

*The National Council on Interpreting in Health Care  
Working Papers Series*



*Are We Ready for National Certification of  
Health Care Interpreters?  
A Summary of NCIHC Open Forums*

by  
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The National Council on Interpreting in Health Care  
[www.ncihc.org](http://www.ncihc.org)  
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## Introduction

Interest in the certification of health care interpreters has become a national point of discussion as awareness of the critical importance of highly qualified interpreters increases among health care providers and administrators. However, certification is a complex issue, not only technically but also politically. Certification refers to a process by which a body of respected experts in the field verify and attest that a candidate has met a specified standard of proficiency on the tasks and knowledge sufficient to competently perform the function under consideration, in this case, that of health care interpreter. As such, a successful certification process will have to reflect common thinking, definition, practice on the role and specific competencies required of the health care interpreter, agreement on the purposes of certification, and a shared understanding of the principles of valid and reliable test construction. At the same time, a certification process will need to achieve general credibility and acceptance among key stakeholders. Compounding the issues of certification in general is the fact that a certification process for health care interpreters has to address certification across a diversity of languages currently in demand.

Notwithstanding the many layers of complexity, a number of states are beginning to develop valid and reliable instruments to assess interpreter skills as they move to develop and institute local certification programs. There is much to be learned from these local efforts as the discussion on national certification grows.

In 2006, the Standards, Training, and Certification Committee (STC) of the National Council on Interpreting in Health Care began holding a series of open forums at various national and state conferences to address the question, “Are we ready for national certification in health care interpreting?” The first open forum<sup>1</sup> was presented in September 2006 at the Conference on Quality Health Care for Culturally Diverse Populations held in Seattle, Washington. Since then, 11 other open forums using the same basic design have been held at other national and state conferences throughout the country. (See Appendix B: Demographic Tables for a listing of the conferences at which the open forums were held.) These forums were designed to promote discussion of difficult but important questions that need to be addressed in order to begin to lay the foundation for a credible and comprehensive national process. Using participatory techniques, the forums led participants through a consideration of the conditions that need to be in place if national certification is to be successful; the implications for patients, interpreters, health care providers and institutions if national certification were to be instituted; different approaches to certification; and potential barriers to implementation.

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<sup>1</sup> The first open forum was designed and facilitated by Maria-Paz B. Avery.

## Design of Forums

The forums consisted of four sections:

### Introduction

- Collection of participant demographic information via a short questionnaire
- A survey of participant opinions on the following three propositions:
  - I think we are ready for national certification now.
  - I think certification will eliminate a lot of good practicing interpreters.
  - I think certification will resolve questions about the quality of health care interpreting.
- Discussion (in a large group or in small groups) of the following questions:
  - Question #1: What are the conditions that need to be in place for national certification to be credible and successful?
  - Question #2: What are the potential benefits and pitfalls of national certification? Who might it potentially help? How? Who might it potentially harm? How?
  - Question #3: What more do we need to know about what makes a competent interpreter before we move forward with national certification?
  - Question #4: What are the biggest challenges to implementing a successful national certification program?
- “Re-vote” on the proposition “I think we are ready for certification now.”

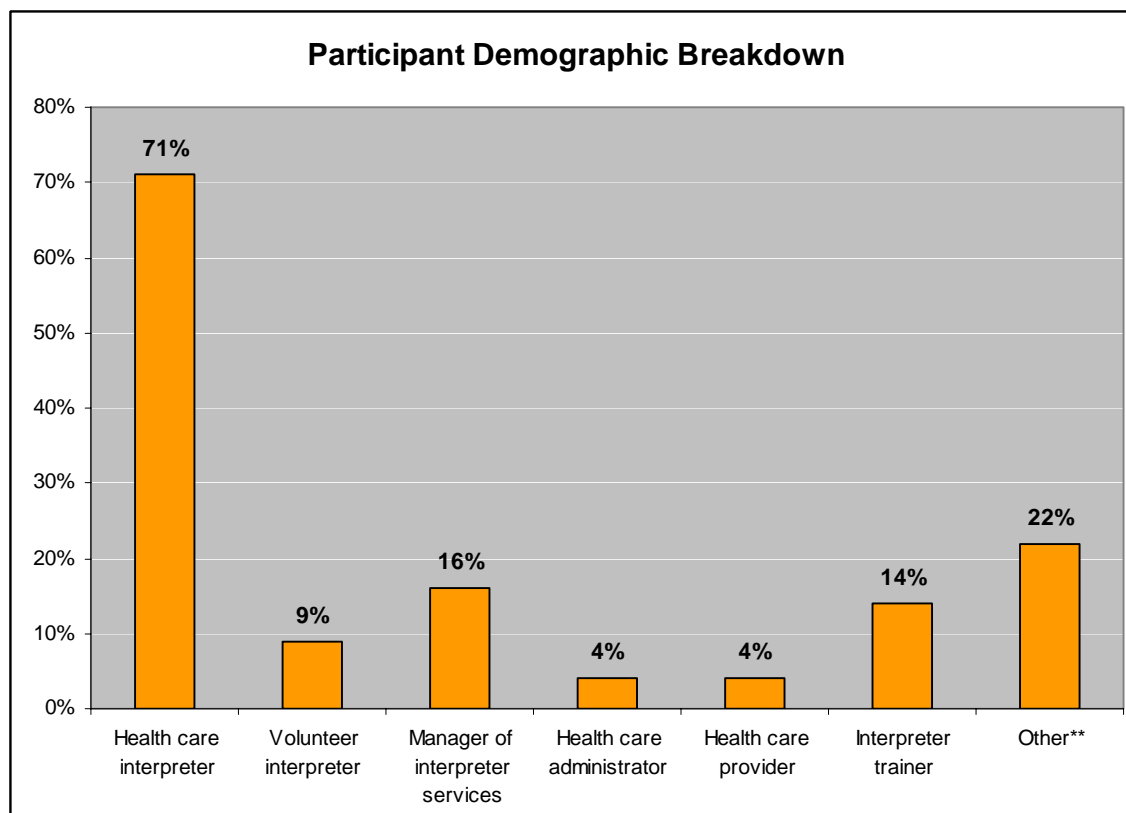
The forums were led by a moderator, often assisted by forum participants who collected and posted the participant ratings on the propositions and who took notes. In some forums, participants were divided into small groups for discussion, with a note-taker reporting back to the full group. (See Appendix A: Model Forum Syllabus)

Questions #1 and #2 were asked in all 12 forums. Questions #3 and #4 were asked in a fewer number of forums depending on the scheduled amount of time but all four questions were addressed in one or more forums.

## Demographics: Who Participated?

Participation in the 12 forums was recorded at 460 participants although it is likely that there were more participants in attendance than filled out the questionnaire.

***Relation to health care interpreting:*** Overall, participants were primarily working interpreters. Seventy-one percent of the participants identified themselves as interpreters – dedicated full time, part time, and freelance. An additional 9% identified themselves as volunteer interpreters. In addition, 16% were managers of interpreter services and 14 % were training coordinators and trainers. Other participants included a small number of health care administrators, providers, some dual role interpreters, and legal/court interpreters. Some participants also identified themselves by the area of specialty in which they worked (e.g., mental health, emergency room, education, etc.).



