 20 years, Jorge U. Ungo supported healthcare organizations in delivering culturally competent, patient-centered care. Named the "Texas Star in Language Access" (TAHIT, 2015) and a "Language Access Champion" (NCIHC, 2019), he has served on the board of NCIHC, President of TAHIT, and a Commissioner for CCHI. Jorge's passion for uplifting marginalized communities and advocating for the underserved stems from his bilingual, bicultural upbringing. His training as a Sivananda Yoga teacher further deepens his approach, integrating mindfulness and compassion into his advocacy.

Mateo Rutherford has been a freelance conference interpreter since 1987, working throughout the US, Latin America, Europe and Asia. In 2012, he became the manager of the Interpreting Services Dept. at UCSF Health, where he l aunched multiple language improvement programs. He has a master's degree in Biology (UC Berkeley) and in Spanish Interpretation & Translation (Monterey Institute of International Studies). Mateo has taught Translation & Interpretation in Ecuador and currently teaches Biology and Medical Interpreting at Laney College in Oakland, CA. He has presented at conferences throughout the US, Central America and the Caribbean. Mateo is a Chair Emeritus of the Certification Commission for Healthcare Interpreters, a nationally certified Healthcare Interpreter (Spanish-CHI™) and is a member in good standing of the American Translators Association (ATA), the California Healthcare Interpreting Association (CHIA) and the National Council on Interpreting in Health Care (NCIHC).

When Language Access Plans Aren't Enough: What Behavioral Health Systems Must Do Next

Presenters: Cecily Jane Rodriguez, Anne Walters, Tanyika Mobley

The Virginia Tech Institute for Policy and Governance completed a language access needs assessment of Virginia's Community Service Board (CSB) system Virginia. There is limited data on Limited English Proficiency (LEP) individuals affected by behavioral health disorders; however, research suggests that LEP individuals are more likely to experience behavioral health disparities compared to the general population (Garcia et al. 2020; Sentell et al., 2007). With this context, researchers sought to determine how CSBs in Virginia are addressing the language needs of LEP individuals seeking mental health services and understand the experiences, challenges, and best practices of providers, staff, and clients when using language access services. The study draws from administrative surveys, employee surveys, semi-structured interviews with CSB clinicians and staff, and interpreters that work with 10 identified CSBs to understand the policies and practices of each CSB regarding language access services. The presentation will also share strategies used to date to address language access barriers in a state mental health hospital system using the recommended strategies from the report.

Given the present political environment, language access needs among vulnerable populations such as LEP individuals experiencing a mental health crisis is an important endeavor that requires bridging resources from numerous groups. This presentation will discuss the importance of engaging with communities to help LEPs access the mental health services they require as well as the language resources needed to render those services effective. The presentation will discuss research findings from the surveys and interviews and identify best practices for addressing language access needs in a mental health system. The lessons learned from this research will be applicable to other contexts where language access services are required.

Learning Objectives:

1. Understand the experiences, challenges, and best practices of providers, staff, and clients when using language access services in a public behavioral health system.
2. Discuss policy and practice implications for language access in public behavioral healthcare.
3. Apply best practices and strategies for improving language access services through community engagement, policy enhancements, and workforce support in behavioral health settings.

Cecily Peeples Rodriguez, Associate Director for Research and Organizational Innovation at the Virginia Tech Institute for Policy and Governance where she leads applied research and organizational development initiatives that strengthen leadership, equity, and management capacity across public and nonprofit institutions.

Anne Walters, PhD, Senior Manager of Public and Organizational Research at Virginia Tech Institute for Policy and Governance is an applied researcher and educator specializing in public sector leadership, management, and organizational governance.

Dr. Tanyika Mobley is a collective impact strategist focused on empowering and cultivating inclusive organizational cultures. She currently holds the role of Chief Diversity Equity Inclusion Officer for the Virginia Department of Behavioral Health and Developmental Services. She is a Certified Professional Diversity Coach and Certified Americans with Disabilities (ADA) Coordinator.

