



INTERNATIONAL MEDICAL INTERPRETERS ASSOCIATION

Leading the advancement of professional interpreters

November 2007 eNews

Bylaws Revision Approved!

The voting link was deactivated November 16 at 5pm as planned and we wanted to make sure you all knew the results of the Bylaws Revision. Well, the votes are in and the results are: (drum role please):

69% Yes votes to approve the revised bylaws & 31% Nays. The Bylaws Revision has been approved by its members!

We are now officially the International Medical Interpreters Association. This is yet another historic moment for the IMIA which deserves celebration! The members have spoken loud and clear that they approve of the leadership trust this board to make changes that will reflect positively on this organization and its membership. Change is not easy for all, but it is necessary if we want to grow as an organization. It is time for us to look into the future. From here we move forward and continue the mission of the IMIA as a group, all with the same vision and passion that has brought us this far.

We believe these revisions strengthen the organization and the rights of each individual member. Take some time to pat yourselves on the back for being part of an organization that is truly here to make a difference and to make your voice heard around the world!

Office of Minority Health Offers Wealth of Information on Language Access

Have you checked out the Office of Minority Health online *Cultural Competency Section*? For more information, see

<http://www.omhrc.gov/templates/browse.aspx?lvl=1&lvlID=3>

Here's a sampling of one of their pages, which lists the main laws that address language access in health care.

LAWS

Emergency Medical Treatment and Active Labor Act –

The Emergency Medical Treatment and Active Labor Act, also known as the Patient Anti-dumping Act, requires hospitals that participate in the Medicare program and that have emergency departments to treat all patients (including women in labor) in an emergency

without regard to their ability to pay. Hospitals that fail to provide language assistance to persons of limited-English proficiency are potentially liable for civil penalties, as deemed appropriate by a court.

The Hill-Burton Act – The Hill-Burton Act, enacted by Congress in 1946, encouraged the construction and modernization of public and nonprofit community hospitals and health centers. In return for receiving these funds, recipients agreed to comply with a "community service obligation," one of which is a general principle of non-discrimination in the delivery of services. The Office of Civil Rights has consistently interpreted this as an obligation to provide language assistance to those in need of such services.

Medicaid - Medicaid regulations require Medicaid providers and participating agencies, including long-term care facilities, to render culturally and linguistically appropriate services. The Health Care Financing Administration, the Federal agency that oversees Medicaid, requires that states communicate both orally and in writing "in a language understood by the beneficiary" and provide interpretation services at Medicaid hearings.

Medicare – Medicare addresses linguistic access in its reimbursement and outreach education policies. Medicare "providers are encouraged to make bilingual services available to patients wherever the services are necessary to adequately serve a multilingual population." Medicare reimburses hospitals for the cost of the provision of bilingual services to patients.

Title VI of the Civil Rights Act of 1964 - "No person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

A New Standards Document is Born and Welcomed into the Field: National Standard Guide for the Practice of Community Interpreters in Canada

Each new Standards document which does not fundamentally conflict with its predecessors actually validates and strengthens the field of interpreting, by taking on a different approach to address the same goals, hence complementing and adding value and credibility to this profession. The IMIA seeks to be a clearinghouse of information so we value promoting all standards available to interpreters.

A cross section of representatives of Public and Private Sector organizations announce the publication of the First National Statement of Standards to Guide the Practice of Community Interpreters in Canada. The first of its kind in Canada, this Guide is designed to provide a framework on which to build the standards and competencies of spoken language interpreters who work in the social service, legal and health care sectors.

The creators of this Standard Guide recognize that it will take time for all community interpreter practitioners to attain the standards, outlined in the framework, but see it as a first step towards the eventual recognition of the importance of Standards and the professional accreditation of Community Interpreters in Canada. To download the Standards please go to:
<http://www.mmia.org/uploads/pages/306.pdf>

Bill Seeks Fair Pay for Multilingual Federal Employees

On the subject of pay differentials, there is a new bill pending in Congress. Please note that this refers to federal employees who utilize their language skills to communicate with customers, not necessarily to interpret for them, which requires a different set of skills.
http://www.house.gov/apps/list/press/ca15_honda/Pay_Diff_October_07.html

ATA Elects New President

Jiri Stejskal, President and CEO of CENTRA, Inc. was elected president of the American Translators Association (ATA), the nation's largest professional organization for translators and interpreters with more than 10,000 members in 80 countries. Jiri Stejskal says: "I am delighted to serve the translation and interpretation industry as the ATA leader. Our services tend to be commoditized and it is the Association's objective to demonstrate that neither translation nor interpretation is a commodity. Just as knowing how to cook doesn't make you a chef, knowing another language doesn't make you a translator. There's a lot more to it than that."

