

# Healthcare Interpreting in the U.S.

The development of a profession

*Cynthia E. Roat, MPH*

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# Context: Healthcare Interpreting in 1990

# Who Interpreted?



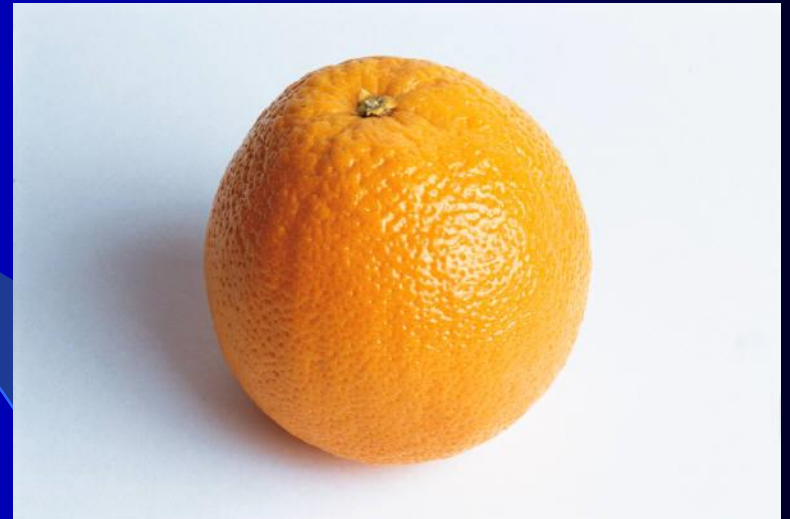
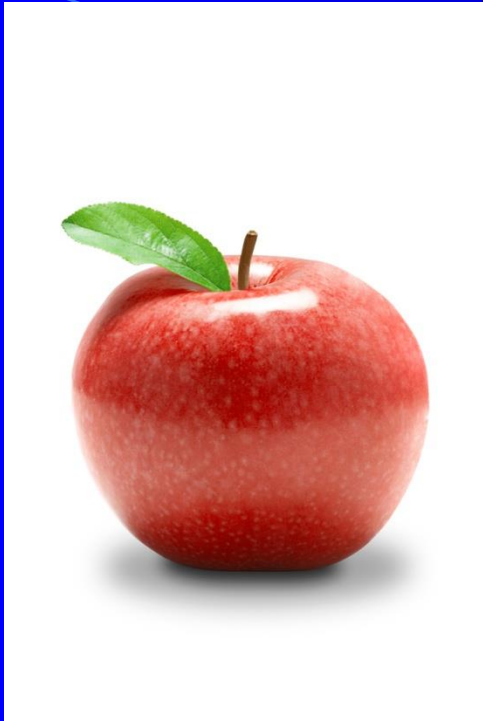
# Wait a minute!