*Note: Some participants checked more than one response.*

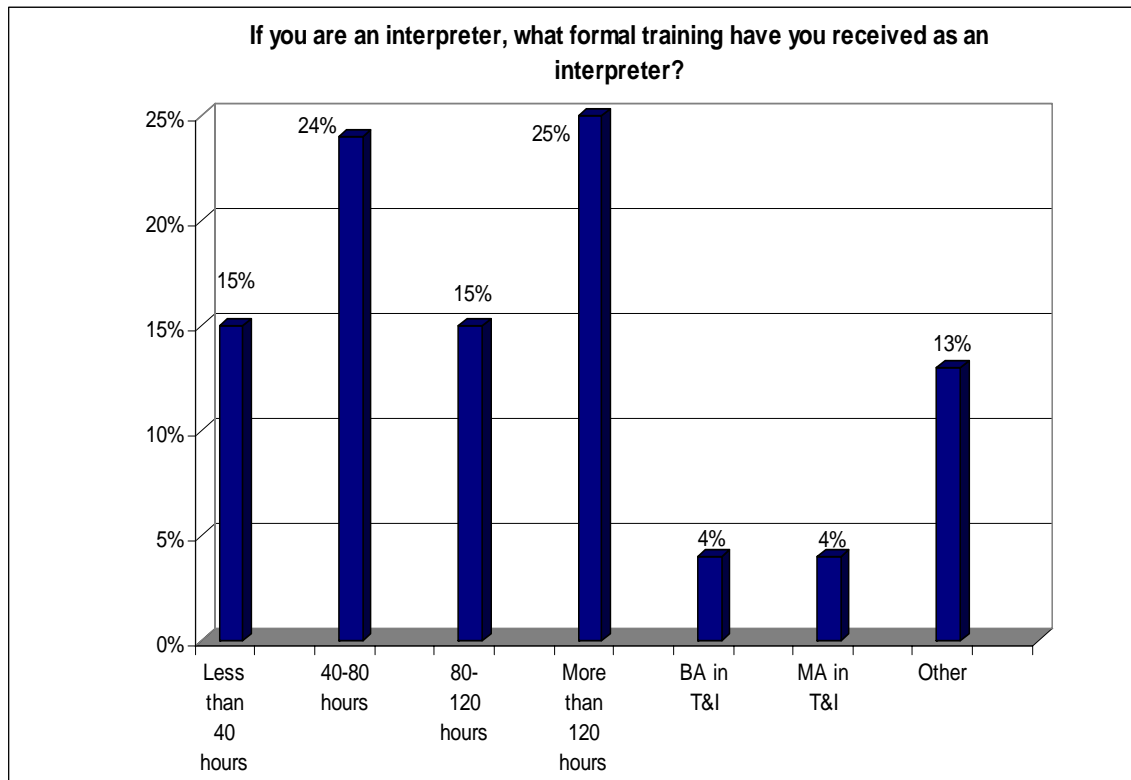
**Venues:** The majority of participants indicated that they worked or interpreted in a hospital setting (67%) and/or clinic (44%). Some also mentioned home health care (15%), nursing homes (7%), and physicians' offices. Other venues mentioned included conference and business settings, schools, courts, and lawyers' offices.

**Modality:** By far, the largest number of participants interpreted using the face-to-face modality (86%). Ten percent indicated they did telephonic interpreting (10%) and a very small proportion mentioned video interpreting (3%).

**Level of Training:** With respect to training received, about a quarter of the participants indicated that they had received more than 120 hours of training and another quarter indicated they had received between 40 and 80 hours. Fifteen percent indicated they had had less than 40 hours of training while another 15% indicated they had had more than 120 hours. Very few participants had degrees in translation and interpretation (BA (4%), MA (4%). See Chart 2.

**Geographic representation:** Participants came from 31 states and included one participant each from Japan and British Columbia. States represented were: Arizona, California, Connecticut, Florida, Georgia, Illinois, Indiana, Iowa, Maryland, Maine, Massachusetts, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

(See Appendix B for a tally of participant responses to the demographic questionnaire for each forum.)



### **Consensograms: Beliefs about certification**

Three statements of belief or propositions about certification were presented to the participants at the beginning of each forum. These propositions were the following:

- I think we are ready for national certification now.
- I think certification will eliminate a lot of good practicing interpreters.
- I think certification will resolve questions about the quality of health care

A “Consensogram” technique was used to obtain a visual picture of the group’s position on each of these propositions. At the start of the forum, each participant was asked to indicate their level of agreement with the three propositions listed above using a rating scale of 1-4 (1-strongly disagree; 2-disagree; 3-agree; 4-strongly agree). Each participant was given four colored sticky notes and asked to record their level of agreement on the designated colored sticky note for each proposition. The sticky notes were then collected and placed on a chart to form a bar graph showing the distribution of ratings on each proposition. Responses were subsequently tallied by counting the number of sticky notes corresponding to each rating.

Before the end of the session, participants were asked to use their fourth sticky note to once again indicate their level of agreement with the proposition “I think we are ready for national certification now.” Along with the growing clamor for national certification, there has also been a level of general dissatisfaction with the pace of the movement towards national certification. This dissatisfaction, however, is often based on a lack of understanding of the complexities of developing a politically



credible and technically sound certification process. The intent of this exercise was to see whether discussions that highlighted the complexities of developing a credible and valid national certification program had any effect on participant responses to this proposition.

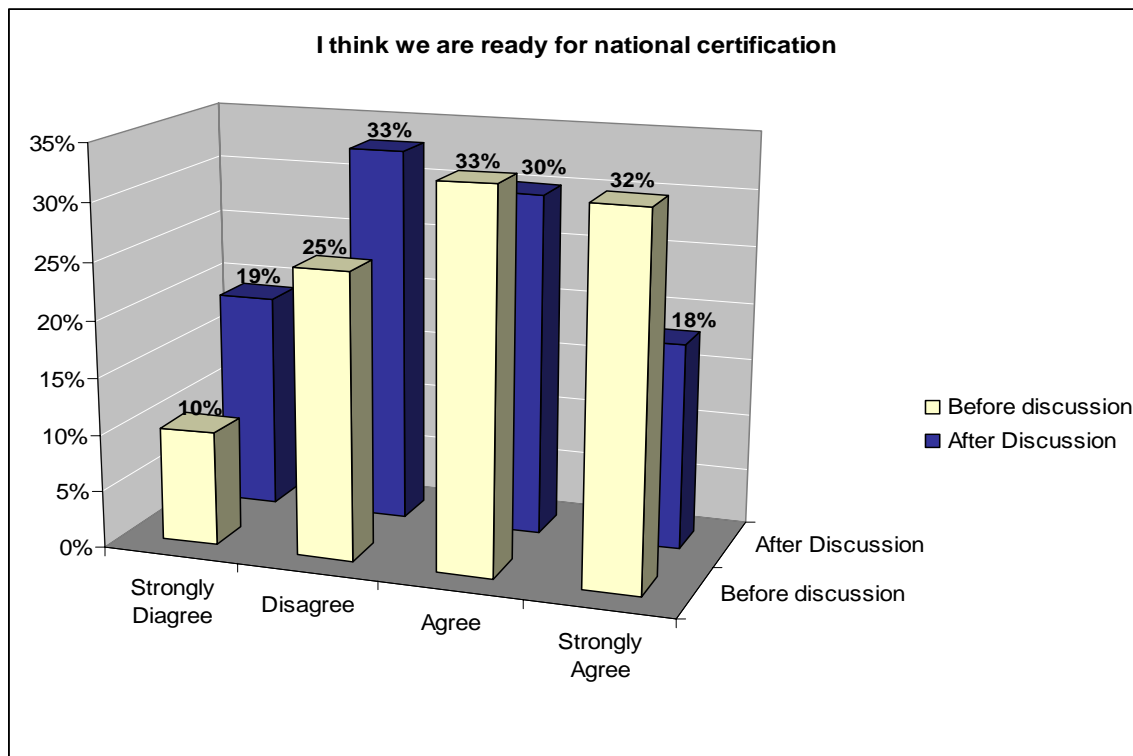
***Responses to Proposition 1 – I think we are ready for national certification now (beginning and end).***<sup>2</sup> At the start of the forum, the confidence level of participants across the 10 forums that we are ready as a field for national certification was fairly high.<sup>3</sup> Sixty-five percent of the participants across the 10 forums registered agreement (“agree” or “strongly agree”) with the proposition “I think we are ready for national certification now” at the beginning of the session. However, by the end of the session, only 48% of the participants still registered agreement with this proposition. That is, a number of participants had changed their opinion after discussion and seemed less confident that we were ready for national certification at this time.

