

Report September 20-21, 2008 Meeting

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With substantial contribution from the Coordinating Committee
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Introduction

The National Coalition on Health Care Interpreter Certification (NCC) held its third meeting and second inperson convening on September 20th and 21st, 2008 in Minneapolis, MN. The meeting was made possible in part by the generous support of The California Endowment with additional support from The Quality Health Care for Culturally Diverse Populations Conference organizers.

Karin Ruschke opened the meeting by introducing Dianne Yamashiro-Omi, of The California Endowment and thanked her for her support of the NCC. Ignatius Bau, of The California Endowment, was able to attend the meeting, on September 21 and lend his continued support to NCC efforts. She also thanked Alejandro Maldonado, representative of the Interpreting Stakeholders Group of Minnesota, for serving as the local "host" and for his gracious assistance with the logistics for the meeting. Karin reminded participants to update their profile information on the NCC Google group.

Attending this meeting were:

- · Cathy Anderson, Jewish Vocational Services;
- Izabel Arocha, International Medical Interpreters Association;
- Ignatius Bau, The California Endowment;
- Shiva Bidar-Sielaff, National Council on Interpreting in Health Care;
- Frederick Bw'Ombongi, Spectrum Health;
- Martin Conroy, Language Line Services;
- Jordan Coriza, MA Department of Public Health;
- Kathleen Diamond, The Association of Language Companies;
- Javier Gonzalez, Center for Immigrant Health, New York University School of Medicine;
- Frederick D. Hobby, Institute For Diversity in Health Management of the American Hospital Association;
- Alejandro Maldonado, Interpreting Stakeholders Group, a committee of the Upper Midwest Translators and Interpreters Association;
- Marty Martinez, The California Pan-Ethnic Health Network;
- Jonathan Levy, CyraCom International, Inc;
- Maria Michalczyk, Portland Community College/Institute for Health Professionals;
- Natalya Mytareva, International Institute of Akron, Inc.;
- Elizabeth Nguyen, California Healthcare Interpreting Association;
- Karin Ruschke, National Council on Interpreting in Health Care;
- Virginia Perez-Santalla, American Translator's Association;
- Don Schinske, California Healthcare Interpreting Association;
- Laurie Swabey, National Consortium of Interpreter Education Centers and Registry of Interpreters for the Deaf, Inc.:
- Dianne Yamashiro-Omi, The California Endowment;
- Mara Youdelman, National Health Law Program;
- Catherine Kettrick, Facilitator.

The focus of this third meeting of the NCC was to create governance structures that will allow the NCC to operate more efficiently and effectively. Coalition members specified the role of committees vis-à-vis the entire coalition and the decision-making authority of each committee; established protocols for communication between committees and the entire coalition; and protocols for providing feedback on any project, proposal or recommendation advanced by each committee.

It should also be noted that in the period between the first and third NCC convening, members of the Coalition also met through teleconference on July 16, 2008 for a progress report from each committee. In the interim between meetings, the Logistics committee was dissolved to eliminate work redundancy between this committee and the Coordinating Committee.

Creation of the Steering Committee of NCC

It was determined that in the four months since the NCC inaugural meeting in May, the work and activities of the Coordinating Committee have far exceeded the expectations and responsibilities initially placed on this committee; consequently, in response to a proposal presented by Fred Hobby, representative of the Institute for Diversity in Health Management of the American Hospital Association, the NCC members agreed through consensus to dissolve the Coordinating Committee and re-appoint its current members to a Steering Committee.



Chart 1: Steering Committee Responsibilities

Committee Reports and Recommendations

- □ The Fundraising Committee produced a template for a Fiscal Agent Agreement and Policies and Procedures for Accepting Gifts and Grants, both of which will allow the NCC to proceed with fundraising for Coalition work. They also asked each committee to develop a budget that the Steering Committee and Fundraising Committee would use to develop an overall NCC budget for approval at the November 12 telephone conference call. Having a budget will greatly aid the Fundraising Committee in acquiring donations and grants.
- The Communication Committee unveiled the NCC logo—which is featured at the top of this report.

 The NCC acknowledges with gratitude graphic designer, Ambar F. Coriza for her generous donation of numerous hours of professional work to design the logo, including versions to use for letterhead,

business cards, web and internet use, and for brochures and other marketing materials. The Communications Committee will be working on creating general guidelines and talking points for members to use when speaking with the media about NCC work.