Voices That Must Be Heard: Linguistic Equity and the Interpreter-SLP Partnership in Medically Complex Care

Presenter: Dr. Aigerim (Aya) Aliakparova and Dr. Panayiota Senekkis-Florent

Linguistic minority communities continue to face significant disparities in access to equitable, culturally responsive healthcare. Within the field of speech-language pathology (SLP) – a clinical specialty dedicated to the assessment and treatment of communication and swallowing disorders in medically complex patients – these disparities are particularly consequential. SLP evaluation is inherently language-dependent, rendering the quality of interpreted encounters a direct determinant of diagnostic accuracy, treatment planning, and patient outcomes. Despite this, the integration of medical interpreters into SLP practice remains understudied, and the inter-professional relationship between these two fields is largely absent from formal training curricula.

This session advances the argument that achieving equitable SLP care for linguistic minority patients requires repositioning the medical interpreter not as an ancillary service, but as an essential clinical collaborator and a full participant at the interdisciplinary table. Drawing on health equity frameworks and emerging interprofessional education (IPE) literature, we examine the structural and practice-level barriers that impede effective interpreter – SLP collaboration and the downstream consequences for patients whose access to accurate diagnosis and intervention is mediated entirely through language.

The session is grounded in findings from a pilot study conducted at Duquesne University, Transforming Healthcare Communication: An AI-Powered Program to Train Health Professionals to Integrate Interpreters in the Provision of Health. The study engaged fourth-year SLP students (n = 50) in an AI-supported instructional module and structured case-based scenarios designed to surface the complexities of interpreted clinical encounters. Findings revealed significant gaps in students' baseline understanding of the interpreter's professional role, the ethical dimensions of interpreter-mediated assessment, and the ways in which uninformed clinical practices – including reliance on family members as informal interpreters and failure to brief interpreters on clinical goals – can compromise assessment validity and perpetuate inequitable care. Post-intervention reflections indicated meaningful shifts in students' conceptualization of the interpreter as an interprofessional partner rather than a language conduit.

These findings have implications that extend beyond SLP training. They speak to a broader, systemic need for interprofessional education models that explicitly center linguistic equity, formalize the interpreter's role within interdisciplinary care teams, and establish shared standards for interpreter-clinician collaboration across communication-sensitive specialties.

This session invites medical interpreters to engage as co-experts in that conversation – to bring their clinical experience to bear, to name the structural gaps they navigate daily, and to participate in building an evidence-informed framework for practice. Discussion will focus on navigating the tensions between linguistic accuracy, clinical utility, and professional role boundaries in high-stakes SLP encounters.

Participants will leave with a deepened understanding of the health equity stakes of interpreter-SLP collaboration, a critical lens for examining current practice, and concrete strategies for advocating for their role as indispensable members of the interdisciplinary team serving linguistically diverse, medically complex populations.

1. Articulate the relationship between interpreter-SLP collaboration and equitable access to speech-language pathology services for linguistic minority communities.
2. Critically evaluate current clinical and institutional practices that marginalize the interpreter's role and contribute to disparities in SLP assessment and treatment outcomes
3. Apply interprofessional and health equity frameworks to strengthen the integration of medical interpreters as full clinical partners in the care of linguistically diverse, medically complex patients

Aya (Aigerim) Aliakparova, PhD, MSc, CoreCHI – brings over a decade of experience across healthcare systems, academia, and program leadership, with a focus on improving patient experience and outcomes for culturally and linguistically diverse populations. Her work integrates ethics, operations, and education to address gaps in care delivery. Dr. Aliakparova is a CoreCHI-certified medical interpreter and holds a PhD in Healthcare Ethics, with research centered on embedding professional interpretation into patient-centered care models. She has led and supported initiatives in provider education, interpreter training, and system-level improvements in communication practices. Board Director at the National Council on Interpreting in Health Care (NCIHC), and active collaborator with national organizations, including the American Academy of Pediatrics and Family Voices.