A look at the individual forums, however, showed some interesting variations. In one forum, participants went from little agreement with the proposition at the beginning (only 32% agreed) to high agreement with the proposition at the end of the session (72% agreed). For participants in this group, it appeared that the discussions convinced a number of participants that the field was ready for national certification. In another forum, participants showed very little change from beginning to end. At both times, participants disagreed with the proposition that the field was ready for national certification (80% at the beginning and 78% at the end). Still, the data seem to indicate that, for the most part, once participants have a chance to consider all the conditions needed for national certification and examine both the potential benefits and pitfalls of implementing national certification, they realize that a lot of groundwork still needs to be done.

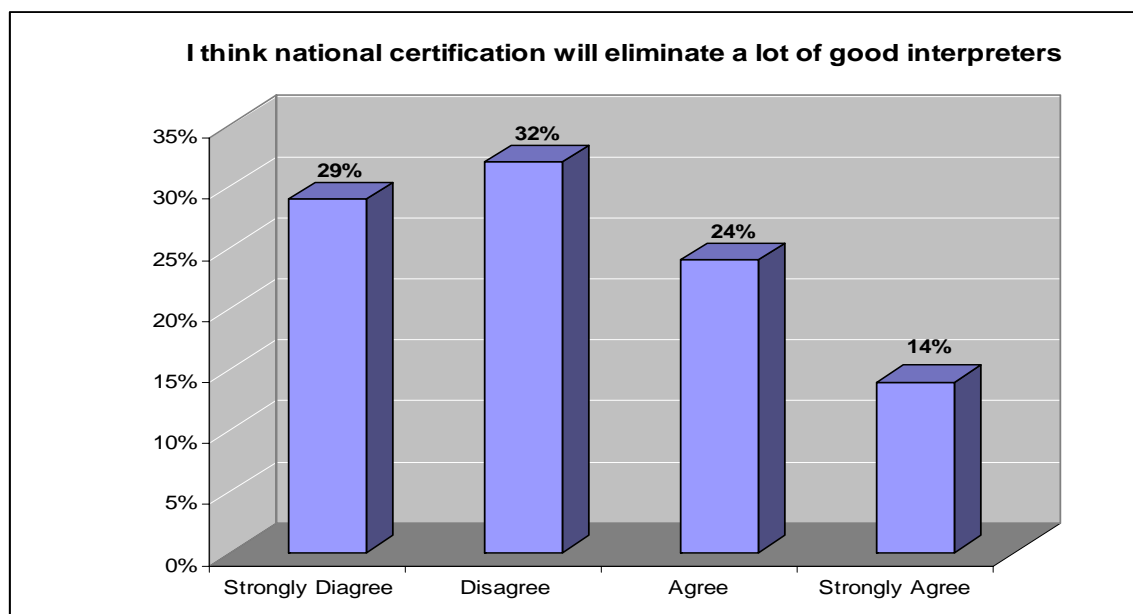
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<sup>2</sup> It should be noted that the number of ratings recorded at the beginning and at the end are not always the same as participants entered and left the forum at different times.

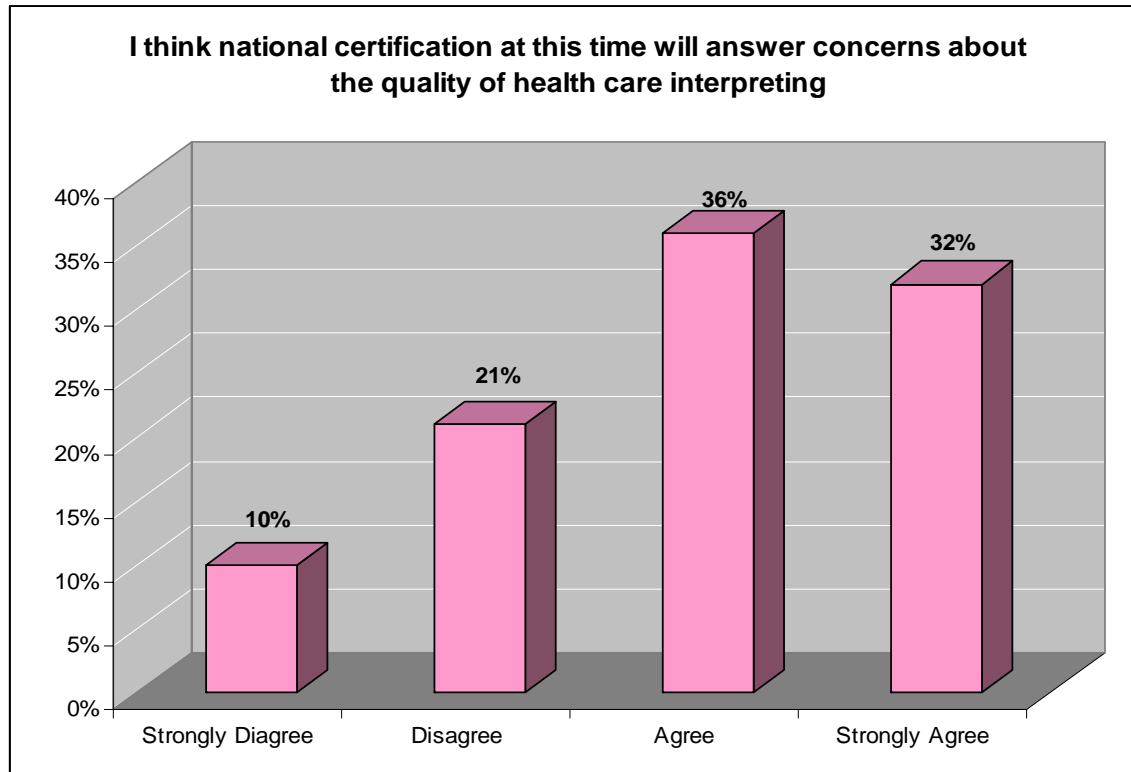
<sup>3</sup> Data from two of the forums were not included in the analysis of ratings on this proposition because of incompleteness. Data from the first forum held at the Quality Health Care for Culturally Diverse Populations were not included because the facilitator was unable to do the pre and post Consensogram on this proposition. This forum had been preceded by a workshop on the status of certification assessments across the country and the presenter had asked for a show of hands on how many agreed that the field was ready for national certification. The presenter then went on to discuss the pros and cons of national certification at this point in time. To recognize that a “pre-rating” had already taken place by a show of hands, participants were asked to indicate their rating through the Consensogram process only at the end. The Consensogram responses did show a marked decrease in agreement with this proposition from the earlier show of hands. One other forum did not have data on the second rating.