- □ The Languages of Lesser Diffusion Committee described their work on creating a spreadsheet that classified languages of lesser diffusion using 20 different criteria. They plan to submit this model to the wider languages of lesser diffusion community for their input, including those who hire and those who use interpreters, and potentially seek guidance from an outside expert in the field, once their classification model is finalized.
- □ **The Legal Aspects Committee** is working on several issues as outlined in their committee progress report.
- □ The Coordinating Committee presented the plan for inviting members of the public who have expressed interest in joining the various working committees of the NCC to support or contribute to the collaborative goal. The Committee Guidelines were reviewed and more detail was provided on the committees' decision making authority. It was agreed that committees have authority to make tactical and operational decisions and only strategic decisions need approval from the entire NCC. Committee Communication Protocols were also shared with NCC members.

Purpose & Goals: General Discussion

NCC members also discussed the role of individual member organizations and how their efforts would both support and coalesce into the work of the NCC. NCC members requested clarification on this question due to recent public inquiries related to the activities of some member organizations that currently have or are developing various certification instruments, some of which are intended to be national or international in scope. In particular Language Line Services and the International Medical Interpreter's Association were invited to speak of their certification efforts and history of working to develop tools for testing and certifying interpreters. During the lengthy and energetic discussion, both organizations stated that they are committed to pursuing their individual certification efforts, but completely support the work of the NCC and are willing to share as much of their efforts as possible with the Coalition.

As an outgrowth of the above discussion, the NCC decided to adopt as a new road map for its work the following proposal made by Jonathan Levy, coalition member and representative of CyraCom:

In recognition of:

- The pressing need for a national medical certification process to improve the quality of health care;
- The existence of multiple medical interpreter testing, training and certification processes;
- The shared interest of NCC members and other stakeholders in seeing valid and objective standards for a certification process established

The NCC proposes to:

- Develop standards for a national certification process
- Explore the creation of a balanced and unbiased third party technical expert body, delegated by the NCC, to grant national certification status to submitted testing programs that meet the standards and requirements set by the NCC.

Toward this end, the NCC will:

- Pursue funding to define and hire the technical expert body
- Promote and gain support for this model of certification
- Fully explore existing and desired standards for all necessary models of healthcare interpreter provision as they may relate to a robust and comprehensive national certification process
- Ensure adequate consideration is given to all languages and populations
- Consider the legal implications of such a model
- Require from its members a written commitment to support and abide by the decisions of the technical expert body

In line with the above proposal, the NCC agreed to revise its purpose statement to read:

The National Coalition on Healthcare Interpreter Certification is committed to developing standards for a valid, credible, inclusive and transparent national process to ensure competency of healthcare interpreters and improve access and quality of care for patients with limited English proficiency in our culturally diverse communities.

The revised purpose statement represents a clarification of purpose with the affirmation that standards developed by NCC will serve as the national mechanism for vetting various certification efforts. Any organization that has a certification instrument and is interested in having their instrument be nationally recognized would have to submit their instrument to the technical expert body created by the NCC. That body would be entrusted with the review of testing instruments to see if they met the standards and criteria developed by the NCC. Those meeting the standards and criteria would be approved; those not meeting them would have to be revised and brought up to the standards to receive approval.

While NCC members realized that much detail needs to be worked out for the new model, all agreed that this new clarity of focus will better enable the NCC to carry out its purpose. An ad-hoc committee was formed to further hone this new proposal. The four members serving on this committee will be: Jonathan Levy (Cyracom), Mara Youdelman (National Health Law Program), Marty Martinez (California Pan-Ethnic Network), and Alejandro Maldonado/ (Minnesota Interpreting Stakeholders Group.)

The meeting adjourned with renewed commitment to the purpose of the National Coalition, an appreciation of all the members' efforts to date, and a clearer understanding of the work left to be accomplished.