Panayiota Senekkis-Florent, Ph.D., CCC-SLP, BCS-S, CNT, is an Assistant Professor in the Department of Speech-Language Pathology, Duquesne University, and the Program Director of the DU-PHAGIA Pediatric Specialty Clinic. Dr. Senekkis-Florent is a board-certified specialist in swallowing and swallowing disorders and a board-certified neonatal therapist. She has a passion for working with infants and children with Pediatric Feeding Disorders (PFD) and has served this population in acute and sub-acute settings for over 25 years. Her research interests include examining the prevalence, etiology, and impact of PFD in preterm infants, in addition to investigating the social determinants of health and their potential impact on optimal health outcomes, with the aim of formulating evidence-based and family-centered practices to confront these barriers. Dr. Senekkis-Florent also has a keen interest in innovating medical devices to address unmet clinical needs in the pediatric population across resource-diverse healthcare environments.

Grow Our Own: Leveraging the Hospital as a Classroom to Train the Next Generation of Medical Interpreters

Presenter: Paul Spacek

Across the United States, healthcare organizations continue to face persistent challenges recruiting and retaining qualified medical interpreters. At the same time, many hospitals employ or serve individuals with strong bilingual skills who lack access to formal interpreter training programs. This presentation describes the development, implementation, and early outcomes of a hospital-based "Grow Our Own" medical interpreter training program designed to address both workforce shortages and long-term retention.

In response to hiring difficulties, our pediatric hospital developed a 10 week, full-time, paid training program for bilingual individuals with no prior interpreting background. The program was intentionally designed to be equivalent in scope and rigor to a traditional medical interpreter certificate program, while embedding learning directly within the clinical environment. Guided by the National Council on Interpreting in Health Care (NCIHC) recommended standards, the curriculum combined a structured digital learning component, intensive medical terminology instruction, live and recorded interpreting practice, simulation-based learning, and a supervised practicum alongside experienced senior medical interpreters.

A central premise of the program is that hospitals themselves can function as powerful classrooms. Training within the care environment allowed participants to observe real clinical encounters, learn institutional protocols, receive immediate feedback from seasoned interpreters, and progressively build competence through carefully scaffolded practice. Participants reported that the integration of theory with real-world application, along with consistent mentorship and feedback, was among the most impactful aspects of their learning experience.

Outcomes from the inaugural cohort were encouraging. All three participants successfully completed the program, passed internal competency assessments, and subsequently achieved national certification. Two years later, all remain employed within the organization, with two having advanced into senior interpreter or bilingual patient-facing roles. Program evaluation data suggest that the paid, cohort-based model fostered a strong sense of investment, professional identity, and engagement, contributing to both skill development and retention.

This session advocates for hospital-based interpreter training as a viable and scalable strategy for workforce development. Attendees will gain insight into program design considerations, staffing and resource implications, lessons learned, and the potential role of healthcare institutions in cultivating the next generation of medical interpreters.

Learning Objectives:

1. Describe the core components of a hospital-based "Grow Our Own" medical interpreter training program, including curriculum design, supervised practicum, and evaluation methods.
2. Analyze the benefits and challenges of using real clinical environments as training sites for novice medical interpreters, with a focus on skill development, professional socialization, and retention.
3. Identify practical strategies for adapting or replicating a Grow Our Own model within their own healthcare organizations or training contexts.

Paul Spacek - Education and Development Program Manager - Children's Mercy Kansas City. Paul Spacek is the Education and Development Program Manager for Language Services at Children's Mercy Hospital, where he has worked for 11 years. In his role, Paul serves as an instructor for interpreting students and new hires, and is also involved in the development and presentation of continuing education classes and community outreach. Additionally, he designs and presents educational materials for the hospital sRystem about how to work with interpreters and Limited English Proficient families. Paul is a nationally certified Medical Interpreter, holds a Bachelor's degree in Spanish, a certificate in Healthcare Interpreting, and a Master's degree in Adult Learning and Leadership.

