

November 19, 2007

This letter is in response to the “invitation to reply” posted by Cindy Roat on the NCIHC list serve on Nov 2, 2007 pursuant to a “query on the relationship between the NCIHC, IMIA and CHIA Standards of Practice”. Written on behalf of CHIA and the former members of the CHIA Standards and Certification Committee (S&CC), it serves to clarify the *reasons* for the creation of the CHIA California Standards for Healthcare Interpreters and the *process* by which they were developed.

In responding, CHIA would like to specify that we do not wish to join in the current debate over which standards ought to “supersede” others in terms of merits or “newness”. CHIA is concerned that such actions only serve to fuel divisiveness, and would run counter to a true spirit of inclusiveness and collaboration, crucial among all entities genuinely devoted to advancing the healthcare interpreting profession.

For all the readers who may have echoed Cindy’s statement “[confessing] to knowing less about the exact process used [by CHIA] and [the] reasons for writing a new set of Standards,” I would like to reference the article I wrote for the American Translators Association (ATA) pursuant to the official launching of the CHIA Standards in September 2002. Entitled “*Introducing the CHIA California Standards for Healthcare Interpreters*,” the article addressed the development process of the CHIA Standards, the difference between CHIA Standards and other existing standards, and recommendations for using CHIA Standards. (Nguyen, E., 2003. *Introducing the CHIA California Standards for Healthcare Interpreters*. The ATA Chronicle, Volume XXXII, Issue Number 3, pp. 29-30. <http://www.atanet.org>).

In addition, readers will find a detailed account on the conceptualization and development of the CHIA standards in the article entitled “*The California Standards for Healthcare Interpreters: Ethical Principles, Protocols and Guidance on Roles and Intervention*” by Angelelli, C., Agger-Gupta, N., Green, C., and Okahara, L. (Published in *The Critical Link 4: Professionalization of Interpreting in the Community*. 2007. x, 314 pp. (pp.167-177). Edited by Wadensjo, C., Englund Dimitrova, B., and Nilsson, A.L. John Benjamins: Amsterdam).

The following offers additional perspective and context behind the process and reasons for the creation of CHIA Standards:

### **Historical and legislative background**

Two historical events, the 2000 Federal Census and the Presidential Executive Order 13166 issued in August 2000 formed the backdrop for the development of healthcare interpreters standards in California.

- According to the 2000 census, over 224 different languages are spoken in California. The largest non-English language group, Spanish-speaking Latinos, makes up one third of the population of California, and is projected to provide 60% of new growth in CA population between 1990 and 2010 (Forum 1997). Data also indicate that the Asian Pacific Islander population in San Francisco outnumbers whites (Forum, 1997).
- In addition to Title VI of the Civil Rights Act of 1964 and Executive Order 13166, California also carries numerous legislative requirements calling for the need to ensure meaningful access to health care for LEP patients through the use of interpreters.

(For a detailed review of CA laws and policies governing culturally and linguistically competent care, see Wong, D. and Perkins, J., *Ensuring linguistic access in health care settings in California: Legal rights and responsibilities*. (2003) Available at <http://www.nhelp.org>)

While many hospitals across the state have developed interpreter services, sometimes as the result of a lawsuit, dramatic demographic changes, a critical patient care incident, or a desire to improve the quality of health care services, most hospitals do not have consistency in how interpreters are screened, tested, trained and evaluated. Interpreters themselves lack clear guidance to fulfill the complex task required of them. At that juncture, CHIA saw the need to create guidelines that will establish consistent performance expectations for all healthcare interpreters practicing in California. We set out to formulate the vision and goals for filling such need. It should be noted that our vision and objectives for CHIA Standards were grounded not only on our collective expertise and experience, but also on research and theory of interpreting, specifically as it relates to the healthcare setting.

### **Support and funding from The California Endowment (TCE)**

CHIA is grateful to The California Endowment for embracing our vision and for selecting CHIA as one of the first grantees within their “Language Access Initiative, which has a goal of ensuring access to quality health care for LEP health consumers” as stated by Robert K. Ross, M.D., President and Chief Executive Officer of The California Endowment (<http://www.calendow.org>). Initiated with funding from TCE, the project to create Standards was assigned to the CHIA S&CC. Throughout the various phases of the project, the committee continued to seek and receive guidance and leadership from two of TCE’s then staff members Alice Chen, M.D., Health Policy Scholar in Residence, and Jai Lee Wong, Senior Program Officer.