Appendix A

Final Agenda

September 20-21, 2008 Meeting

September 20 9:00—9:10	Welcoming Remarks & Announcements	Alejandro & Karin				
9:10—9:25	Review & Consent to Agenda Announce Roles	Catherine				
9:25—9:45	Meeting Norms & Protocols	Catherine				
9:45—9:50	Recap of Health Care Certification History	Elizabeth				
9:50—10:30	 IMIA & LLS Presentation & Q&A LLS 5 min. response IMIA 5 min. response Q&A 30 minutes 	C. Izabel All				
10:30—10:45	Break					
10:45—11:35	Coordinating Committee Action ItemsAdding Committee Members: Process	Karin				
11:35—12:45	 Governance Discussion Committee Guidelines ✓ Review of Committee Guidelines ✓ Internal Communication Protocols Steering Committee Proposal 	Virginia &Shiva Fred H.				
12:45—1:45	Lunch					
1:45—4:45	Committee Reports & Recommendation 1. Fundraising 2. Lang of Lesser Diffusion 3. Certification Development 4. Legal Aspects 5. Communications/Outreach					
4:45—5:00	Meeting Evaluation					
September 21						
8:30—8:50	Announcements; recap of yesterday's work; re	view and consent to agenda				
8:50—12:15	Follow-up from Day 1 Discussions					
12:15—12:30	Meeting evaluation					

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Appendix B

Steering Committee Proposal Submitted by Fred Hobby

Purpose Statement

The Steering Committee is a standing committee of the NCC. The purpose of the Steering Committee is to advise the NCC on matters of strategic and operational importance to the NCC, while also relieving the NCC of the need to address certain administrative matters that do not necessarily require deliberation by the entire NCC. In addition, the Steering Committee acts as assistant and advisor to all the NCC Committee Co-chairs on matters and activities relating to the achievement of the goal of the NCC. The Steering Committee reports to the NCC as a whole.

Objectives

The objectives of the Steering Committee are:

- To identify and respond to strategic opportunities or new developments that could help NCC effectively achieve its goals.
- To develop and implement any working procedures and practices that support the work of the NCC in a transparent, efficient and effective manner.
- To assist and/or advise all Committee co-chairs on matters and activities relating to the achievement of the NCC goals.

Responsibilities

The Steering Committee's general responsibilities are:

- To organize and coordinate all logistical activities necessary to carry out NCC goals and objectives.
- To provide guidance on overall strategic direction and key issues such as policy and objectives, budgetary control, marketing strategy, resource allocation and decisions involving expenditures.
- To establish and, as necessary, to revise the strategy, action plan and related initiatives of the NCC in accordance with its purpose and guiding principles and within the context of its overall goals and strategies.
- To prioritize the projects to be undertaken by the NCC and to recommend new project proposals for approval by the NCC.
- To assist with the competent authority in decision-making concerning NCC business.
- To establish and approve on behalf of the NCC and as necessary, any changes to the NCC working procedures, to ensure that the goals of the NCC are carried out in a transparent, efficient and effective manner.
- To monitor, report and evaluate NCC work progress and success, reviewing its continued relevance to the goals and guiding principles.
- To provide input, support and/or advice to NCC committees in identifying and responding to matters relating to the objectives of the NCC. This responsibility includes, among others, supporting the Committee co-chairs in:
 - o Executing decisions and implementing recommendations.
 - Establishing and maintaining liaison arrangements between the NCC and other organizations and stakeholders.
 - o Formulating policies that facilitate and promote the acceptance of the NCC process, and national as well as international convergence.
 - o Identifying and responding to any significant developments in the environment, issues raised by stakeholders, and other pertinent matters.
 - o Approving changes, as necessary, relating to the publications of any NCC pronouncements.

In conducting the NCC business, the Steering Committee may invite other persons to attend Steering Committee meetings to provide input/participate in discussions (for example, one or more of the committee co-chairs may be invited if issues related to their committee's projects are to be discussed).

Composition

Starting now and moving into the next year, the Steering Committee will be comprised of the 4 organizational members presently serving in the Coordinating Committee. These organizational members are key non-profits with a track record of having provided the necessary leadership to bring the NCC to this point, making them a natural choice to act as an official Steering Committee.

In September 2009, The NCC will reevaluate the role and composition of the Steering Committee.

Operating Procedure

The Steering Committee meets as necessary, but at least twice a month. Members are expected to attend all Steering Committee meetings.