<http://www.prnewswire.com/cgi-bin/stories.pl?ACCT=104&STORY=/www/story/11-16-2007/0004707404&EDATE=>

2008 Conference Dates Set!

Mark your calendars! The 2008 IMIA Conference dates have been set again for **Columbus Weekend, October 10-12, 2008!** The theme of the Conference will be announced in the December eNews.

Interpreter Stories Still Sought for Book

Due to popular demand and the upcoming holiday season, the deadline for submissions to the **From Our Lips to Your Ears** project has been extended until **February 8, 2008**. Hopefully, this extension will enable the many contributors who were concerned about the fast-approaching deadline to complete their submissions. However, individuals who planned to submit stories in advance of the December deadline are still encouraged to submit them as soon as possible, since the editing process is well underway on many of the stories already chosen for publication.

As a reminder, **From Our Lips to Your Ears: How Interpreters Are Changing the World** is a compendium of anecdotes that are for, by and about interpreters, in an effort to recognize interpreters in all fields and industries for this important work and its impact on society at large. More information, including a sample story, FAQs and guidelines, can be accessed at www.fromourlips.com.

So far, stories have been received from interpreters in a variety of industries and fields: interpreters at health care facilities, the UN, courtrooms, domestic violence shelters, and even individuals in interpreting settings that many of us might not have known existed before, such as interpreters who work for the International Space Station, and interpreters who work full-time for professional athletes. Some of these unique settings are profiled on the project blog:
<http://fromourlips.blogspot.com>. Each contributor who is selected will be duly recognized, along with a bio of 50 words or less that will appear at the end of his or her contribution. Don't miss your chance to share your story, and to show the world why the work of interpreters is so important.

Disparities Leadership Program

To address the need for leaders with expertise in racial/ethnic disparities in health care, The Disparities Solutions Center will again accept applications for The Disparities Leadership Program for 2008-2009.

The Disparities Leadership Program (DLP) is a yearlong executive education program designed for leaders from hospitals, health plans and other health care organizations – such as executive leaders, medical directors, directors of quality and directors of community benefits or multicultural affairs offices - who want to a. develop a strategic plan or b. advance a project to eliminate racial and ethnic disparities in health care, particularly through quality improvement.

The DLP will focus on lessons learned and expertise gained from the development and evolution of programs

currently in place at Massachusetts General Hospital, as well as at several leading health plans across the country. Faculty will consist of a team of leaders who are action-oriented and who have practical experience implementing organizational and quality improvement strategies aimed at eliminating racial and ethnic disparities in health care.

The program centers around a formal skills curriculum, disparities project development, technical assistance, and group learning/dissemination. This program is jointly sponsored by the National Committee for Quality Assurance (NCQA) and supported by Joint Commission Resources, Inc., an affiliate of the Joint Commission. CME/CNE credits will be provided through NCQA.

The DSC is currently taking applications for enrollment in the DLP. Intent to Apply Forms are due February 15, 2008, and complete applications are due March 14, 2008. To learn more about the Disparities Leadership Program sponsored by the DSC, see the [DLP Request for Applications](#).

Committee Kick-Off Workshop Nov 30th

The IMIA relies on its members to advance the profession. We have always been a grassroots organization that believes each member can make a difference. For that reason, the IMIA is pleased to announce the Second Annual Committee Kick-Off event, to be held **Friday, November 30th, from (3:30pm Pacific, 4:30pm Central, 6:30pm EST)**. IMIA members who are already in committees or are interested in volunteering to serve on any committee are welcome to join. This workshop has as its goal to address protocols, expectations, and descriptions of each committee. There will be time devoted to Q&A.

