

Frequently Asked Questions

Since 1979, Intelligere has provided full service language solutions - including spoken language and American Sign Language (ASL) onsite interpreting solutions and document translation services to clients in Minnesota and the surrounding areas. While Intelligere serves multiple industries, they have unique experience in healthcare. The company's highly skilled interpreters provide professional, high quality interpreting services that help bridge the communication gap between patients and providers, which creates a positive service experience and helps uphold quality of care.

The following Frequently Asked Questions (FAQ) will help you better understand the need for interpreting and translation solutions in the United States.

How many languages exist in the world?

There are more than 7,000 spoken languages in the world. However, 2,000 of these languages have fewer than 1,000 people who speak that language. The most common spoken language in the world is Mandarin Chinese.

What is the difference between “interpreting” and “translation?”

In popular usage, the terms “translator” and “translation” are frequently used for conversion of either oral or written communications. However, within the language profession, translation is distinguished from interpreting according to whether the message is produced orally (interpreting) or in writing (translation).

What is healthcare interpreting?

Healthcare interpreting takes place in healthcare settings that include doctor's offices, clinics, hospitals, home health visits, mental health clinics, and public health environments. Typically, the setting is in a doctor's office between a healthcare provider (doctor, nurse, lab tech) and a patient (or the patient and one or more family members). The interpreter simply acts as the “voice” of both the clinical professionals and the patient, helping them each to understand what the other is saying, whether it is spoken or signed.

Why is interpreting important in the healthcare industry?

The interpreting of information between a healthcare provider and a patient requires special skills to accurately reflect the meaning of the conversation, while remaining culturally correct and understandable among various individuals who may have a diverse level of comprehension. Even in one's native language, healthcare terminology

can be difficult to understand. When you add a language or communication gap to the mix, diagnoses, understanding of the situation, and adherence to treatment plans can get very challenging. Additionally, healthcare systems are required by law to provide spoken language and ASL interpreters when there is a need. The ability to remove language barriers and bridge the communication gap plays a critical role in delivering better care to patients.

What is the definition of a qualified interpreter?

For spoken languages, a “qualified interpreter” is an individual who has been assessed for professional skills and demonstrates a high level of proficiency in at least two languages and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice published by the National Council on Interpreting in Health Care.

The National Association of the Deaf defines a qualified interpreter as “one who can, both receptively and expressively, interpret accurately, effectively, and impartially, using any necessary specialized vocabulary”. Several training programs and workshops are available for ASL interpreters, and they must receive a nationally recognized certifications, such as a National Interpreter Certification (NIC) or a Certified Deaf Interpreter (CDI). These certifications are issued by the Center for the Assessment of Sign Language Interpretation, LLC and managed by the Registry of Interpreters for the Deaf.

Is there a difference between qualified and certified interpreters?

A certified interpreter is an interpreter who is certified as competent by a professional organization or government entity through rigorous testing based on appropriate and consistent criteria. Interpreters who have had limited training or have taken a screening test administered by an employing health, interpreter or referral agency are not considered certified.

What is the difference between a healthcare interpreter and a bilingual individual?

A bilingual individual is a person who has some degree of proficiency in two languages. A high level of bilingualism is the most basic of the qualifications of a competent interpreter, but by itself does not insure the ability to interpret. A bilingual employee may provide direct services in both languages but, without additional training, is not qualified to serve as an interpreter.

What types of language solutions should a healthcare organization provide?

Onsite interpreting services is the preferred method of interpreting across spoken languages and ASL because it allows a personal, accurate and interactive experience. However, healthcare system typically also offer telephonic and video remote interpreting, which are most often used for rare and exotic languages, rural locations where it is difficult to place interpreters, and/or emergency situations where an interpreter is needed and there is not time to find and place an onsite interpreter (i.e., ER and urgent care visits, emergency surgery, etc.)

Who pays for interpreter services?

Patients themselves are under no obligation to pay for these services. Thirteen states currently provide reimbursement for language services provided to Medicaid enrollees.

Some healthcare providers pay for interpreter services themselves. For more information, see the NHeLP's publication, *Providing Language Interpretation Services in Small Health Care Provider Settings: Examples from the Field* (April 2005). This report focuses specifically on promising practices for providing language services in small health care provider settings, including solo and small group practices and community clinics.

Is there a law that requires healthcare organizations to provide patients with interpreters?

Yes. There are regulations in place for persons with Limited English Proficiency (LEP) and for the Deaf, DeafBlind and Hard of Hearing.

Limited English Proficiency

The United States Department of Health and Human Services guidance to federal financial assistance recipients regarding *Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* describes various options available for providing oral language assistance including the use of bilingual staff, staff interpreters, or contract interpreters. The guidance stresses that interpreters need to be trained and competent, though not necessarily formally certified, and discourages the use of friends and family members, particularly minors, as interpreters.

The following are key laws and policy guidance concerning provision of services to people with limited English proficiency (LEP):

- Title VI of the Civil Rights Act of 1964
- HHS Policy Guidance on the Prohibition Against National Origin Discrimination as it Affects Persons with Limited English Proficiency

- DOJ Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons
- Culturally and Linguistically Appropriate Services Standards for Health Care
- Executive Order 13166
- Strategic Plan to Improve Access to HHS Programs and Activities by Limited English Proficiency Persons

For ASL

As outlined by the National Association of the Deaf, the following key laws protect the Deaf, DeafBlind and Hard of Hearing:

- Section 504 of the Rehabilitation Act of 1973: This federal law mandates equal access for all federal health care services and facilities and health care providers who are also recipients of federal financial assistance.
- Title II of the Americans with Disabilities Act: This federal law mandates equal access on all public (state and local) health care providers.
- Title III of the Americans with Disabilities Act: This federal law mandates equal access on all private health care providers.
- Title VI of the Civil Rights Act of 1964: This federal law mandates appropriate language access in the health care setting to individuals who have limited English proficiency.
- State laws that often mirror the above federal laws and provide separate remedies.

Source(s):

- *National Council on Interpreting in Health Care (NCIHC):* <http://www.ncihc.org/faq-for-translators-and-interpreters>
- *National Association of the Deaf:* <https://nad.org>
- *National Archives:* <http://www.archives.gov/eo/laws/title-vi.html>
- *Linguistic Society of America:* <http://www.linguisticsociety.org/content/how-many-languages-are-there-world>
- *Infoplease.com:* <http://www.infoplease.com/askeds/many-spoken-languages.html>