Paul has presented previously at Medical Interpreter Conferences including MICATA, NATI, CCHI and NCIHC.

NCIHC

Fluency in Systems - Expanding Your On-Site Language Access Team in the World of Business and Political Interest

Presenter: Evan Lee-Ferrand

Language access programs are often understood primarily through the lens of interpreting, translation, cultural awareness, and professional ethics. While these competencies are essential, managing sustainable and impactful language access programs in healthcare requires much more: intentional integration into organizational strategy, finance, operations, and executive leadership. Too often, language access professionals advance into leadership roles without formal preparation in systems thinking, change management, or executive communication—resulting in strong mission-driven initiatives that struggle to secure long-term institutional buy-in.

This session explores the leadership shift required to grow language access from a support service into a system-wide operational asset. Drawing on more than eight years of experience expanding on-site interpreter teams within complex healthcare systems, the presenter will examine why traditional language access frameworks—when presented in isolation—often fail to resonate with executives responsible for quality, compliance, staffing, and financial outcomes.

Using real-world case examples of increasing on-site interpreter coverage from less than 1% to 30% and beyond—while sustainably expanding operational budgets by more than fourfold through executive and senior leadership buy-in—this session demonstrates how universal leadership and operational tools can be successfully applied across diverse healthcare settings. Participants will see how aligning language access goals with organizational priorities such as patient safety, regulatory readiness, throughput, workforce efficiency, and health equity drives measurable and lasting impact.

Attendees will learn practical strategies for reframing language access conversations, building data-informed narratives, and partnering with departments such as compliance, patient experience, clinical operations, and finance. This session emphasizes moving from advocacy to execution—conducting change through clear communication, disciplined strategy, and shared accountability.

Designed for current and emerging language access leaders, this presentation supports professionals ready to define action, and build resilient language access programs that are embedded into the infrastructure of healthcare organizations.

Learning Objectives:

- Reframing Priorities for Language Interpreters vs. Language Access
- The Complex Language and Grammar of Systems using the Self Interest Model
- Balancing Expectations - Leadership, Clinical Teams, Language Services Teams, and Community

Evan Lee-Ferrand is a Language Services Manager with over eight years of experience developing, scaling, and sustaining on-site interpreter teams and comprehensive language access programs in healthcare systems. He began his professional journey in Minneapolis, Minnesota, a region with a nationally recognized history of language access innovation and interpreter training, which deeply shaped his leadership approach and commitment to equitable care. Evan is also a CHI Spanish-certified healthcare interpreter, grounding his leadership in frontline interpreting experience and professional standards.

Throughout his career, Evan has led system-wide initiatives that expanded on-site interpreter coverage from less than 1% to more than 30% while sustainably increasing operational budgets more than fourfold through executive and senior leadership buy-in. His work emphasizes integrating language access into healthcare finance, operations, quality, compliance, and patient experience frameworks.

Evan is passionate about mentoring emerging language access leaders and equipping them with practical tools to communicate effectively with executives, lead change, and achieve measurable, system-level impact. His leadership philosophy centers on clarity, accountability, and building resilient programs that advance health equity and organizational excellence.

From Classroom to Certification: Aligning Training, Credentialing, and Career Sustainability

Presenter: Valeria Barraza Delmar

This 60 minute session shares a “vision to practice” model for building a comprehensive Translation and Interpreting (T&I) program that prepares interpreters and translators for professional practice while intentionally reducing barriers to entry into the field. Drawing on my journey as a practitioner, graduate student, faculty member, and now director of an academic T&I program, I will trace how an initial vision became a coordinated, credential aligned workforce pipeline.

Participants will explore how a translation-only academic offering evolved into a Translation and Interpreting minor with embedded microcredentials that prepare students to sit for industry recognized certification exams in healthcare and court interpreting. The session will highlight the creation of certificates for undergraduates, graduate students, and non degree seeking community interpreters, as well as paid internships, community partnerships, professional development, and financial support structures that promote credential attainment and career sustainability.