This event is a conference call. If you are interested in participating in the Committee Kick-Off, please contact Vonessa Phillips Costa at vonessa.costa@gmail.com. The following committees especially need your help:

- Fundraising Committee
- Standards Committee
- Membership Committee
- Ethics Committee
- Public Relations Committee

Other Committees actively seeking support are:

- Conference Committee
- Certification Committee
- Education Committee
- Provider Outreach Committee

Thank you for actively supporting the IMIA!

Provider Membership Drive

Do you know a provider who might be interested in a free membership? Until the end of the year we are offering free memberships to providers through our provider membership campaign initiative. Feel free to email the text below to a provider who might be interested.

*Dear (Name of Provider),
Are you interested in eliminating health disparities due to language barriers? Join the IMIA as a provider member, and help us advocate reducing language barriers in health care. Work side by side with interpreters to promote the provision and reimbursement of qualified medical interpreters. To learn more, visit our website, www.imiaweb.org.*

Articles to Share

Journal Supplement Examines Health Care Consequences of Language Barriers for Patients Who Speak Little, if Any, English

New studies just published in a special Robert Wood Johnson Foundation-funded supplement to the *Journal of General Internal Medicine* examine the consequences of language barriers for patients who speak little, if any, English and the impact of the absence of language services in health care settings. The studies overall report that measurable disparities in quality of care result when patients and providers do not speak the same language, including that only one-third (35%) of Hispanics who speak little English receive all of the health care services for which they are eligible.

Nearly one in five people in the United States now speak a language other than English at home. And while many can comfortably speak English when needed, experts estimate some 20 million people in America – about one in every 15 people in the U.S. – speak and understand little, if any English. This means that health care providers are increasingly facing the challenge of how to communicate efficiently and effectively with patients who have limited English proficiency (LEP). View the Journal's Supplement at <http://www.springerlink.com/content/f6h57l8x6335h47j/fulltext.pdf>

Essentials for Medical Interpreters and Translators

Orlando Gonzalez would like to share an article that he wrote and was published by the American Translators Association for its 48th Annual Conference last weekend titled, "Essentials for Medical Interpreters and Translators."

<http://www.mmia.org/uploads/pages/104.pdf>

AMA's new second edition "Office Guide to Communicating with Limited English Proficient Patients"

This handy updated version of the previous brochure now includes more questions and answers, more tips for working effectively with interpreters, more resources, and a brief guide for when to use different interpretation resources. The guide is available at

http://www.ama-assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf

Non-English Speakers Charge Bias in Prescription Labeling

By Anne Barnard, Published: October 31, 2007

Pharmacies across the city routinely fail to help non-English speakers understand their prescriptions, raising the chances that customers could harm themselves by taking medicines incorrectly, immigrant advocacy groups charge in a discrimination complaint that they plan to file today with the New York attorney general's office.

The complaint names 16 pharmacies in Brooklyn, Queens and Long Island, most of them operated by chains. It argues that federal civil rights law and state health regulations require pharmacies to provide linguistic help to guarantee that people who speak little or no English receive equal access to health care. That assistance should include interpreters at pharmacies and written translations of medication instructions, the advocates say.

Read full article at

http://www.nytimes.com/2007/10/31/nyregion/31pharmacies.html?_r=1&ref=nyregion&oref=slogin

Doctor-Patient Communication A Problem

Doctors are having a hard time communicating with an increasing number of patients with limited English skills, a new survey shows.

The New Zealand Medical Journal (NZMJ) conducted a survey of 80 Auckland GPs, asking them about how

often they conducted non-English consultations and any language problems they encountered. Almost all of the doctors - 91 per cent - said they struggled with communication due to language issues in consultations.

The NZMJ recommended development training for dealing with patients with limited English, that more attention be paid to interpreter services and that the needs of non-English speaking patients be addressed. "Communication between doctor and patient is very important in the general practice setting," the report said.

To view full article, see

<http://www.stuff.co.nz/4250501a11.html>

Thank you to Nataly Kelly for sharing this article.

Language of the Month

Tamil

Tamil belongs to the southern branch of the Dravidian languages. It is one of the ancient languages of the world with a 1200 year history.

Tamil is an official Language of the Indian state of Tamil Nadu, Pondicherry, and the Andaman & Nicobar Islands. It also an official language of Sri Lanka and Singapore.