**Responses to Proposition 2 – I think certification will eliminate a lot of good practicing interpreters:** Responses to this proposition across all the 12 forums indicated that the majority of the participants (61%) did not think that certification would eliminate a lot of good practicing interpreters. In only three of the forums was there very high agreement with this proposition. All three were held at conferences of state-based interpreter associations.



**Responses to Proposition 3 – I think certification will resolve questions about the quality of health care interpreting:** Across the 12 forums, 68% of participants agreed that certification at this time would resolve questions about the quality of health care interpreting. In three forums, there seemed to be more of a split on this proposition. In one forum, the majority disagreed with the statement; however, the participation in this forum was low.



In summary, while participants in the forums tended to change their minds about the readiness for national certification, there is still a perceptible desire to move ahead with certification across the country. While there is some concern that certification could result in eliminating a number of good practicing interpreters, there was also a general belief that certification could answer current concerns about the quality of health care interpreting.

## Discussion Questions

Four questions were designed to elicit as much input from forum participants as possible about what needs to happen in order for national certification to move forward. However, because each forum had different time constraints, not all questions were discussed in each forum, but all questions were discussed in one or more of the forums. For purposes of this summary report, the responses of individual participants have been organized into categories and a narrative created of the set of responses to each question.

## **Question #1: What are the conditions that need to be in place for national certification to be credible and successful?**

This question was the central question asked at all of the forums. Participants in all 12 forums responded to this question by raising five general categories of conditions for a credible and successful certification process:

1. Solid buy-in from major stakeholders
2. Issues of organization
3. Need for and importance of training programs
4. Test development issues
5. Creation of pre and post certification conditions

Each of these conditions is discussed in detail below.

### ***1. Solid buy-in from major stakeholders***

Participants in all 12 forums raised the importance of developing buy-in from major stakeholders and the possibility of legislative support for certification. Participants also suggested the need for *raising awareness* among these stakeholders on the importance and significance of certification for the profession.

Stakeholders that were mentioned included:

- Providers
- Interpreters
- Interpreter organizations
- Patients
- State organizations
- Hospital administrators
- Accreditation agencies such as JCAHO
- Interpreting services providers, both for-profit and non-profit agencies
- Insurance companies
- Government entities especially government payees
- Community organizations
- Ethnic communities
- Civil rights organizations
- Unions

Participants saw several *purposes* for such stakeholder acceptance: to create a demand or to lobby for certification; to generate support for the use of certified interpreters; and to push the national agenda and come to agreement on testing at a national level while still continuing to support state-level certification.

A number of responses raised the issue of *compliance* calling for government mandates, whether state or federal, that would require the use of certified interpreters, or accreditation requirements such as through JCAHO in order to ensure compliance. There was a concern

that companies and organizations be held accountable and liable for hiring certified interpreters.

A question about *legislative support* was raised at several forums. Would certification require legislation? Even if it didn't, should there be a national law that would require certification to provide back-up and support? There was the opinion that current laws are too vague and provide no guidance on certification.

Participants also recommended that there be a "*marketing*" effort to raise awareness about the need for and acceptance of the value of certification. Such awareness-raising needs to occur among consumers of the service – providers, the public, hospitals, and patients. Part of this 'marketing' effort needs to target health care facilities and other consumer organizations on the risks of not using certified interpreters and providers on the appropriate role of the interpreter.

## **2. *Issues of organization***

Several issues about the *nature of the certifying body* as well as the body that would administer the certification process were put forward at 10 of the 12 forums. However, it was unclear whether or not the respondents actually recognized the difference in these two tasks and the possibility that these functions could be separated and assigned to two different bodies – one with the authority to certify and the other with the responsibility of administering the test/process.

With respect to the nature of the certifying or governing body, a number of *characteristics and duties* were mentioned. Overall, there was general agreement that the certifying body had to be a widely recognized, credible and neutral national organization. But, as someone asked: "Who decides if that body is credible?" Participants offered a number of suggestions on the *nature of this certifying body*. There was a proposal that the certifying body should not be a government agency while another proposal suggested that it should. Others thought that it should not be an employer or an educator of interpreters but the central concern of both seemed to be a desire that the certifying body be "a disinterested party without a vested interest in the outcome." Others suggested the possibility of a National Board created by the major interpreter associations or the development of a consortium model. The only national organizations mentioned by name were the NCIHC and the DHHS as a possible overseer of the process.

With respect to *administration* of the test, again concerns about neutrality and credibility of the administering organization were raised. Connected to these concerns were statements about the need to ensure the credibility of examiners and raters by providing uniform or standardized training.

Another issue of organization had to do with the *accessibility* of the certification/testing process. There was a concern that the testing process had to be readily available and possibly offered year-round, in order to ensure equal opportunity. It was also suggested that there had to be easy access to test sites and testing materials.

Finally, the forums also identified issues of *funding* and a *timeframe*. With respect to funding, several questions were raised as to where the funding for certification would come from as well as funding for training, implementation and enforcement. As to the timeframe, comments were made with respect to development (“do it in less than 20 years”), and implementation (What is the timeframe for implementation? What will the time lag be between the start of testing and the time when certification becomes a requirement to practice?).

### **3. *Need for and importance of training programs***

At 11 of the 12 forums, the need for and importance of training programs was cited as a condition that needed to be in place for national certification to be credible and successful. A major concern had to do with the *establishment of national standards or criteria for training programs* and for trainers of interpreters. There was a general impression that such standards would lead to the standardization of training programs and would provide consistency across the country in the preparation and education of interpreters.

In addition many of the responses described *characteristics* of the training as formal, credible, affordable, widely publicized, and available throughout the country. Other responses spoke to the *nature of the training* as “geared to the competencies being tested,” “training to the test,” or providing “curriculum based on the test.” However, an important question was raised at one of the forums addressing this issue of the nature of the training: “Which should come first: training or test?” The importance of this question anticipates comments made in other sections that point out the reality that not everything that an interpreter should know or be able to do is appropriate for inclusion on a certification test or whether it can even be tested.

The need for a variety of *resources* was also addressed among the responses. For example, among the resources mentioned were:

- Availability of accredited educational/training programs such as training schools or centers of education, classes to get ready for certification, continuing education, and internships
- Published parameters of what will be tested, e.g., a manual
- A specific list of measurable competencies
- Standardized competencies
- Study guides and other materials to prepare for the test such as software, PDAs, on-line study tools and courses that could be used for self-study
- Scholarships

A number of responses suggested consideration of other training-related issues and questions:

- Utilization of research on the knowledge acquisition process
- Knowledge on how to create skill-based training curricula
- Requiring an orientation session that describes the testing process and content
- Whether training should be a requirement prior to taking the certification test

#### 4. *Test development issues*

All 12 forums had a considerable number of responses that addressed different aspects of the test development process. These responses have been categorized into five themes: characteristics of the test, the test development process, the methodology and content; the inclusion and management of diverse languages; and levels of certification.

- *Characteristics of the test:* The most often cited characteristics desired of the test were validity, reliability, and affordability. Additional questions were raised such as “How is credibility defined?” and “Is it credible if only 4% of the test takers pass.” There was concern that the certification test needed to remain valid over time and that people had to believe that it was valid.
- *Test development process:* Many of the comments spoke to the need to involve all stakeholders in the development process. Among those mentioned were: medical interpreting experts, health care professionals/providers, educators, interpreter associations, language groups, government, and universities. Other comments suggested that there was a lot to be learned from research on best practices, prior mistakes, and states that were already certifying. Proposals were also made to use an already existing model, to have an expert panel develop the certification process, or to start with state certifications before going to a national level.
- *Content of the test:* A key question raised was “What are we testing?” and “How will we validate it?” While there seemed to be agreement on the test having both a written and oral component, it was not clear if these simply referred to methodologies or, as was also suggested, proficiency in both written and oral skills. Other methodology-related suggestions included the use of both qualitative and quantitative measures, specific methodologies for non-readers or speakers of unwritten languages, and language specific tests.

