

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

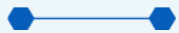
- **Online:** <https://dhswi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
 - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- Participate live or view the recording to earn continuing education hours (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2022.htm>.

Providing effective crisis services to Limited English proficient individuals

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Learning Objectives

- Learn about demographics and key definitions related to language access.
- Understand the legal regulatory requirements.
- Discuss best practices for providing interpreter services during a crisis.



Demographics

- ❑ **13.7% US residents is foreign-born (immigrants)**
- ❑ **21.5% of US residents 5 years & older speak language other than English at home (66 Million individuals)**
- ❑ **8.2% of US residents 5 years & older are considered Limited English Proficient (25.3 Million individuals)**
- ❑ **13.2% of US residents speak Spanish at home**

Limited English Proficient Population In Wisconsin (2016)

Table 1. Ten largest linguistic communities in Wisconsin by estimated LEP population.

Total population5,355,600
 Total estimated LEP population 174,100

Language	LEP population
Spanish	104,700
Hmong	16,200
Chinese	7,700
German	6,900
Other West Germanic	2,700
Other Asian	2,600
Russian	2,500
Korean	2,400
Arabic	2,400
Laotian	2,200

Table 2. Ten largest linguistic communities in the U.S. by estimated LEP population.

Total population 291,484,500
 Total estimated LEP population25,148,900

Language	LEP population
Spanish	16,344,500
Chinese	1,600,900
Vietnamese	839,200
Korean	617,900
Tagalog	516,500
Russian	416,500
Arabic	341,400
French Creole	323,700
Other Indic	315,200
African	284,100

Federal law requirements

Title VI of the Civil Rights Act of 1964

“No person in the US shall, on the basis 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.”

- ☞ Exclusion of limited English proficient (LEP) individuals from equal access to health care constitutes “discrimination on the basis of national origin”.**

Limited English Proficient (LEP) Individual

“An LEP individual is a person who is unable to speak, read, write or understand the English language at a level that permits him or her to interact effectively with health and social agencies and providers.”

Office for Civil Rights



Federal Law requirements (cont): Discrimination based on LEP status

- **Denial of services or opportunity to participate in services**
- **Delay in delivery of services**
- **Less effective services**
- **Services that do not meet the standard of care**

Resources:

<http://www.lep.gov/>

<https://www.dhs.wisconsin.gov/civilrights/lep-resources.htm>

Federal Law requirements (cont):

The Americans with Disabilities Act (ADA) of 1990

- 👉 **Prohibits discrimination on the basis of disability. Deaf & Hard of Hearing patients have the right to a qualified sign language interpreter**



Other requirements

- **Accreditation and Regulatory agencies**
- **UW Health Policy**

“UW Health provides equal access to and equal participation in health care activities for persons who are deaf or hard-of-hearing, and for persons with limited English proficiency. It is the policy of UW Health to use qualified medical interpreters.”



Key Definitions

- **"Limited English proficient (LEP) individuals"** are patients whose primary language is not English and who cannot speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers.
- **"Qualified Interpreter"** - A medical interpreter is a specially trained professional who has been assessed for professional skills.
- **"Bilingual staff"** are staff and providers who have demonstrated proficiency in a language other than English.

II. SELF-ASSESSMENT AND CONSIDERATIONS FOR YOUR PLAN



An assessment can help an agency determine if it communicates effectively with LEP individuals and can inform language access program planning.

The questions in Part II B. (starting on page 8) may be used by federal agencies and recipients to conduct a self-assessment of their progress in providing language assistance services to LEP persons. Divided into six sections, the self-assessment approximates the elements that are part of effective language access policy directives and implementation plans: (1) understanding how LEP individuals interact with your agency; (2) identifying and assessing LEP communities; (3) providing language assistance services; (4) training staff on policies and procedures; (5) providing notice of language assistance services; and (6) monitoring, evaluating, and updating the language access policy directives, plans, and procedures.³ The tool is a starting point; agencies should add or modify as appropriate for their programs and activities.

Source: https://www.lep.gov/sites/lep/files/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

Do I need an interpreter?

- **The patient and/or family request an interpreter**
- **The patient prefers to receive their native language**
- **The service provider feels that there is difficulty in communicating due to the patient's limited English**



Who is a qualified interpreter?

- **Fluent in two languages**
- **Nationally certified**
- **Trained as an interpreter**
 - Understands and adheres to the Interpreter's Code of Ethics
 - Ability to accurately transfer information between 2 languages
 - Familiar with medical concepts & terminology
 - Familiar with US healthcare culture and LEP patient's culture
- **Not a family member**
 - In one study family members mistranslated or did not translate 23-44% of the questions asked by physicians
- **Never a minor child**

Appropriate language access

- **Qualified bilingual staff**
- **In person interpreters**
 - Staff interpreters
 - Contract interpreters
- **Remote interpreter services**
 - Video
 - Phone



Contracting Interpreters

- **Have an assessment of interpreter qualifications**
- **Clear contract**
 - Nature of relationship
 - Rate
 - Background check
 - HIPAA Business Associate contract
 - Policy and Procedures
 - Code of Ethics
- **Provide orientation**
- **Provide ongoing training**



The role of the interpreter

The role of the interpreter is to facilitate communication between two people who are speaking a different language

How?

- Interpreting accurately everything that is being said
- Asking for clarification, in a transparent way, if there is confusion
- Providing a cultural framework **if** there is a misunderstanding between provider and client based on a cultural reference

Communicating effectively through an interpreter

- **Brief the interpreter**
- **If in person, make sure everybody is positioned appropriately**
- **Speak directly to the client, not the interpreter**
 - Use the first person and active voice, i.e. “I will be asking you some questions.”
- **Speak at an even pace in relatively short segments**
 - Use normal tone of voice (not louder!)
 - Stop after 3-4 short sentences or one long one

What should you avoid

- **Highly technical speech/jargon**
- **Idiomatic expressions/similes/metaphors**
- **Comments that you do not want interpreted**
- **Asking the interpreter about the client's history or state of mind**
- **Leaving the interpreter in the room alone with the client**

DON'T DO IT



"Matthews ... we're getting another one of those strange 'aw blah es span yol' sounds."

Un poquito de Español: Know your limits

- **Language acquisition is a very long process.**
- **Due to Latino cultural norms of politeness and respect for those in authority, clients will not tell a provider directly that they don't understand the providers' Spanish**
- **Communication with limited fluency prevents accurate/complex communication. Nuances are often missed**
- **Spanish is a highly variable language, with tremendous variations in accent, vocabulary, syntax depending on the region of origin (country, urban/rural, etc.)**

Challenges of interpreting for crisis services

- **Small communities/confidentiality**
- **Emotionally charged content**
- **Terminology/ phraseology**
- **Speech patterns**
 - Fragmented
 - Fast pace
 - Slurred
- **Length of assignment**



Written translations

- **A qualified interpreter is not necessarily a qualified translator**
- **Never use free translation websites**
- **Use trustworthy sources**
- **Make sure it is reviewed by a native speaker**
- **Be aware of literacy levels**

Top 5 things to remember

- ✓ There is no culturally appropriate care without appropriate language access
- ✓ Use qualified medical interpreters – it is the law and the right thing to do
- ✓ The interpreter is there to support the development of your relationship with the patient
- ✓ Be patient: it may take longer but, accurate communication is key to a good outcome.