The session will engage participants through guided discussion and applied reflection, inviting them to examine their own training ecosystems and identify practical strategies for aligning education, credentialing, and workforce needs. Attendees will leave with concrete examples of how coordinated training pathways can strengthen language access systems and cultivate the next generation of skilled, credentialed professionals.

Learning Objectives:

1. Identify key components of a coordinated language access training pathway that aligns academic preparation with professional standards and industry recognized credentialing in healthcare and legal interpreting.
2. Analyze strategies for reducing structural, financial, and access barriers to interpreter and translator credentialing through microcredentials, certificates, paid internships, and institutional support.
3. Apply a vision to practice framework to participants' own programs or organizations to strengthen interpreter training, career readiness, and long term workforce sustainability.

Valeria B. Delmar is a Senior Coordinator and Professor of the Translation and Interpreting Program at the University of Texas at El Paso (UTEP). Her work bridges translation studies, professional training, and community engagement, with a focus on embedding industry-recognized microcredentials in translation and interpreting—particularly in healthcare and judicial contexts—within a humanities-based curriculum. A seasoned translation strategist and conference interpreter, Ms. Delmar is an ATA-certified Spanish<>English translator and a nationally certified healthcare interpreter. She holds a BA in French and Psychology from UTEP and an MA in Spanish Translation and Interpretation from the Middlebury Institute (MIIS), Monterey.

The Revised National Code of Ethics for Interpreters in Health Care: Shaping the Future of Ethical Practice

Presenter: Maria-Paz Beltran Avery, Lorena Castillo, Jane Crandall Kontrimas, Analia Lang, Fabiola Munafo

Many of the concepts and perspectives that were implicit in the original National Code of Ethics for Interpreters in Health Care 2004 are now explicitly articulated in its revised edition. The updated Code recognizes healthcare interpreting as a practice profession that relies on outcome-based ethical reasoning to guide sound professional judgment.
The revision responds to the evolving realities of healthcare interpreting by addressing ethical challenges identified by practicing interpreters, the profession's growing understanding of ethical decision-making in increasingly complex healthcare environments, and the impact of technological advancements.

Join us as we explore the key revisions, the thoughtful reasoning behind the changes, and the collaborative process that shaped the new Code through the valuable input of interpreters, educators, healthcare professionals, and other stakeholders. Gain insight into how these updates strengthen ethical practice and help prepare interpreters to confidently navigate today's healthcare landscape.

Learning objectives:

1. Understand how healthcare interpreting is a practice profession that applies outcome-based ethical reasoning to support sound professional judgment.
2. Examine the relationship between the profession's core values, ethical principles, and standards, and the rationale behind the revisions made to address emerging challenges, evolving practice, and technological advances.
3. Recognize how the core ethical values interact to establish professional boundaries and guide interpreters in making balanced, ethical decisions in complex healthcare settings.

Maria-Paz Beltran Avery, PhD, began working on health care interpreting in the early 1990's directing a federally-funded project to develop a college level certificate program training bilingual adults as healthcare interpreters. Through this project, she collaborated with the Massachusetts Medical Interpreters Association creating the Medical Interpreting Standards of Practice (1995). She joined the NCIHC Standards, Training, and Certification Committee (STC) and contributed to the National Code of Ethics for Interpreters in Health Care, the National Standards of Practice for Interpreters in Health Care and the National Standards for Healthcare Interpreter Training Programs. She co-wrote Interpreter Advocacy in Healthcare Encounters: A Closer Look with the National Standards of Practice Work Group of the National Council on Interpreting in Health Care (NCIHC). In 2015, she received NCIHC's Language Access Champion Award.