### **Committee members and co-authors**

The CHIA Standards were co-authored by members of the CHIA S&CC, namely: Chun, A. (co-chair), Nguyen, E. (co-chair), Agger-Gupta, N., Angelelli, C., Green, C., Haffner, L., Mochel, M., Okahara, L., Solis, B., and Tang, G. Formed in September 2000, the S&CC not only included “a group of very experienced interpreters” as mentioned by Cindy, but also counted representatives from several healthcare, community-based and educational organizations whose experience, skills and knowledge are drawn from a variety of fields such as academic, administration, education, interpreting, research and training. (For a list of the organizations represented by the CHIA S&CC members and co-authors, refer to the CHIA California Standards booklet available at <http://www.chia.ws>).

### **Development and Validation Process**

The Standards document is a testimony to CHIA’s commitment to bring the research and practice fields together. In producing CHIA Standards, the S&CC has based its work on both practice and research as described in the current literature of the various academic fields, as well as in healthcare interpreter training literature.

The project began with the review and synthesis of all standards of practice existing at the time on both the national and international levels. Throughout the process, the co-authors remained committed to a collaborative process of public review and on-going feedback. Numerous drafts of the emerging standards were extensively reviewed by CHIA members in all four regional chapters across the state, at the 2001 CHIA Annual Conference, on the CHIA website, and in four focus groups of experienced healthcare interpreters (Angelelli, C., 2007).

When conducting the focus groups, CHIA purposefully sought the input from interpreters of languages of frequent usage such as Spanish and Chinese as well languages of less frequent usage such as Hmong, in order to reflect the broad spectrum of diversity across the state. (For a detailed report on the results of the focus groups, the readers are directed to Angelelli, C. 2007. Validating Professional Standards and Codes: challenges and opportunities. In *INTERPRETING: International Journal of Research and Practice in Interpreting*. Volume 8:2 pp.175 -193. )

### **Debut on the national and world scenes**

The CHIA Standards were introduced to audiences at home and around the world in the following chronological order:

- ❑ September 2002: Official launching in home state, at the *Second CHIA Annual Conference* held at Mount San Antonio College in Walnut, CA.
- ❑ October 2002: Formal presentation to a national audience at the *Third National Conference on Quality Health Care for Culturally Diverse Populations* held in Chicago, IL (<http://www.diversityrx.org>).
- ❑ September 2003: Formal presentation at the *MMIA Annual National Conference* in Boston, Massachusetts (<http://www.mmia.org>).
- ❑ May 2004: Formal introduction to the international community of interpreters at the *Critical Link Fourth International Conference on Interpreting in Legal, Health and Social Service Settings*, held in Stockholm, Sweden (<http://www.criticallink.org>).

### **Contributions to the field**

There is a misperception that the CHIA Standards are “just another rendition” of previously existing standards! This misperception has unfortunately misled numerous potential users into disregarding innovative concepts, critical information, and tools that could have been useful to individuals or organizations seeking additional ways to improve their interpreter services.

In fact, “The [CHIA] Standards document breaks new ground in its theoretical grounding in medical ethics, the use of an ethical decision-making model to resolve ethical dilemmas faced by interpreters, the guidance provided on four common medical interpreting roles, and in the extensive feedback process for validating the Standards by interpreters across California” (Excerpt from the collection of selected papers published in *The Critical Link 4: Professionalization of Interpreting in the Community*. 2007.)

CHIA acknowledges the pioneering work done by groups such as the Massachusetts Medical Interpreting Association (now IMIA), the Working Group of Minnesota Interpreter Standards Advisory Committee, and the Cross Cultural Health Care Program in Seattle, Washington, which has served as an invaluable inspiration and catalyst for the development process of the CHIA Standards. In creating the document, the CHIA S&CC drew from the strengths of existing standards and sought to address some of the ambiguities that have arisen. These ambiguities were perceived in relation to some of the “gray areas” around the application of the ethical principles and the roles of the healthcare interpreters.