For purposes of approving matters specifically identified as being on behalf of NCC, each organizational member of the Steering Committee has one vote. The affirmative vote of at least three-fourths of members present at the meeting or by telecommunications link or by proxy, is required for decisions of the Steering Committee made on behalf of the NCC.

Appendix C

Committee Progress Reports

Fundraising Committee September 2, 2008

The Fundraising Committee is charged with securing the funding necessary to fulfill the NCC's mission. Such funding falls into two categories:

- Operating, which would cover facilitation and meeting expenses plus logistical and communications costs.
- Programmatic funding, which cover the specific work of the coalition, including hiring of consultants to do research and analysis, create reports, and develop and/or adapt testing instruments.

The immediate need for operating funds can be estimated for as far as the future is currently planned, which right now is through the January meeting in Los Angeles. At the suggestion of our colleague Cynthia Schenck of the IMIA, we have applied for operating funds through that period from a foundation with whom she has a contact.

In addition, we are appealing to NCC members to cover the Coalition's operating needs ourselves. (see attachment below). We are making this appeal since:

- We need the funding now, but it remains premature to seek the programmatic funding that would generally include operational funds, and
- Large programmatic funders will, in part, be looking at the investment of Coalition members in our own process.



NatCoalAppeal.doc

Regarding programmatic funding, the Committee must wait to formally apply for such funding until the Coalition has developed a budget and workplan for the coming year. It is assumed that each NCC committee will be creating a list of their own funding needs for the year, and that those needs be compiled, prioritized, and assembled (along with our operating needs) into a 2009 budget.

To help accomplish this, the Fundraising Committee recommends that the Coalition approve the following:

- 1. That the Coalition adopts a 2009 Budget on its November conference.
- 2. So as to get to that point, committees must estimate their 2009 budget needs by Oct. 31.
- 3. That the Coordinating or Steering Committee work in conjunction the Fundraising Committee to build a 2009 Budget following the Oct. 31 submissions.

In pursuing its work, the Fundraising Committee will make use of the additional attached documents:

 Policy and Procedures for Acceptance of Gifts, which advises prospective funders about the expectations and limitations around our receipt of donations and gifts.



NCCFundsPoliciesPro cedures9.2.08.doc

Template for Fiscal Agent Agreement – As the NCC lacks tax-exempt status, it must make use of 501(c)(3) non-profits
to act as fiscal agents for receipt of grants and gifts. This template will be tailored to meet the needs of the specific
transaction.



Languages of Lesser Diffusion

September 12, 2008

The Languages of Lesser Diffusion Committee met via conference call in June, July and August.

We discussed and agreed on the following:

Purpose definition

In June, the committee defined its purpose as "to make sure the National Certification process is equitable to interpreters and consumers representing languages of lesser diffusion (LLD), i.e., non-English languages spoken by limited numbers of speakers in the United States, and to communities that are not easily accessible for language assistance due to geographic location or lack of access to language resources."

Process for qualifying LLD interpreters

Because LLD interpreters possess a different knowledge and experiential base than interpreters of more widely-diffused languages, there should be an equitable process of educating and qualifying LLD interpreters. This process ideally would eliminate and/or reduce existing and potential disparities in interpreters' access to training and expenses associated with certification.

□ Role of LLD committee

As the Coalition embarks on designing certification requirements, the committee will be active in offering guidance from the perspective of the interpreter of languages of lesser diffusion. We hope this perspective will inform, steer and guide a collaborative and inclusive process.

We accomplished the following:

Database of LLD resources

The committee is constructing a broad database of LLD resources that includes experts, contacts and articles. Categories include various states and countries that have identified testing, training or qualifying credentials (Oregon, California, Canada, Australia) as well as other entities (federal courts, National Consortium).

□ LLD classification model

The committee is developing a method of LLD classification to help the Coalition structure an evaluation process for LLD interpreters. Our co-chair, Natalya Mytareva, has designed two tables, one that identifies languages by specific criteria and another that looks at language categories. The tables include areas such as educational opportunities, community diffusion, and governmental interest, with examples of specific languages. These categories will assist us in identifying the specific resources needed and/or available (testing, training, mandates) in LLD communities.

What we propose:

- Approval of the LLD classification model (included in meeting packet w/Feedback form).
- 2. Submission to the wider LLD community for their valuable input.
- 3. Potential guidance from an outside expert in the field once the method is finalized.