Participant responses spoke to the need to arrive at agreement on the skill set required and the identification of core competencies rather than venue-specific competencies. Several mentioned the importance of having standards of practice as part of certification. Some disagreement was found on whether the test should be completely skill-based or whether it also needed to include the knowledge base. Part of the argument for skill based testing was that interpreters needed to demonstrate the ability to apply skills in real life situations. Among the competencies mentioned were: linguistic skills, terminology, modes of interpreting (e.g., simultaneous, consecutive, sight translation); ethical procedures, a cultural component including clinical culture, and areas of medical specialization. Disagreement was found on the inclusion of regional or dialect differences. For example, one comment suggested that decisions needed to be made on accepted vocabulary/terminology across different dialects of the same language while another comment suggested the inclusion of regional or dialect differences.

- *Levels of certification:* In many of the forums, the idea of levels or tiers was proposed with a number of suggestions as to how these levels or tiers could be determined: Some of the suggestions included:
  - By proficiency (e.g., entry, basic, master)
  - By specialty (e.g., primary care, medical specialty, mental health)
  - By venue (e.g., on-site, telephonic, video)
  - By governing agency (e.g., state or federal)

Such leveling or tiering of the certification process could allow for phasing in of the different levels and the ability of interpreters to grow into the more specialized or higher levels of certification.

- *Management of diverse languages:* A major concern expressed in a number of forums was the need to address and manage the certification process to be as inclusive of as many diverse languages as possible. Suggestions were made to develop a plan that identified in which languages the test would be developed first, and which languages would be added in time. There also was recognition that this could be a long process and so the following questions were posed; “Will there be something else in place for other languages while we develop certification for one language?” and “How do we qualify interpreters who speak a language for which there is no certification?”

## 5. *Creation of pre- and post- certification conditions*

All 12 forums addressed conditions that had to do with pre- and post- certification conditions, although the number of responses that fell under this category was considerably less than the four previous categories.

Among the pre-certification conditions that were raised were the following:

- The identification of nationally recognized assessment tools for language skills and the testing of language proficiency
- The establishment of national standards for or standardization of
  - Training
  - Testing
  - Practice (Standards of Practice<sup>4</sup>, including the role of interpreter)
- Decisions with respect to grandfathering: whether or not grandfathering should be allowed
  - Grandfathering should not be allowed
  - Grandfathering could address the issue that some interpreters who have been interpreting a long time might not pass
  - If grandfathering is allowed, a required condition should be continuing education
- Development of a market for certified interpreters

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<sup>4</sup> I should be noted that such standards of practice already exist: *National Standards of Practice for Interpreters in Health Care*. NCIHC, 2005



Among the post-certification conditions that were raised were the following:

- Job availability
- Increased pay; better wages
- Requirement of periodic re-certification or continuing education requirements
- Development of a registry of certified interpreters to allow for credential verification

**Question #2: What are the potential benefits and pitfalls of national certification? Who might it potentially help? How? Who might it potentially harm? How?**

This question was also asked in all 12 forums. The discussion of both benefits and pitfalls is presented below in relation to each of the groups that were identified by the participants: patients, individual interpreters, health care providers, hospitals/health care facilities/interpreter agencies, the profession of interpreting, training programs and trainers, and society at large. Interestingly, the benefits and pitfalls were often mirrors of each other. What was a benefit for one group could be a pitfall for another. In other instances, the flip side of a benefit for a specific group could also be a pitfall for that same group.

➤ **Patients:**

- **Benefits:** The most frequent benefit cited for patients was improved **quality of care**. This general benefit was also expressed as better outcomes for the patient, better service, and increased safety.
- **Pitfalls:** The prevailing pitfall across the groups was the potential for a *diminished supply* of interpreters if few interpreters were able to become certified and/or the costs of hiring interpreters increased thereby harming patients. Patients from small or rare language groups were named as having the greatest potential for being harmed if many interpreters from these language groups did not pass the test since they tended to already have a small pool of available interpreters. It was also thought that health care facilities might decide not to use certified interpreters because of *increased costs*, or, if interpreter services were a billable service but patients could not afford it, that they might elect to use ad-hoc interpreters instead thereby affecting the quality of health care. Another concern was that certification could create additional bureaucracy, slowing down the health care process and again harming patients.

➤ **Interpreters:**

- **Benefits:** By far, the greatest number of benefits mentioned applied directly to interpreters. The most frequent benefit mentioned for interpreters was the potential for *increases in pay*. The possibility was also brought up that with certification more hospitals would see the benefit of hiring certified interpreters including more face-to-face interpreters. One comment pointed out the possibility that hospitals had moved to contracting with remote interpreting agencies because they certified their interpreters. Other benefits mentioned were: recognition, greater credibility and self-respect, higher profile and prestige, better training, job security, and increased motivation and self-confidence. *Marketability* was also identified as a benefit

since national certification would provide “portability” and consistency of credentials making interstate relocation easier.

- **Pitfalls:** A number of potential pitfalls for interpreters were identified. One frequently mentioned pitfall was the possibility that a significant number of currently working *interpreters might not pass the test*. There was concern that some people did not test well or found testing to be intimidating thereby leading people to leave the field and/or eliminating some good interpreters. If certification were coupled with raised standards and/or background checks, this too could drive away interpreters (both good interpreters and unqualified interpreters) and/or heritage speakers who might not have the vocabulary to meet the standards. Certification could be potentially most harmful for interpreters from rare or small language groups or for interpreters who worked only once in a while. There was also a concern expressed across many of the focus groups that certification would be *costly* and could also involve additional expenses for training – costs which many interpreters would not be able to afford.

### ➤ **Providers:**

- **Benefits:** Provider benefits focused on the positive aspects of better and more effective *communication* between the patient and provider possibly leading to better health outcomes. Another possible benefit was that providers would see interpreters as more dependable and have greater *confidence* and trust in them. Better interpreter-provider partnership was also mentioned.
- **Pitfalls:** There were no specific pitfalls mentioned directly for providers except as implied in the potential for diminished quality of care if the supply of interpreters decreased and costs increased. These pitfalls are discussed in the section on “hospitals and health care facilities.”

### ➤ **The Health Care Interpreter Profession**

- **Benefits:** The health care interpreter profession as a whole was also seen as benefiting from certification. With national certification, the *quality of interpreting* would increase and be ensured. There would be *consistency* of quality across state lines, and *quality control* could be ensured through compliance to a uniform set of standards. It could also help the professionalization of the field if it led to a register of certified interpreters. National certification would provide greater credibility, legitimacy, and *recognition* to the profession thereby advancing the field and making it a more attractive career path on a par with other allied health professions. It could also motivate interpreters to pursue continuing education credits.
- **Pitfalls:** Pitfalls to the health care interpreter profession centered on concerns that the profession could become *elitist* and exclude interpreters with less education or less than proficient grammar. There was also the perception expressed that there were currently different standards across the country with different states having different needs therefore suggesting that national certification may not be appropriate at this time but rather should be state-based. One state-based focus group raised the issue that if national certification were in place, it could make that state’s certification worthless.