CHIA Standards brought some *unique* contributions to the field by offering practical tools to address some of the ambiguities in question. For example:

- ❑ In Section One of the document, a step-by-step *Guide to addressing Ethical Dilemmas through an Ethical Decision-Making Process* helps the interpreters determine an appropriate

course of action in situations where two or more ethical principles may seem to collide with one another.

- ❑ In Section Two of the document, a set of *Standardized Interpreting Protocols* enables the interpreters to set the stage for a smooth interaction with patients and providers who are often unfamiliar with the function of an interpreter, and the limitations of such function.
- ❑ Also in Section Two, a set of specific recommendations shows organizations how to support and protect the *Health and Well-Being of Healthcare Interpreters* who often find themselves working in extremely stressful and emotionally charged situations.
- ❑ In Section Three of the document, a set of *Guidance on Interpreter Roles and Interventions* provides the interpreters with effective techniques and strategies to overcome different communication barriers in order to carry out their multiple roles, in the context of supporting the therapeutic relationship between patients and providers.
- ❑ Also in Section Three, a step-by-step guide for *the Patient Advocate role* provides the interpreters with a critical tool for analyzing all the factors involved in patient advocacy before taking action.

### **A stand in favor of “Patient Advocacy”**

CHIA did not take a prescriptive approach in defining the multiple roles of the healthcare interpreter. Instead, we surveyed the current research and theory on the field of Interpreting Studies, and took a descriptive approach. Research shows unequivocally that the healthcare interpreter role is highly complex. CHIA acknowledged that complexity by showing a continuum of possibilities. Raising awareness and problematizing the notion of "patient advocate" is a *unique* contribution made by CHIA.

By describing the patient advocate role, its limitations, and the potential risks and benefits, CHIA took a stand in favor of the interpreters entering into “patient advocacy” in order to “*actively support change in the interest of the patient’s health and well being*”.

CHIA recognizes that, given the backdrop of disparities stemming from cultural, linguistic, systemic and other barriers often encountered by LEP patients, “interpreters are often the only individuals in a position to identify a problem and to make an attempt to advocate on behalf of a particular patient.” It is imperative then, to provide interpreters with clear guidelines on how to fulfill such a challenging role without jeopardizing the triadic relationship between the patient, provider and interpreter, endangering the well being and safety of the patient, or destroying the credibility of the interpreter. Yet, CHIA also continues to caution interpreters to consider the role of patient advocate as an “optional role” in light of the high level of specialized skills required and the potential risks involved.

### **Successful Applications of CHIA Standards**

In creating Standards, the CHIA S&CC envisioned that the document “will serve as a reference for all interpreters; that it will be the basis for the development of job descriptions, performance evaluations, and organizational policies and procedures that will ultimately contribute to quality control; and that it will also form the foundation for training curricula and the basis for the development of tests for CA state accreditation, certification or licensure of healthcare interpreters”.

The following highlights ways in which various public and private entities and organizations, as well as one of CHIA’s counterparts, have endorsed or integrated CHIA Standards into their activities, policies, programs or official statements and documents in the past five years:

- ❑ In Section 1300.67.04 - H (iii) of Title 28 of the California Code of Regulations related to Language Assistance Programs, issued by the Department of Managed Health Care (DMHC), we find the following requirement: “...*The Department will accept plan standards for interpreter ethics, conduct, and confidentiality that adopt and apply, in full, the standards promulgated by the California Healthcare Interpreters Association (CHIA)...*” (Document available at <http://www.dmhca.ca.gov>)
- ❑ In the Cultural and Linguistic Competency Standards document developed by the L.A. County Department of Health Services (DHS) Cultural and Linguistic Competency Standards Work Group in 2003, Standard 6 – Qualifications for Interpreter Services stated that [CHIA Standards] “*should serve as the recommended protocols for DHS interpreters*”. (Document available at <http://www.ladhs.gov>)
- ❑ CHIA Standards were also integrated into several well-know interpreter training curricula currently implemented in CA. They are, for example:
  - The *Connecting World Training Curriculum* developed by a collaborative of 5 statewide partners, with funding from TCE. Available at <http://www.calendow.org>.
  - The *Healthcare Interpreter Certificate Training Program at City College of San Francisco*. (<http://www.ccsf.edu>)
  - The *40-hour Training for Bilingual Health Workers* developed by L.A. Care Health Plan (the largest public health plan in the nation) with funding from TCE. The training has been conducted throughout the L.A. County public hospitals and clinics in the last four years. (<http://www.lacare.org>)
- ❑ At Children’s Hospital Los Angeles (CHLA) the CHIA Standards were also integrated into a 60-hour training for Spanish Bilingual Assistants (SBA) held in February 2007. The training is part of the Medical Interpreter Project (MIP), a *national* collaborative funded by the Ronald McDonald House Charities, Inc., with the goal to increase the number of trained Spanish bilingual staff functioning as dual-role interpreters in children’s hospitals across the nation. Permission to integrate CHIA Standards into the training was graciously granted by the curriculum developers and project leaders at Children’s Hospital Phoenix.
- ❑ At the organizational level, CHIA Standards have formed the basis for several health care organizations’ policies and procedures on cultural and linguistic services, interpreter job description, competency requirement, or performance evaluation. In fact, at the 7<sup>th</sup> CHIA Annual Conference held in San Jose in March 2007, a joint presentation on the various applications of CHIA Standards was offered by the directors/managers of the interpreter/ language and cultural services programs at three distinctive hospitals in CA: Children’s Hospital Central California, Children’s Hospital Los Angeles and Children’s Hospital and Research Center Oakland.
- ❑ Last but not least, CHIA takes pride in recognizing that many of the innovative concepts brought forth in the CHIA Standards have served to build the standards developed in later years by the National Council of Interpreting in Health Care (NCIHC).

### **Expanding training on CHIA Standards**

CHIA is grateful to continue receiving funding from TCE as well as from other foundations to support our educational program around CHIA Standards. The CHIA Education Committee is in the process of creating several training pieces that can be disseminated to various audiences across the state through our local chapters. Our target audiences are: Interpreters, health care providers and administrators at health care facilities.

### **Our collective wisdom and knowledge**

It should be noted that the standards created by CHIA are often referred to as “California Standards,” possibly due to abbreviating the full name of the association, or due to the fact that the document was created in CA. This should not preclude their utilization and application in other parts of the country.

CHIA supports the fact that all end-users (whether individuals or organizations) have a right to select and work with any particular set of standards or any combination thereof that best fit their evolving needs. In fact, it was in this spirit of “mutual endorsement” that in September 2005, CHIA agreed to issue a joint statement with IMIA and NCIHC in support of each other’s Standards, on the occasion of the publication of the NCIHC’s Standards of Practice. Signed by CHIA’s president, MMIA’s president, and the NCIHC’s co-chairs, the document can be viewed at each of the organizations’ website at: <http://www.chia.ws>, <http://www.mmia.org>, or <http://www.ncihc.org>.

CHIA further holds that the sum of all the Standards created by all the organizations dedicated to advancing the cause of healthcare interpreting represents our collective wisdom and knowledge. *To advance our common cause, we need to honor our collective wisdom.*

In conclusion, we trust that the above will provide ample clarification about the CHIA Standards, and will also serve to further assure the readers of CHIA’s commitment to continue advocating for the advancement of the field of healthcare interpreting for the ultimate benefit of all limited English proficient (LEP) patients.

We also take this opportunity to thank all the healthcare interpreters, administrators, providers, interpreter trainers, community advocates, legislators and government agencies, foundations, policy makers, researchers and others in the academic communities for using, adopting, disseminating and implementing the CHIA Standards in the past five years.

Your continued support and recognition of CHIA as one of the leaders in the field will be critical in the days ahead, as we move forward in a joint attempt with our counterparts, to create a national certification process which is the next step in the application of the standards as we envisioned it.

Submitted on behalf of CHIA President, CHIA Board of Directors and CHIA Standards and Certification committee.

Elizabeth Nguyen  
Board Director of CHIA and co-chair of Education Committee  
Former co-chair of CHIA Standards and Certification Committee

Senior Diversity Specialist  
Manager, Language and Cultural Services  
Childrens Hospital Los Angeles  
4650 Sunset Blvd., MS 45  
Los Angeles, CA 90027  
Ph: 323/361-2494  
E-mail: [Furelize@juno.com](mailto:Furelize@juno.com)