

NCIHC Language Access Congress 2023



Virtual Event
September 28-29, 2023



President Address



Dear Members,

I am Carla Fogaren, the President of the National Council on Interpreting in Healthcare, and I am delighted to welcome you to our Inaugural Language Access Congress! It is an incredible honor to be here, especially as we celebrate the 25th Anniversary of NCIHC. Twenty-five years ago, those involved in language access from across the United States came together to envision a world in which language access would be available to all who needed it in healthcare.

We are also honored to have Melanie Fontes Rainer, the Director of the Office for Civil Rights within the U.S. Department of Health, and Human Services as our keynote speaker. Ms. Fontes Rainer has devoted her entire professional career to public service, with a strong commitment to ensure healthcare is accessible to everyone, no matter their language.

In addition, we are thrilled to have a number of notable presenters broaden our knowledge and challenge us to do more. As part of our annual tradition, we will be bestowing the Language Access Champion award on Natalya Mytareva, NCIHC's 2023 Language Access Champion. Congratulations, Natalya, for all the hard work you have been doing for many years to make access to trained, competent and certified interpreters easier for our patients.

Though we have come far in the past 25 years, there is still a lot of work to be done. Language access is a basic human right, yet many still go without it and do not receive the quality healthcare they need due to the lack of access to qualified medical interpreters, providers who are fully bilingual, and professional document translators. It is only through our combined efforts that we will be able to ensure everyone, no matter their spoken or signed language, can fully participate in their healthcare.

Finally, I want to take this opportunity to thank the Language Access Congress workgroup for all their hard work and commitment in organizing this program. The National Congress on Interpreting in Health Care NCIHC is proud to offer you this exceptional experience and we thank you for your continued support. Let the Congress Begin!

Best regards,

Carla Fogaren, Board President
National Council on Interpreting in Health Care (NCIHC)
5614 Connecticut Ave NW #119
Washington DC 20015-2604
(202) 505-1537



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Agenda

Thursday Evening Reception Agenda September 28, 2023

7:00-7:15 pm ET 6:00-6:15 pm CT 4:00-4:15 pm PT	Event Kickoff Welcome & Introductions	7:15-7:45 pm ET 6:15-6:45 pm CT 4:15-4:45 pm PT	Interpretini Reception & Meet and Greet Mixer	7:45-8:00 pm ET 6:45-7:00 pm CT 4:45-5:00 pm PT	Music by Edna Vazquez who tours with Pink Martini
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September 29, 2023

10:15-11:00 am ET 9:15-10:00 am CT 7:15-8:00 am PT	Login, Visit the Expo Center	11:00-11:15 am ET 10:00-10:15 am CT 8:00-8:15 am PT	NCIHC Board President Welcome Address	11:15-12:15 pm ET 10:15-11:15 am CT 8:15-9:15 am PT	Keynote Speaker Melanie Fontes Rainer, Director of the Office of Civil Rights, DHHS <i>Language Access for Individuals with Limited English Proficiency: Making sure no one is left behind because of language barriers</i>
12:15-12:30 pm ET 11:15-11:30 am CT 9:15-9:30 am PT	NCIHC Language Access Champion Award Presentation	12:30-1:15 pm ET 11:30-12:15 pm CT 9:30-10:15 am PT	NCIHC Organizational Members Sponsor Spotlight		
1:30-2:45 pm ET 12:30-1:45 pm CT 10:30-11:45 am PT	LANGUAGE ACCESS CAFE Raciolinguistics – Disparities in Language Access Laura Beatriz Price	WORKSHOP The Yin and Yang of Respecting Others' Autonomy Robyn Dean	WORKSHOP Epistemic Brokerage in Triadic Interactions: How interpreters wield interactional power within the healthcare settings Frank Mann Dolce	WORKSHOP Power Dynamics in Interpreting: Leveraging Power Dynamics in Triadic Communication to Uphold Patient Autonomy Sharon Gonzalez, Ursula Sendra	WORKSHOP From Evidence to Action – How Do Your Providers Rate (on Language Access)? David B. Hunt
2:45-3:15 pm ET 1:45-2:15 pm CT 11:45-12:15 pm PT	Exhibitor Showcase and Lunch Break				
3:15-4:15 pm ET 2:15-3:15 pm CT 12:15-1:15 pm PT	NCIHC Founder's Panel Discussion Ignatius Bau, Facilitator with Panelists: Shiva Bidar, Cynthia E. Roat, Eduardo Berenstein, Maria-Paz Beltran Avery, Cornelia E. Brown, Dr. Julia Puebla Fortier, Thu-Van Nguyen				
4:30-5:45 pm ET 3:30-4:45 pm CT 1:30-2:45 pm PT	LANGUAGE ACCESS CAFE Child Interpreters: How can we bring this practice to an end? And should we? Jorge U. Ungo	WORKSHOP Language Access and Interpreters as Catalysts for Diversity, Equity, and Inclusion in Healthcare Carol Velandia Pardo	LANGUAGE ACCESS CAFE Quality Control for Onsite and Remote Interpreting Yuliya Speroff	PANEL Project ROLE and a Journey Toward Building Qualified Bilingual Workforce and a Community of Medical Interpreters Cindy Hou, Tiffany Delgado Bickley, Dwight McBee, Barbara McCormick, Valerie Guerrero-Hen, Christina Carty, Kait Riestenberg, Bill Tan	
5:45-7:00 pm ET 4:45-6:00 pm CT 2:45-4:00 pm PT	LANGUAGE ACCESS CAFE Integrating Behavioral Health Training into Standard Healthcare Interpreter Training Anita Diabate, Eva Stitt, Andy Schwieter	WORKSHOP Advocating for Communication Equity in Healthcare Services Joana Ramos	WORKSHOP How Do We Get Health Care Interpreting Back on Track? Do we need to reset? Nina Scott, Rosario Gomez, Beatriz Ortiz	WORKSHOP Decolonizing Language from Language Access to Language Justice Wilda Perez, Erika Perez	
7:00-7:30 pm ET 6:00-6:30 pm CT 4:00-4:30 pm PT	NCIHC Board President Closing Address & Silent Auction Winners				