# Proof that ASL interpreters are more advanced



# Research



# Legislation

## 1990 Americans with Disabilities Act

*1964 Civil Rights Act,  
Title VI*

# Reimbursement





# Technology



# Training



# Networking



# Certification

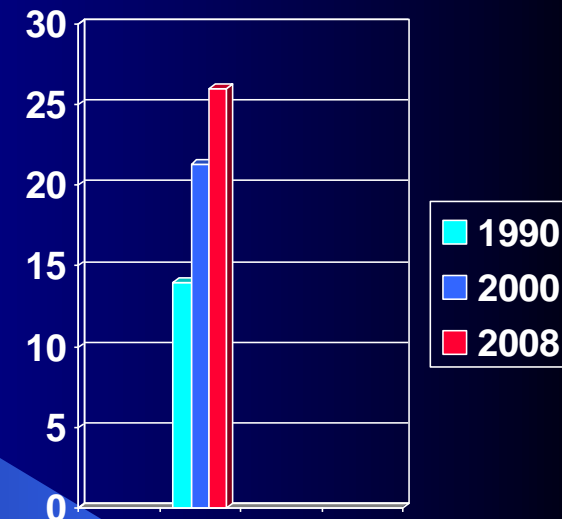


# In summary . . .



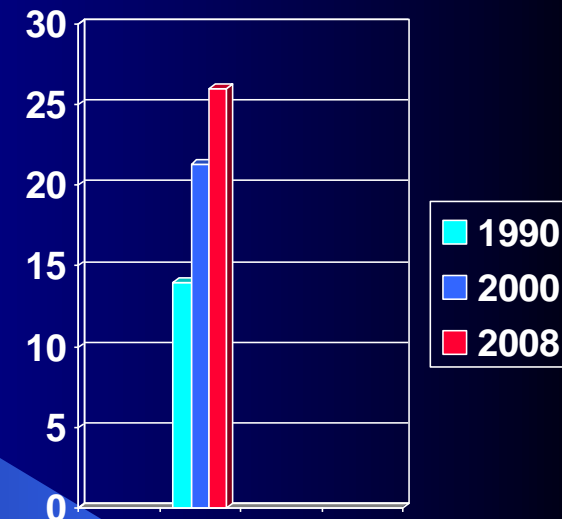
# But change was coming

- Changing demographics
- Research
- Increased OCR enforcement
- Lawsuits
- Legislation
- Changes in accreditation standards
- Reimbursement
- New technologies
- Changing norms
- Maturation of healthcare interpreting as a field



# But change was coming

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# Initial Isolated Efforts



Seattle



Minneapolis



Boston



Palo Alto



# 1994, Seattle

- First gathering of the **National Working Group in Interpreting in Health Care**: people who were working anywhere in anyway on any aspect of language access in healthcare.
- Proposed focus – role, competencies, legislation, litigation, the needs of small language groups
- Result – got stuck on role; managed not to hit each other; agreed to continue the discussion

# More meetings

- 1995: Toronto, after Critical Link  
**Result:** vetted MMIA Standards of Practice
- 1997: Boston, before first MMIA conference  
**Result:** clarification of range of roles
- 1998: Seattle, before Critical Link 2 in Vancouver  
**Result:** conversion to the National Council on Interpreting in Health Care; formation of 2 committees and an interim EC to draft structure
- 1999: Monterey  
**Result:** board and committees formed
- Annually thereafter in alternating parts of the country.

# A coherent foundation for healthcare interpreting



**Certification**

**Standards for  
Training Programs**

**Standards of Practice**

**Code of Ethics**

**Agreement on Role**

# Role

Never reached full agreement.

2001:

NCIHC publishes

*The Role of the Health Care Interpreter:  
An Evolving Dialogue*

# Code of Ethics

Why not just adopt the CHIA Code of Ethics or the MMIA Standards of Practice?



If we wanted standards that would be accepted and used across the country, we needed national input.

# Development Process

1. Do an Environmental Scan.
2. Have a team of content experts create draft standards.
3. Get broad feedback on the draft standards.
  - Online survey with specific questions.
  - Focus groups with interpreters unlikely to respond online.
4. Integrate feedback into the standards.

# This was not a fast process

- **April 2001:** *The Role of the Health Care Interpreter: An Evolving Dialogue*
- **July 2004:** *A National Code of Ethics for Interpreters in Health Care*
- **September 2005:** *National Standards of Practice for Interpreters in Health Care*
- **April 2011:** *National Standards for Healthcare Interpreter Training Programs*

# It wasn't entirely linear either

**2011** National Standards for Healthcare Interpreter Training Programs



**2002** Models for the Provision of Healthcare Interpreter Training

**2010** National Certification becomes available.



**2001** Guide to Initial Assessment of Interpreter Qualifications

**2003** Certification pilot

**2007** Are We Ready for National Certification? A Summary of NCIHC Open Forums



# What did we learn?

- Inclusion matters.
- We all had to let go of something, and that was hard.
- Work done carefully will last.

# Your Reality is a bit Different

- Internet!  
And a more tech-savvy target population.
- Greater presence of ASL interpreters.
- Field already further along.

# Some Questions for You

1. Which steps? In which order?
2. Is it important to agree on role?
3. Could you just adopt an existing Code of Ethics?
4. Valid and reliable testing takes time and money to develop. Are there other criteria that could be used to qualify interpreters in the meantime?
5. What process will give everyone a voice but still be productive?