The Tamil script consists of 12 vowels, 18 consonants and one special character, the *āy tam*. The vowels and consonants combine to form 216 compound characters, giving a total of 247 characters.

A strong sense of linguistic purism is found in Modern Tamil. Much of the modern vocabulary derives from classical Tamil, as well as governmental and non-governmental institutions, such as the Government of Sri Lanka, the Tamil Virtual University, and Annamalai University. These institutions have generated technical dictionaries for Tamil containing neologisms and words derived from Tamil roots to replace loan words from English and other languages.

Since mediaeval times, there has been a strong resistance to the use of Sanskrit words in Tamil. As a result, the Prakrit and Sanskrit loan words used in modern Tamil are restricted mainly to some spiritual terminology and abstract nouns. Besides Sanskrit, there are a few loan words from Persian and Arabic implying there were trade ties in ancient times. Many loan words from Portuguese and Dutch and English were introduced into colloquial and written Tamil during the colonial period.

Words of Tamil origin occur in other languages. Popular examples in English are cash (*kaasu*, a small coin), mango (from *mangai*), pariah (from *paraiyar*), ginger (from *ingi*), curry (from *kari*), and rice (from *arici*).

Information on the Tamil language adapted from http://en.wikipedia.org/wiki/Tamil_language

Corporate Member of the Month

At the conference our corporate members met and came up with many great ideas. One of them related to having corporate member profiles, which we are starting here, and another idea involved having quarterly corporate member meetings. We are hoping to have the first open call in January, stay posted for time and date.

Alameda County Coalition on Language Access in Healthcare - ACCLAH

What is ACCLAH?

ACCLAH is a coalition of agencies, organizations and individuals invested in making interpreting services available to physicians, other healthcare professionals and institutions providing healthcare services to patients with Limited English Proficiency (LEP) populations in Alameda County. ACCLAH's vision is to be a vibrant coalition effective at improving the access and quality of language access services for LEP populations and the health organizations and professionals that serve them in Alameda County. The mission of the Alameda County Coalition on Language Access in Healthcare is to increase the capacity of health professionals to deliver language access services and, to drive collaborative solutions to countywide needs for effective, efficient, patient-centered and culturally competent language access services in the health system in Alameda County.

PHASE I - In Phase I, ACCLAH formed a Steering Committee and engaged a wide range of stakeholders such as physicians, hospitals, community health centers, health plans, and medical groups, the Alameda County Board of Supervisors and UC Berkeley Public Health Practice. A needs assessment was conducted through written surveys of Alameda County physicians, focus groups with each stakeholder group, and cross-section stakeholder meetings that documented the need for systematic changes to increase the availability of language access services to improve healthcare delivery for Alameda County residents.

PHASE II - In Phase II, ACCLAH will continue to convene stakeholders to listen to their ideas on how to work together to improve language access services in the

County. ACCLAH will also sub-contract with health organizations for Collaborative Demonstration Projects that provide language access services. ACCLAH will provide technical assistance and convene annual meetings with stakeholders to feature and share lessons learned from those projects.

Questions regarding ACCLAH may be directed to Project Director, Carmen Castro-Rojas at (510) 654-3358 and at ccastro-rojas@accma.org

Book of the Month

American English Idiomatic Expressions in 52 Weeks: An Easy Way to Understand English Expressions and Improve Speaking

By John Holleman, Joanna Newman (Editor)

Idiomatic expressions are typically difficult to interpret, as there are not always equivalent expressions in the target language. This week-by-week calendar of idioms will assist interpreters to understand the meanings of American idioms found in common usage. The *American English Idiomatic Expressions in 52 Weeks* consists of 3,300 frequently used idioms, provides concise and clear definitions of each idiom, and includes examples to show the context in which particular idioms are used.

IMIA Calendar of Events

Don't forget to regularly check our Calendar of Events for the latest information on meetings, workshops and conferences related to the advancement of the translation and interpreting professions. New information is posted weekly at <http://www.mmia.org/events/default.asp>

Comments and Suggestions

What would you like to see covered in our monthly eNews? Comments and suggestions can be sent to Marzena Laslie, IMIA Administrator, at mmiaml@aol.com