An important question raised was whether certification would be a *requirement for practicing* the profession. A concern was expressed that if certification were not required, getting certified would not mean anything and could actually hurt interpreters who had gotten certified. Other questions focused on the purpose of national certification, whether the process of development would be legitimate, the difficulty of dealing with regionalisms in a national test, whether the application of the same standards to all languages was fair, and whether certification was even realistic for the less common languages.

➤ **Hospitals/Health Care Facilities/Interpreter Agencies**

- **Benefits:** Three major potential benefits were cited for hospitals and health care facilities. One benefit was *ease of hiring*. With national certification, health care facilities would have an easier time knowing who to hire based on known criteria. (This benefit was also cited for interpreter agencies.) The second benefit mentioned was *risk management*. It was thought that national certification would improve patient safety thus leading to less risk of liability and decreased potential for litigation. A third benefit was *financial*. With national certification, it was thought that the likelihood of reimbursements for interpreter services could increase from insurance companies and government, both at the state and federal levels.
- **Pitfalls:** Nine of the focus groups mentioned *cost* as the primary pitfall for hospitals, health care facilities and interpreter agencies in terms of the cost of hiring interpreters and the corresponding increase in the cost of health care.

➤ **Training Programs and Trainers**

- **Benefits:** Training programs and trainers were also seen as beneficiaries of national certification. By having national certification, trainers would have *clear criteria* on which to base the training, more students would be interested in training, and trainers would be able to provide more advanced courses. National certification would also increase the market for trainers.
- **Pitfalls:** On the other hand, there was the possibility that many training programs would have to revamp their curriculum to meet the certification standards.

➤ **Society and the Public-at-Large**

- **Benefits:** A few comments mentioned benefits to society and the public-at-large. For example, one comment suggested that *access* to health care would increase and *disparities would be reduced*. Other comments pointed out the potential for *decreasing health care costs* in the long run since a healthier population would require less health maintenance, and costs related to liability issues would also be diminished.
- **Pitfalls:** The potential for increased *costs* in the delivery of health care was mentioned in several focus groups.

### **Question # 3: What more do we need to know about what makes a competent interpreter before we move forward with national certification?**

Seven of the 12 forums had the time to address this question. In one forum, there seemed to be mixed opinions about moving forward quickly now that there were national standards or slowing down the process until there was sufficient training available. A number of the responses offered suggestions as to what needed to be in place and decisions that needed to be made before the implementation of national certification. These are presented below as a series of questions. However, by far, participants responded to this question as if the question had been “What should we test?”

#### **➤ Questions pertinent to the certification process**

- Should certification be state-based or national?
- Should national certification test for minimal standards or a “gold” standard?
- Who will be the certifying body and what will its responsibilities be in addition to the testing – reviewing challenges and appeals, revocation of certification?
- Who will be the test administrators and raters?
- What would the cost be?
- Are there sufficient training programs? Are there guarantees that the teaching institutions will competently prepare candidates for certification?
- Who would pay to prepare for certification? The state? Hospitals?
- What will be the required pre-requisites to taking the certification test? Training? Education and, if so, at what level? Equivalence in terms of experience and interpreting hours?
- Will recertification be part of the process?
- What place will continuing education such as attendance at conferences have in the certification process?
- How will support from the health care system and the public be created?

#### **➤ Questions pertinent to what will be tested**

- What should we be testing given that not everything can be tested? How do we consider actual performance? What is more appropriate for on-going supervision? (See below for list of responses regarding what should be tested.)
- Will literacy skills be required for all language groups?
- Should language proficiency standards be established?
- What languages would be certified?
- Are there clear understandings in the field of what constitutes accuracy? How can we assess for accuracy when language is constantly changing and regionalisms exist? Should accuracy and completeness be the standard or is “mirroring” the conversation more important?
- What are the auxiliary skills that an interpreter needs?
- What are the skills involved in fulfilling the code of ethics (advocacy in particular)?
- What abilities are required to be a cultural broker and how can this be tested especially when an interpreter may interpret for many cultural groups?

➤ **What research do we need?**

A couple of forums raised the need for research before moving forward. The comment was made that, at the moment, the standards and the parameters of the role are based on beliefs rather than what we know from evidence-based practice. We need a better understanding of the skills that are needed and research that links interpreter competencies to health care outcomes.

➤ **What do we test?**

Participants across the seven forums came up with a long list of things that made an interpreter competent. The responses have been categorized into skills, knowledge, and attributes. However, as one of the questions above implies, not all of these things can be tested and not all are appropriate to a certification test.

○ **Skills**

- Different modes of interpreting
- Language skills
- Accuracy
- Short term memory
- Skills of the profession such as listening skills
- Sight translation
- Ability to maintain professional boundaries
- Advocacy
- Ability to change register
- Cultural competence
- Communication skills
- Interpersonal/people skills such as being able to discern what a patient needs
- Ability to adjust to the environment while still maintaining a professional demeanor
- Ability to adapt to changes
- Ability to command respect
- Ability to not impose values
- Ability to stay neutral
- Problem-solving skills, critical thinking
- Ability to handle stressful situations such as in the hospital or home care
- Ability to research and study, prepare for assignments
- Ability to document encounters
- Computer skills

○ **Knowledge**

- Knowledge and application of the code of ethics to ethical questions
- Understanding of the role of the interpreter
- The importance of the culture broker role
- Knowledge of various cultures including the culture of medicine

- Medical terminology
  - Insurance terminology
  - Role of body language and non-verbal signals
  - Health care protocols and procedures such as patient safety
  - Pain management
- **Attributes**
    - Love and respect for the community
    - Patience
    - Being able to get along with others
    - Professional attitude
    - Desire to learn and grow
    - Self-motivated
    - Self-respect
    - Respect for others
    - Adaptability and flexibility
    - Mental stability
    - Bicultural
    - Cultural sensitivity
    - Common sense
    - Empathy
    - Emotional control
    - Commitment

**Question #4: What are the biggest challenges to implementing a successful national certification program?**

Only four of the forums had the time to respond to this question. The most frequent responses had to do with the need for collaboration in the development and acceptance of the certification tool and the process. Other responses addressed issues of the certification process itself, training, and building acceptance for certification.

➤ **Collaboration**

The need for collaboration was prominent in the discussion of challenges at two NCIHC forums. In addition, the question was also raised as to whether there was a willingness to collaborate at all levels. While it was mentioned that the name recognition attached to the NCIHC has been helpful in moving the certification agenda forward, the point was also made that NCIHC and local organizations needed to work together. There was an interest in making sure that stakeholders entered into a dialogue and decided on who would take the lead but at the same time ensure that no personal interests would benefit from certification. The opinion was expressed that it was important to get everyone moving in the same direction as there were currently too many different ideas on how to move forward but, at the same time, make sure that all voices were heard and that the process was not exclusive.

Another strand of collaboration involved the support of organizations such as JCAHO, OMH and AHA.

➤ **The certification process**

A number of challenges were identified with respect to the certification process itself.

Among these were:

- Deciding the level of the test – general or specialized, by region
- Determining the method of delivery to use to make the test accessible – on-site in various cities, by phone, by internet
- Deciding if there will be pre-requisites to taking the test and, if so, what – education, experience, prior training, proof of language proficiency
- Designing the test so it is valid for different languages and cultures
- How to standardize the test from state to state given that each state could have its own standards
- How to provide a clear standard benchmark that is also fair for all linguistic communities including newly arrived ones
- How to make the test affordable
- Who will pay for certification – the interpreter, the government, insurance companies
- How to avoid penalizing non-certified interpreters such as receptionists who may be used to interpret short interactions for which a professional interpreter would never be called in the first place
- How will adequate and affordable training be provided that will help candidates meet the certification requirements
- How will trainers and exam raters be trained

➤ **Building acceptance**

Another challenge mentioned was the need to create professional recognition and generate acceptance for certification in medical institutions, both large and small; government organizations; accrediting and health care related organizations such as JCAHO and AMA; professional organizations such as ATA; and political and ethnic communities.