Announcements:

- □ We have lost an essential member of our Committee, Fred Bw' Ombongi. We plan to keep Fred in the loop of future discussions, but also welcome new members.
- □ Brandi Miller, a former co-chair, has left Jewish Vocational Service, and Cathy Anderson is now replacing her as co-chair. We are all rotating the coveted role of scribe.

LLD Classification and Approaches to Certification

Discussed by the LLD Committee on 08/28/08

- 1. In order to define if a language is of limited diffusion, a set of criteria that may have an impact either on healthcare interpreter certification or market of interpreter services needs to be developed. I grouped the criteria under 6 categories:
 - Linguistic peculiarities
 - Educational opportunities
 - Professional interpreter opportunities
 - Governmental interest*
 - Employment opportunities
 - Statistical/ geographical peculiarities.

See Table 1 "Individual Languages Classification" for details and examples.

- 2. Based on these criteria, I grouped languages in 6 categories, with Spanish being outside of any category due to the number of Spanish speakers in the U.S. See **Table 2 "Language Categories"** for details and examples.
- * What we mean by governmental interest is that the US government has some kind of obligation before speakers of these languages or some political interest and may have some special funding opportunities. Examples are: 1) the Native American Language Act of 1990 protects Native American languages, therefore, the US government directly assures interpreting services available to speakers of these languages, 2) refugees come to the US and the US government requires them to go through a health screening plus provides them with Medicaid for at least first 8 months, thus it directly & indirectly assures interpreting services available to refugees, 3) 'critical' languages are those where US Military or State Department has an interest in, which means that there may be language assessment or training programs available, so an interpreter for those languages may have more training opportunities.

LLD Classification & Approaches to Certification Table 1: Individual Languages Classification

	1. Ling Charact				Educati					Developi r Interpr		4. Governmental Interest					ployment	6. Statistical/ Geographical Indicators		
Language	Non-Western knowledge acquisition pattern	Low literacy in language (10% and less), or not a written language	College instruction in that language exists in the country of origin	College-level language courses in the US exist	US Military or State Department language courses exist	Community-based language programs exist	Interpreting or translation degrees in the US	Interpreting or translation degrees in other countries exist (including the country of origin)	Language proficiency test exists in the US (or another English-speaking count y)	Interpreting test exists in the US (or another English-speaking country)	Community-based interpreter training and/or assessment exist	US government has special program for speakers of this language: "critical" language	US government has special program for speakers of this language: Native American	US government has special program for speakers of this language: Refugee resettlement is currently in place (i.e. new speakers are arriving who need health care services)	Speakers of the language are mostly former refugees resettled by the US government (i.e. growing aging population with limited English — may be part of "Aged Blind Disabled" protection legislation)	There exist full-time employment staff opportunities in health care in the US	There exist full-time employment <i>subcontractor</i> opportunities in collaborative community organizations providing interpreter services	Number of speakers in the US	Density of language speakers in a geographical area	States with most number of language speakers
	1	2	3	4	5	6	7	8	9	10	11	12	14	13	15	16	17	18	19	20
Spanish			X	X	X	X	X	X	X	X	X					X	X			
Russian			X	X	X	X	X	X	X	X	X	X				X	X			
Burmese	X		X			X		X			X			X						
Karen	X					X					X			X			X			
Uzbek			X		X			X												
Navajo	X	X		X						X			X							
Vai (Liberia)	X	X												X						

LLD Classification Model and Approaches to Certification

Table 2: Language Categories

* In order for a language to be designated to one of the 6 categories below, it should meet more than 50% of the listed criteria