Lorena Castillo is a trilingual, dual-certified Spanish medical interpreter (CMI, CHI) and credentialed ATD Master Instructional Designer with more than 20 years of experience in Spanish, English, ASL medical interpreting. She believes deeply in the power of language access to build trust, uphold dignity, and support ethical, patient-centered care. That belief led her to study ASL and expand her work in service of d/Deaf and Hispanic communities, where she strives to facilitate communication with compassion, cultural awareness, and professionalism. With training in medical interpreting, an ASL fellowship, medical terminology certificate, and instructional design, Lorena brings both field experience and educational expertise to her work. As Instructional Design Manager for Training and Quality at AMN Healthcare Language Services, she creates learning experiences that help interpreters grow in competence, confidence, and ethical practice.

Jane Crandall Kontrimas CoreCHI™, M.S., worked as a Russian Interpreter from 1978 to 2025. During that time she mentored interpreters, and trained interpreters, student & faculty physicians, social workers, and speech language pathologists, often in collaboration with others. She was a founding member of the Massachusetts Medical Interpreter Association (MMIA). She chaired the MMIA Standards of Practice Committee while the "Standards of Practice for Medical Interpreters" (1996) was written. Those standards are now available on the IMIA site. She co-wrote Interpreter Advocacy in Healthcare Encounters: A Closer Look with the National Standards of Practice Work Group of the Standards and Practice Committee of the NCIHC. She currently chairs the National Ethics and Standards Work Group (NES) which focused on revising the Code of Ethics for Interpreters in Health Care.

Analia Lang acquired her BA from Indiana University with a concentration in training, development, and communications. She worked at a hospital as a healthcare interpreter for over 12 years and has performed VRI and OPI interpretation. At the present time, Analia works for Cross-Cultural Communications LLC as a Manager, Training & Curriculum. During her training tenure, she has developed webinars, workshops, modules, and training curricula. Presently, she serves at the NCIHC Standards in Training committee and as a co-chair in its sub work-group National Standards of Practice. She co-wrote Interpreter Advocacy in Healthcare Encounters: A Closer Look with the National Standards of Practice Work Group of the National Council on Interpreting in Health Care (NCIHC). Analia has a deep passion for equipping and training individuals in this remarkable profession.

Fabiola Munafo, DSL, MHA, CCHI, CCIO is the Manager of Language Access Services at Cincinnati Children's Hospital Medical Center, where she leads a diverse team of interpreters and oversees the Qualified Bilingual Staff. She serves on the Board of Directors of the National Council on Interpreting in Health Care (NCIHC) and is an active member of its Code of Ethics and Standards Work Group.

Born and raised in Puerto Rico, Fabiola holds a B.A. in English Literature and completed graduate coursework in Teaching English as a Second Language at the University of Puerto Rico. She earned an M.A. in Health Administration from the University of Cincinnati and completed her Ph.D. in Strategic Leadership in December 2023. Fabiola is a certified medical and legal interpreter, with additional credentials in Mental and Behavioral Health interpreting.

Your Language Access Program Is Running, But Is It Working?

Presenter: Dr. Julie Mills

Most healthcare language access programs have the needed components in place: vendor contracts, interpreter modalities, LEP patient identification processes and documentation policies. The persistent challenge isn't launching a program, it's getting the pieces to work as a coherent system. When processes for accessing on site or on demand interpreting services compete against each other instead of complementing, when interpreter use data lives outside quality reporting, when staff develop workarounds to deal with inefficient processes, and when accountability for the whole service continuum is diffuse, language access stays fragile no matter how much your organization has invested.

This session addresses the orchestration problem: how language access leaders can build a coherent throughline across every point where the system touches a patient. Drawing on lived experience at the intersection of clinical nursing, healthcare operations, and language access technology, the presenter will examine the structural gaps that undermine even well-resourced programs and offer a framework for achieving real coordination across modalities, workflows, data, and accountability.

Participants will leave with tools for auditing their own programs for orchestration gaps, strategies for closing the distance between policy and practice, and a model for presenting language access coherence as a patient safety issue to organizational leadership.

