



*Effective Interpreter
Use*



Interpreter Use Training

■ Goals:

- Improved health care delivery to low proficiency English (LEP) patients and families
- Improved provider satisfaction and fulfillment

[Start video](#)



Agenda

- Mandates for interpreter use
- Research supporting use
- Explore interpreter use skills - *Video*
- Discuss interpreter service at CPMC
- Discuss options for decreasing language barriers
- And, what you can do...



Magnitude of need: census data

- >28 million Americans are foreign born
- 44 million Americans speak a language other than English at home
- Over 300 languages spoken
- Not only urban, many immigrants now live in suburban and rural areas throughout the country.

These demographics have changed and are continuing to change rapidly. These numbers are strikingly different from 1970 census data when...



Mandates

- Professional and training organizations
- Department of Health and Human Services
- Laws

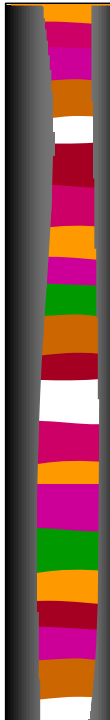
Because of the increasing diversity of the country, we are increasingly under mandate from such influential organizations as the AMA, AAP, STFM, and Liaison Committee on Medical Education to increase our medical training on all levels and to improve our delivery of care to diverse peoples.



CLAS: National Standards for Culturally and Linguistically Appropriate Services in Health Care

- “Providing culturally and linguistically appropriate services (CLAS) to [diverse patients/consumers] has the potential to improve access to care, quality of care, and, ultimately, health outcomes.”
- Standards focus on access to care in the patient’s language.
 - Department of Health and Human Services
December 2000

There are 14 Standards: There are broken down into mandates, guidelines and recommendations. The 4 mandates all deal with access to care in the patients’ language.



Data

- Well documented negative impact of language barriers on:
 - Utilization
 - Satisfaction
 - \pm Adherence

The data is relatively sparse because the need is of fairly recent origin.

For interpreter services, there is a good deal of research documenting negative impact of language barriers on

-utilization

fewer physician visits

reduced receipt of preventative services

-decreased satisfaction

-possibly adherence

--even after controlling for such factors as literacy, health status, health insurance, regular source of care, and economic indicators.



*Video:
Communicating Effectively
Through An Interpreter*



Interpreter Services at New York Presbyterian Hospital

- **Interpreter Services at NY Presbyterian Hospital: (212) 305-9607**
- Service provides Sign Language, Spanish, and French interpreters in person and by phone.
- **Pacific Interpreters**
- Professional interpreters, over 100 languages.
- Phone number and access code printed on cards available all over the medical center. Simply identify yourself and give the site-specific access code.

1. Volunteer Interpreter Services

1. Receive training. May be medical students, retired persons, varied walks of life, and varied experience levels
2. To request an interpreter best to give some notice in advance. However, whenever I have been in their office, they have an interpreter waiting to be used.
3. Pacific Interpreters: look for interpreter access technology in many of the ACN practice sites and pediatric ER. You can request this and advocate for it's provision.
4. Show the headsets.



Overcoming Language Barriers, Options:

- On-site professional interpreters
- Remote telephone interpretation
- Increase language skills of students and residents
- Train staff as interpreters
- ESL for patients/families

1. Ad Hoc interpreters
 1. Range from medical staff, to other staff (custodial), to people in waiting room, to family members, (including children), and friends.
 2. One observational study, analysis of recorded ad hoc interpreters demonstrated that 23%-52% of words were incorrectly interpreted.
 1. Cons of using family, friends, and strangers are obvious.
 1. Cons of using staff – apparent in the video.
 1. Untrained, uncompensated, with a bias, difficult to access on a busy day – could take over the encounter – discuss Sheryl’s experience
 2. Would help to train them, and then compensate them (some figures in the literature ~ \$1,500 per year)
3. On-site professional –
 1. we have this for sign language
 2. \$ for off sites

3. Remote Telephone Interpretation –