## **In Summary**

Participants across the 12 forums were generally in agreement that in order for certification for health care interpreters to be credible and successful, three conditions needed to be in place:

- Recognition of a neutral, national organization that could take the lead in establishing a collaborative and inclusive development process and begin to examine the many concerns and questions raised through the forums
- Availability of quality training and educational programs based on a shared understanding of the core competencies and knowledge base of a competent health care interpreter
- Stakeholder buy-in and support

In addition, the discussions proposed thoughtful recommendations, expressed well-founded concerns, and raised important questions all of which need to be considered as the field of health care interpreting moves towards national certification. Participants in the forums recognized that there were both positive and negative consequences that could arise from certification. These consequences need to be examined in order to better understand them and find solutions that could help ameliorate those that are potentially negative. The change in opinion among many of the participants that the profession may not be ready for national certification just yet speaks to the importance of respecting the complexities involved in this endeavor. While it was apparent that there was a general sense of urgency to create a national certification process, the forums highlighted the need to ensure a well thought-out, systematic, and systemic process of development that addresses not only the creation of a testing instrument of high technical quality but also fosters the conditions that would make the certification of health care interpreters a valued element of quality health care.



## Appendix A: Model Forum Syllabus

### Workshop Plan

<i>Time</i>	<i>Topic</i>	<i>Content</i>	<i>Materials</i>
3:30 – 3:40	Introduction	<ul style="list-style-type: none"> <li>• Move toward National Certification</li> <li>• Publication of California Endowment report</li> <li>• NCIHC interested in advancing dialogue</li> <li>• Seattle conference</li> <li>• Change in topic of this workshop</li> <li>• What will be done with results</li> <li>• Survey</li> </ul>	Survey - 60
3:40 – 3:50	Consensograms	<p>Ask participants these questions, and have them indicate their level of agreement with each statement (1- strongly disagree; 2- disagree; 3 – agree; 4 – strongly agree) by writing the number for their level of agreement on the appropriate color Post-it™ note.</p> <ul style="list-style-type: none"> <li>• I think we are ready for national certification now. (gold)</li> <li>• I think national certification will eliminate a lot of good practicing interpreters. (pink)</li> <li>• I think national certification at this time will answer concerns about the quality of health care interpreting. (green)</li> </ul> <p>Ask a couple of people to collect the 3 Post-its and stick them on the appropriate chart, building a bar graph on each.</p>	Post-it™ notes, four colors, placed on surveys  Flip chart pages, with questions and graph written on them  Tape  Assistants
3:50 – 4:20	Conditions for National Certification	<p>Small group discussion – 3-4 groups (15 minutes)</p> <p>Question: What are the conditions that need to be in place for national certification to be credible and successful?</p> <p>Ask someone from each group to report out. Chart as before.</p>	Flip chart Markers
4:20 – 4:50	Benefits and pitfalls	<p>Small group discussion</p> <p>Question: What are the potential benefits and pitfalls of national certification? Who might it potentially help? How? Who might it potentially harm? How?</p> <p>Ask someone from each group to report out. Chart as before.</p>	Flip chart Markers
4:50 – 5:00	Are we ready?	<p>Before leaving, ask participants to respond again to the statement, <i>I think we are ready for national certification now</i>, using the last colored Post-it™.</p>	

## Appendix B: Demographic Tables

### Legend: Demographic Questions

The forums are identified in the tables by letters, as follows:

- A. Quality Health Care for Culturally Diverse Populations, Seattle, WA, September 2006
- B. Massachusetts Medical Interpreters Association (MMIA), Boston, MA, October, 2006
- C. California Healthcare Interpreting Association (CHIA), San Jose, CA, March 2007
- D. California Workers Compensation Interpreters Association, Buena Park, CA, May 2007
- E. North Carolina AHEC, Charlotte, NC, June 2007
- F. National Council on Interpreting in Health Care Membership Meeting (NCIHC 1), Chicago, IL, June, 2007
- G. National Council on Interpreting in Health Care Membership Meeting (NCIHC 2), Chicago, IL, June, 2007
- H. National Council on Interpreting in Health Care Membership Meeting (NCIHC 3), Chicago, IL, June, 2007
- I. Texas Association of Healthcare Interpreters and Translators (TAHIT), Houston, TX, August 25, 2007.
- J. Nebraska Association for Translators and Interpreters, (NATI), Bellevue, NE, August 4, 2007
- K. Tennessee Association of Professional Interpreters and Translators (TAPIT), Nashville, TN, September 14, 2007
- L. Medical Interpreters Network of Georgia (MING), Atlanta, GA, September 15, 2007

**NOTE:** Demographic questions 1, 2, and 3 have percentages greater than 100% due to multiple answers from the same respondent. Question 4 has fewer respondents than in the other questions since only interpreters were asked to respond to this question.

**1. In what way are you related to health care interpreting?**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>Total</b>
Dedicated full time interpreter	14% (3)	48% (22)	10% (3)	14% (6)	35% (17)	29% (8)	47% (7)	0	28% (29)	55% (6)	24% (11)	32% (20)	29% (132)
Dedicated part time interpreter	9% (2)	7% (3)	21% (6)	5% (2)	13% (6)	4% (1)	13% (2)	9% (1)	7% (7)	9% (1)	20% (9)	6% (4)	10% (44)
Freelance interpreter	9% (2)	33% (15)	21% (6)	62% (26)	17% (8)	18% (5)	13% (2)	9% (1)	35% (36)	9% (1)	38% (17)	45% (28)	32% (147)
Volunteer interpreter	0	4% (2)	14% (4)	0	13% (6)	4% (1)	13% (2)	0	10% (10)	9% (1)	16% (7)	11% (7)	9% (40)
Manager of interpreter services	48% (10)	20% (9)	21% (6)	2% (1)	13% (6)	39% (11)	53% (8)	36% (4)	10% (10)	18% (2)	9% (4)	5% (3)	16% (74)
Health care Administrator	0	4% (2)	10% (3)	5% (2)	4% (2)	0	20% (3)	0	5% (5)	0	0	0	4% (17)
Health care provider	5% (1)	0	3% (1)	0	21% (10)	0	7% (1)	0	2% (2)	9% (1)	4% (2)	2% (1)	4% (19)
Interpreter Trainer	25% (5)	22% (10)	24% (7)	2% (1)	4% (2)	32% (9)	67% (10)	36% (4)	4% (4)	18% (2)	11% (5)	5% (3)	14% (63)
Other**	38% (8)	17% (8)	14% (4)	21% (9)	27% (13)	18% (5)	33% (5)	9% (1)	31% (32)	9% (1)	20% (9)	15% (9)	22% (102)
<b>TOTAL (# of questionnaires returned)</b>	<b>21</b>	<b>46</b>	<b>29</b>	<b>42</b>	<b>48</b>	<b>28</b>	<b>15</b>	<b>11</b>	<b>102</b>	<b>11</b>	<b>45</b>	<b>62</b>	<b>460</b>

\*\* Among the more frequent responses under the “Other” category were: legal/court interpreters, interpreter agency representatives, specialty specific interpreters such as those in mental health, ER, etc., current interpreter students, educators, dual role interpreters, screeners/recruiters/schedulers, and researchers/policymakers.