	Category	Criteria for category designation	Examples of languages				
1A	Languages of broader diffusion with <i>Western</i> knowledge acquisition pattern	 Most General Educational criteria (#3-6) are met At least 50% of Professional Development criteria (#5-8) are met Employment criteria (#16-17) are met Number of speakers in the US (#18) is more than ??? (e.g. 1,000,000) Language speakers density (#19) is high (define in quantitative terms) in ??? (e.g. 20) states 	SpanishFrenchPortugueseRussian				
1B	Languages of broader diffusion with <i>non-Western</i> knowledge acquisition pattern	 same as in 1A language with non-Western knowledge acquisition pattern (thus, requiring cultural adaptation of performance evaluation) 	Arabic Vietnamese				
2	LLD with sufficient general educational opportunities and some governmental interest	 At least one of General Educational criteria (#3-6) is met Language proficiency test (#9) exists in the US At least one of Governmental criteria (#12-15) is met Number of speakers in the US (#18) is less than ??? (e.g. 1,000,000) Language speakers density (#19) is medium (define in quantitative terms) in ??? (e.g. 20) states 	SerbianFarsiSwahiliHmong				
3	LLD with governmental interest	 Low literacy in native language (#2) None, or only 1, of General Educational or Professional Development criteria (#3-11) are met At least one of Governmental criteria (#12-15) is met 	 Karen Nepali Native American languages (including those of Alaska Natives) 				
4	LLD with sufficient general educational opportunities but no governmental interest	 Two or more of General Educational or Professional Development criteria (#3-11) are met None of Governmental criteria (#12-15) are met Number of speakers in the US (#18) is less than ??? (e.g. 1,000,000) Language speakers density (#19) is low (define in quantitative terms) in ??? (e.g. 20) states 	 Armenian Danish Dutch Finnish Norwegian Polish 				
5	Languages of "localized" diffusion	 Both Linguistic criteria are met (#1-2) None, or only 1, of General Educational or Professional Development criteria (#2-8) are met None of Governmental criteria (#9-11) are met Number of speakers in the US (#18) is less than ??? (e.g. 1,000,000) Language speakers density (#19) is medium or high (define in quantitative terms) in at least one state 	Mayan languages of Central America				

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Certification Development Committee

August 29, 2008

To: National Coalition on Healthcare Interpreter Certification

Fr: Frederick BwOmbongi and Maria Michalczyk, Co-Chairs of the Certification Development Committee Committee Members:

Shiva Bidar-Sielaff, Marty Conroy, Kathleen Diamond, Javier González, Jonathan Levy, Alejandro Maldonado, Natalya Mytareva, Elizabeth Nguyen, Karin Ruschke, Laurie Swabey

PURPOSE STATEMENT

The certification committee is committed to identifying and developing all the elements of a national certification process that is valid, credible, inclusive and transparent.

OVERVIEW

The committee has met twice a month since June 25th, 2008. During this time they have accomplished the following tasks:

1. Reviewed and discussed *Certification of Health Care Interpreters in the United States A Primer, a Status Report and Considerations for National Certification. The California Endowment, 2006* by Cindy Roat, as to have a foundation of what was researched as of 2006.



2. Developed a working template so as to narrow down the research and begin to focus on specifics. A matrix was created to identify elements in the certification process and five organizations were tapped as a started point for the research.

11 1
<u>Elements</u>
Analysis of Work Qualifications
Assessment of Existing Testing Instruments
Assessment of Current Rating Practices
Review of Test Structure and
Administration Practices
Review of Training
Review of Recruitment Efforts
<u>Organizations</u>
Registry of Interpreters for the Deaf
The International Medical Interpreter
Association
Language Line Services
National Center for State Courts
The California Endowment test

3. Over the next few months the committee's task is to complete the matrix, report out and build a committee plan that will provide benchmarks and milestones for the certification process.

Legal Committee

September 11, 2008

The Legal Committee met via conference call in June, July, August, and face-to-face in September.

1.	We agreed	on d	liscussing	the	fol	lowing	questions	as o	ur worl	k found	lation:
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- □ What are the legal implications for creating a certification process?
- What are Title VI and its implications?
- □ What does the law say about certifying someone?

We started our work stating questions to the items that will be the legal issues in the process of creating the national certification.

2. We started the discussion about:

- □ Copyright
- Patents
- □ Trademarks

As the concern about copyright work, trademarks, and patents came about, we started to discuss which other organizations present in the National Coalition may have existing patents and what other relevant work is copyrighted and by whom. We started to educate ourselves about what constitutes copyright and what is involved in patenting an invention. We discussed the possibility of complimenting our work with the collaboration of others' work. We talked about the possibility of using a pro bono attorney to assist with research on this issue. The possible organizations that may have patents or copyrights are:

- IMIA
- LLS
- WA State
- OR State
- Others
- □ Is there a medical interpreter classification from the U.S. Department of Labor? And if so, what is it?