Learning Objectives:

- Identify the orchestration failures that undermine language access programs already in place.
- Explain how clinical workflow and technology integration principles can close the gap between language access policy and frontline practice.
- Describe the four components of an orchestration framework and the role each plays in a cohesive language access system

Dr. Julie Mills, CNE at Boostlingo, brings together two decades of clinical practice and more than a dozen years of technology expertise to align workflows with product development. She works with customers to understand both the current state and strategic objectives, then designs solutions targeted to improve outcomes. Julie has served in the United States Air Force Nurse Corp and has a Doctorate in Nursing Practice and a Masters in Business Administration.

Holding AI Vendors Accountable: A Practical Toolkit for Healthcare Language Access Leaders

Presenter: Eliana Lobo

AI interpreting tools are no longer experimental. They're showing up in clinical documentation, telehealth platforms, patient intake systems, and post-discharge workflow, often before anyone has asked whether they belong there. Unlike human interpreting services, which developed within a framework of professional standards, ethical codes, and regulatory oversight, AI deployment in healthcare is outpacing the evidence and policy needed to govern it responsibly.Healthcare interpreters and language access leaders are closest to what's at stake — and yet they do not always have a seat at the table when procurement decisions are made. This session puts a concrete, field-tested resource directly in their hands: the SAFE AI Interpreting Solutions Evaluation Toolkit. Through realistic hospital scenarios, participants apply five structured checklists to determine when AI can responsibly expand language access and when qualified human interpreters are non-negotiable. Participants will leave with a practical framework for insisting on a strategic, evidence-based approach to vetting, piloting, and evaluating AI interpreting tools, and the language to make that case to the people making the decisions.

Learning Objectives:

1. Describe the five checklists in the SAFE AI Interpreting Solutions Evaluation Toolkit and how each applies to healthcare settings.
2. Use the Toolkit's risk framework to distinguish which clinical scenarios are appropriate for AI, hybrid, or human-only interpreting.
3. Identify concrete questions to bring to institutional decision-makers when AI interpreting tools are proposed or already in use.

Eliana Lobo is a ToT(TM) of medical interpreters and a certified CoreCHI-PTM Portuguese interpreter. She is an experienced translation and localization supervisor, hospital interpreter services supervisor, National Director of interpreter quality for an LSP, Portuguese and TEFL-certified language teacher, and adjunct professor of healthcare interpreting at Highline College. Formerly a CCHI Commissioner (2015-2021), NCIHC Board member and President, Standards & Training Committee Chair, and voice host for the STC's podcast, "Interpreting in Healthcare". Since 2010, via NCIHC's "Home for Trainers" webinar workgroup, she has produced over 70 national webinars dedicated to training trainers of medical interpreters. She is a founding member of the SAFE AI in Interpreting Task Force.

Natalya Mytareva, NCIHC Emcee

Natalya Mytareva, M.A., ICE-CCP, is Executive Director of the Certification Commission for Healthcare Interpreters (CCHI), and Vice Chair 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. She is a recipient of the 2023 Language Access Champion award from the National Council on Interpreting in Health Care. 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.

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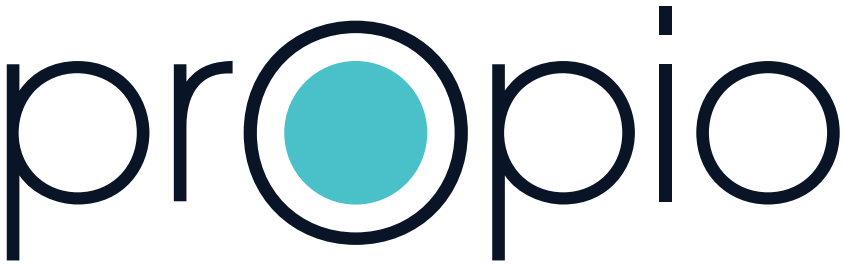

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