## 2. In what venue(s) do you interpret/work?

	A	B	C	D	E	F	G	H	I	J	K	L	
Hospital	12	38	18	14	31	21	14	5	73	10	30	40	85% (306)
Clinic	10	18	5	20	22	9	10	4	36	9	21	38	44% (202)
Physicians' offices	0	2		8				1				6	4% (17)
Home Health	1	10	2	2	8	6	5	2	14	7	6	4	15% (67)
Nursing Home		6	1	1	5	2	4	2	3	3	2	1	7% (30)
Court		0	1	15		1		1			2		4% (20)
Other**	2	11	5	0	11	8	7	2	40	5	7	14	24% (112)
TOTAL (questionnaires returned)	21	46	29	42	48	28	15	11	102	11	45	62	460

\*\* Among the more frequently mentioned "Other" venues were: conference, business, government, schools, community non-profits, social programs, housing, private customers

## 3. In what modality do you most frequently work or use interpreter services?

	A	B	C	D	E	F	G	H	I	J	K	L	
Face-to-face	14	37	26	38	45	22	13	5	89	10	40	55	86% (394)
Telephonic	4	17	8	7	16	8	6	4	37	3	13	23	32% (146)
Video	2	3	1	4			1		3				3% (14)
Other**			1	1	3	1	1		16		1	1	5% (25)
No response				4				2					
TOTAL (questionnaires returned)	21	46	29	42	48	28	15	11	102	11	45	62	460

\*Responses under "Other" tended not to refer to modalities.

**4. If you are an interpreter, what formal training have you received as an interpreter?**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	
Less than 40 hours	1	4	3	4	15	1	1	0	21	0	8	7	15% (65)
40-80 hours	4	11	6	2	9	5	6	3	17	4	9	27	24% (103)
80-120 hours	2	7	1	8	4	6	3	1	12	0	11	8	15% (63)
More than 120 hours	5	11	9	14	10	2	2	2	25	5	8	11	25% (104)
BA in T&I	0	1	1	2	6	2	1	0	2	0	1	2	4% (18)
MA in T&I	0	3	2	2	1	2	0	0	2	0	2	2	4% (16)
Other	3	2	1	3	8	0	0	2	31	0	2	1	13% (53)
TOTAL (this question)	15	39	23	35	53	18	13	8	110	9	41	58	422

## Appendix C: Consensogram Tables

**Rating Scale: 1 = strongly disagree; 2= disagree; 3=agree; 4=strongly agree**

**Proposition 1: I think we are ready for certification now. (beginning)**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>B</b> <b>n=59</b>	24% (14)	44% (26)	22% (13)	10% (6)
<b>C</b> <b>n=52</b>	6% (3)	27% (14)	44% (23)	23% (12)
<b>D</b> <b>n=54</b>	4% (2)	7% (4)	19% (10)	70% (38)
<b>E</b> <b>n=51</b>	12% (6)	20% (10)	31% (16)	37% (19)
<b>G</b> <b>n=15</b>	20% (3)	27% (4)	27% (4)	26% (4)
<b>H</b> <b>n=10</b>	30% (3)	50% (5)	20% (2)	(0)
<b>I</b> <b>n=111</b>	7% (8)	27% (30)	39% (43)	27% (30)
<b>J</b> <b>n=11</b>	(0)	9% (1)	82% (9)	9% (1)
<b>K</b> <b>n=48</b>	6% (3)	23% (11)	33% (16)	38% (18)
<b>L</b> <b>n=75</b>	7% (5)	25% (19)	31% (23)	37% (37)
<b>Total N=486</b>	N=47	N=124	N=159	N=156
	10%	25%	33%	32%

**Proposition 1: I think we are ready for national certification now. (end)**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>B</b> <b>n=47</b>	9% (4)	19% (9)	34% (16)	38% (18)
<b>C</b> <b>n=40</b>	15% (6)	25% (10)	33% (13)	27% (11)
<b>D</b> <b>n=46</b>	37% (17)	35% (16)	11% (5)	17% (8)
<b>E</b> <b>n=51</b>	37% (19)	25% (13)	22% (11)	16% (8)
<b>G</b> <b>n=14</b>	21% (3)	50% (7)	21% (3)	7% (1)
<b>H</b> <b>n=9</b>	67% (6)	11% (1)	22% (2)	(0)
<b>I</b> <b>n=109</b>	8% (9)	42% (46)	31% (34)	18% (20)
<b>J</b> <b>n=11</b>	(0)	46% (4)	64% (7)	
<b>K</b> <b>n=45</b>	7% (3)	49% (22)	40% (18)	4% (2)
<b>L</b> <b>n=81</b>	25% (20)	24% (19)	34% (27)	17% (15)
<b>Total N=453</b>	N=87	N=147	N=136	N=83
	19%	33%	30%	18%

**Proposition 2: I think national certification will eliminate a lot of good practicing interpreters**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>A</b> <b>n=33</b>	12% (4)	36% (12)	24% (8)	27% (9)
<b>B</b> <b>n=58</b>	7% (4)	21% (12)	36% (21)	36% (21)
<b>C</b> <b>n=45</b>	4% (2)	9% (4)	44% (20)	42% (19)
<b>D</b> <b>n=54</b>	57% (31)	20% (11)	19% (10)	4% (2)
<b>E</b> <b>n=51</b>	31% (16)	37% (19)	22% (11)	10% (5)
<b>F</b> <b>n=27</b>	26% (7)	41% (11)	18% (5)	15% (4)
<b>G</b> <b>n=16</b>	19% (3)	38% (6)	31% (5)	12% (2)
<b>H</b> <b>n=11</b>	27% (3)	45% (5)	27% (3)	(0)
<b>I</b> <b>n=116</b>	39% (45)	46% (53)	13% (15)	2% (3)
<b>J</b> <b>n=11</b>	(0)	(0)	55% (6)	45% (5)
<b>K</b> <b>n=49</b>	41% (20)	35% (17)	20% (10)	4% (2)
<b>L</b> <b>n=76</b>	33% (25)	34% (26)	25% (19)	8% (6)
<b>N=547</b>	N=160	N=176	N=133	N=78
	29%	32%	24%	14%



**Proposition 3: I think national certification at this time will answer concerns about the quality of health care interpreting.**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>A</b> <b>n=25</b>	24% (6)	36% (9)	28% (7)	12% (3)
<b>B</b> <b>n=59</b>	30% (18)	32% (19)	19% (11)	19% (11)
<b>C</b> <b>n=50</b>	26% (13)	26% (13)	44% (22)	4% (2)
<b>D</b> <b>n=54</b>	6% (3)	9% (5)	33% (18)	52% (28)
<b>E</b> <b>n=51</b>	10% (5)	27% (14)	37% (19)	25% (13)
<b>F</b> <b>n=27</b>	(0)	15% (4)	48% (13)	37% (10)
<b>G</b> <b>n=16</b>	(0)	19% (3)	56% (9)	25% (4)
<b>H</b> <b>n=11</b>	(0)	18% (2)	45% (5)	36% (4)
<b>I</b> <b>n=111</b>	4% (4)	27% (30)	45% (50)	24% (27)
<b>J</b> <b>n=11</b>	18% (2)	64% (7)	18% (2)	(0)
<b>K</b> <b>n=48</b>	2% (1)	13% (6)	46% (22)	39% (19)
<b>L</b> <b>n=74</b>	3% (2)	4% (3)	23% (17)	70% (52)
<b>N=537</b>	N=54	N=115	N=195	N=173
	10%	21%	36%	32%