The classification for interpreters and translators exists at the U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, 2008-2009 Edition. The Standard Occupational Classification (SOC) is 27 30 91.

The Medical interpreters and translators definition is:

"[...] provide language services to health care patients with limited English proficiency. Medical interpreters help patients to communicate with doctors, nurses, and other medical staff. Translators working in this specialty primarily convert patient materials and informational brochures issued by hospitals and medical facilities into the desired language. Medical interpreters need a strong grasp of medical and colloquial terminology in both languages, along with cultural sensitivity regarding how the

patient receives the information. They must remain detached but aware of the patient's feelings and pain."

We need to do additional research to determine the relevance and application of this definition and the process for amending it, if the Coalition decides changes would be useful.

We accomplished the following:

Determination of Working Statement

The Legal Aspects Committee's purpose is to provide leadership, research and support for:

- legal issues related to health care interpreter certification
- legal federal mandates
- key national legislation issues and requirements from state, local and other regulatory bodies

We dedicated part of our two first meetings to define and then to fine-tune our Legal Committee working statement.

What we recommend:

- 1. Empowerment to ensure the timely and smooth working of the committee,
 - □ We strongly recommend that the Coalition empowers the Legal Committee to make legal decisions on behalf of the National Coalition for the certification process
 - □ The Legal Committee will present decisions to inform the coalition (either by e-mail or brief presentation during face-to-face meetings). The National Coalition will receive an e-mail with the final recommendation with a five working-day limit to respond; given the technical and legal nature of this Committee's work, we expect to provide Coalition members with an opportunity for review but generally not an opportunity to provide detailed comments on research and findings

 If the need arises on a particular topic/issue, the Legal Committee will provide an
- The National Coalition should establish a system that allows The Legal Committee to interact with any committee on a fast track process. For any activities that may incur financial costs,

opportunity for more substantive input from the entire National Coalition

3. To seek revisions to the definition under classification of Medical Interpreters and Translators of U.S. Department of Labor, Bureau of Labor Statistics.

the Legal Committee will consult first with the Coordinating Committee.

Other Announcements:

□ During the election process Mara Youdelman from the National Health Law Program and Alejandro Maldonado from Interpreting Stakeholder Group were elected as co-chairs.

Communications Committee

September 15, 2008

The Communications Committee has met three times via conference call since our initial in-person meeting in May. Please see below for a summary of our accomplishments, discussion, and recommendations, some of which will be discussed at the next in-person coalition meeting as agenda items during our committee discussion for feedback and confirmation from the entire Coalition.

Communications Committee's main accomplishments:

- Coalition name and acronym Using an online survey, we provided members of the Coalition various name options, and by vote it was decided that our name and acronym are now National Coalition on Health Care Interpreter Certification or NCC for short. The formal name will appear on all correspondence, its website and logo, etc. The results of the survey were posted on the Coordinating committee Google Group.
- □ The volunteer services of a designer have been secured One of our members has referred the new name/acronym to a graphic designer to begin the development of a logo for the NCC. Because there is a need for cohesive branding in order to ensure a consistent image of the NCC throughout our communication with the public, we have secured the pro bono services of a professional designer.
- □ **Domain name acquired** A domain name has been purchased for the purpose of establishing our web presence: HCI_certification.org. The website will be hosted on GoDaddy at a nominal cost. However, a payer needs to be identified (see #'s 3 & 4 below.)
- □ **Press contact strategy** The Committee is developing a strategy to work with the press, both proactively, including issuing our own press releases, articles, and language access stories, but also in response to media, such as letters to the editor, reactions to reports/studies, etc.

We discussed and agreed on the following:

- ☐ In the absence of a budget, we should make every effort to secure services without incurring any expenditure.
- ☐ The NCC must present a cohesive image in print, online, verbal communications, etc.
- □ The Communications Committee will develop a communications strategy, including protocols, templates, scripts, specific talking-points, to be approved by the Coalition as a whole, thus securing the commitment of all stakeholders.

Subjects requiring actions and descriptions of actions required:

1. **Press contact:** The Communications Committee (CC) recommends that the NCC designate a point person(s) to direct and/or respond to media inquiries, who may or may not be the general contact person. The "spokesperson" should be empowered to speak for the coalition, as well as attempt to direct media to talk to other coalition members if appropriate expertise is needed. The CC will also develop talking points for communicating with media and other organizations about the coalition's work. As part of its strategy, the CC has sent a request to all members to provide their press lists in order for the NCC to create its own press list/contact to publicize its work.

- 2. **Press Protocols:** Approval of initial draft press protocols (attached) developed by a CCommittee Sub-Committee is requested.
- 3. **Branding:** A logo design needs to be selected and considerations should also include color, alternate uses. The design selections will be submitted for the NCC to approve, possibly at the next in-person NCC meeting. In order to develop letterhead, we need to have a physical address. With regard to the website, there are questions related to who would develop, own and maintain the NCC website, and whether we have the expertise within NCC or would need to hire someone to assist us.
- 4. **Expenditures:** Coverage of incidental expenses needs to be addressed by the NCC as it has a potential impact on the interaction of member stakeholders. While the CC has covered its incidentals on its own until this point, we are looking at increased funding needs and costs related to: website hosting, stationary, press release publication, etc. We would recommend that a policy related to the budget and expenditure requests be drafted by the Fundraising, Coordinating, or some other designated NCC Committee.
- 5. **Recognition of in-kind donations:** We need to develop a procedure for acknowledging the volunteer work on non-members, including any formal recognition of our logo designer.

Appendix D

Committee Authority

Committee guidelines approved by NCC in July 08 indicate:

Committees receive their authority from the entire Coalition. The Committees make committee decisions, which become final recommendations to bring forward to the entire Coalition for official approval.

Operational actions and decisions are made internally, while strategic decisions require the Coalition's approval.



National Coalition Committee G...

Principles:

Trust and respect: Committees should be trusted to be the SMEs on committee-related issues. It is important to respect the committee process.

Openness and Transparency: Decision making process needs to be transparent and recorded in committee minutes.

Efficiency & Timeliness: Decisions need to be executed in a timely & efficient manner in order to enable the committees to move forward with their goals and objectives.

Committees need to present the entire NCC with final recommendations on <u>strategic issues</u>. For <u>operational</u> and <u>tactical</u> decisions related to their committee's purpose and objectives, Committees are empowered to make their own informed decisions.

We are providing you the excerpt below to provide guidance on what constitutes a strategic, tactical or operation decision. If you are unsure of whether a decision requires discussion and vote by the entire NCC, please consult with the Coordinating Committee.

Excerpt from:

Decision Making Techniques

Robert Harris

Version Date: July 3, 1998 (http://www.virtualsalt.com/crebook6.htm)

Decision Levels

We all recognize that some decisions are more important than others, whether in their immediate impact or long term significance. As a means of understanding the significance of a decision so that we can know how much time and resources to spend on it, three levels of decision have been identified:

1. Strategic. Strategic decisions are the highest level. Here a decision concerns general direction, long term goals, philosophies and values. These decisions are the least structured and most imaginative; they are the most risky and of the most uncertain outcome, partly because they reach so far into the future and partly because they are of such importance.

For example: Decisions about what to do with your life, what to learn, or what methods to use to gain knowledge (travel, work, school) would be strategic. Whether to produce a low priced product and gain market share or produce a high priced product for a niche market would be a strategic decision.

2. Tactical. Tactical decisions support strategic decisions. They tend to be medium range, medium significance, with moderate consequences.

For example: If your strategic decision were to become a forest ranger, a tactical decision would include where to go to school and what books to read. Or if your company decided to produce a low priced product, a tactical decision might be to build a new factory to produce them at a low manufacturing cost.

3. Operational. These are every day decisions, used to support tactical decisions. They are often made with little thought and are structured. Their impact is immediate, short term, short range, and usually low cost. The consequences of a bad operational decision will be minimal, although a *series* of bad or sloppy operational decisions can cause harm. Operational decisions can be preprogrammed, pre-made, or set out clearly in policy manuals.

For example: If your tactical decision is to read some books on forestry, your operational decision would involve where to shop for the books. You might have a personal policy of shopping for books at a certain store or two. Thus, the operational decision is highly structured: "Whenever books are needed, look at Joe's Books."