Keynote Speaker



Melanie Fontes Rainer
Director of the Office of Civil Rights, DHHS

Ms. Fontes Rainer leads the Department's enforcement of federal civil rights and privacy laws and directs related policy and strategic initiatives. Previously, she served as Counselor to Health & Human Services (HHS) Secretary Xavier Becerra, providing strategy guidance to the Secretary on issues pertaining to civil rights, patient privacy, reproductive health, the Affordable Care Act (ACA), competition in healthcare, equity, and the private insurance market. Before joining the Biden-Harris Administration, she served as the Special Assistant to the Attorney General and Chief Health Care Advisor at the California Department of Justice, where she led a national team to save the Affordable Care Act. During that time, she also facilitated the creation of a new office, the Health Care Rights and Access, devoted to proactively advancing laws pertaining to health care, civil rights, privacy, competition, and consumer protection. She also served as the U.S. Senate Senior Aide and Women's Policy Director to Chair Patty Murray on the Health, Education, Labor and Pensions and the Budget Committees,

Ms. Fontes Rainer holds a J.D. from the University of Arizona, M.S.M.E. from the City University of New York, Brooklyn College, and a B.S.B.A. from the University of Arizona.



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Language Access Workshops

The Language Access Congress will cover disputed and challenging subjects such as child interpreters, code of ethics, behavioral health and revisiting qualified bilingual workforce to ameliorate the language access void and offer fresh and innovative approaches. NCIHC is very excited that the Congress will offer new and stimulating topics that demonstrate a higher level of understanding language access which has been garnered by years of trial and error, experience and evaluation. Among its numerous provocative topics, the program will highlight subjects such as quality control for onsite and remote interpreting, evaluating the healthcare interpreting profession and understanding if a reset is needed, looking at language access as language justice, power dynamics in interpreting and raciolinguistic disparities in language access. The program also includes a founders' panel discussion featuring some of the original founders of NCIHC, who will share their experience before the formal establishment of NCIHC, their experiences of language access over the past 25 years, and what they envision for the future.

Raciolinguistics – Disparities in Language Access

Laura B. Price, MEd, MA

There is an intersection in the discrimination existent due to language use and bias. Racial profiling is based not only on the way people look but also on the way people sound. As a matter of fact, their credibility, employability, level of education and reliability will be questioned if they do not speak Standard English. Who are members of an ethnic minority in the U.S.? What are the ramifications of being an ethnic minority in this country? Do the looks of a person influence our expectation of how they are supposed to sound like? How do the looks impact the stereotypes built upon a Caucasian versus a Black/Brown interpreter or patient? How will an interpreter with an African American, Chicano or Standard accented English will be perceived when working with medical providers? Are these negative perceptions discouraging dual language learners from pursuing interpreting and translation careers or education? Do we have prejudice or are we predisposed in terms of what we hear when we interpret for people of color? Are we linguistically biased against those who speak with non-standard accents? Will equity mean to eradicate linguistic prejudice by understanding the socio-historical and diversity of spoken dialects existent in this country?

Laura Price

Laura B. Price MEd, MA, was born and raised in Montevideo, Uruguay. She holds a master's degree in Education from the University of North Carolina at Chapel Hill and a master's degree in Spanish/Translating and Translation Studies from the University of North Carolina at Charlotte. She also holds graduate certificates in Language and Culture Studies and Antiracial Teaching from UNC Charlotte, graduate certificates in Autism and TESOL from East Carolina University and a Medical Spanish Teaching diploma from the University of Cantabria, Spain. She is the current NC CATI (Carolina Association of Translators and Interpreters) director at large and also a PhD student in Curriculum at UNC Charlotte. She has been a translator and interpreter in the legal, medical, early intervention and education fields for the past twenty-four years. She is a passionate and caring advocate for the education of future interpreters and translators that will be able to work professionally and successfully in the field.



The Yin and Yang of Respecting Others' Autonomy

Robyn Dean, PhD

The ethical ideal that interpreters should be invisible or act as conduits can be traced back to 16th century documents (Angelelli, 2004). This ideal for community interpreters is evident even still in ethical documents and has even been referred to the default role for an interpreter (as cited in Hsieh 2006). More recently, this invisibility ideal has been linked to the principle of respect for autonomy and in some interpreter-related publications has been referred to as communicative autonomy (as cited in Bancroft 2015). Respecting the autonomy of a service-user, such as a medical patient, means to not behave in ways that are constraining and controlling (Beauchamp & Childress, 2012, p. 107). Respect for autonomy is one of the four core principles proposed by Beauchamp & Childress in the late 1970s in the field of biomedical ethics. In addition to respect for autonomy, the other three principles are non-maleficence (do no harm), beneficence (do good) and justice. The four core principles of autonomy, non-maleficence, beneficence, and justice can be found in ethical codes of most service-based professions (Strong, 2000). Even in medical interpreting, there is evidence of most of these principles. One component that is missing from ethical material for health care interpreters is what is referred to as the positive obligation aspect of respect for autonomy. Negative obligation of respect for autonomy is the absence of constraining and controlling behaviors. This ethical ideal is evident in constructs such as fidelity, impartiality, neutrality and more recently the concept of communicative autonomy. But what of the positive obligation aspect of respect for autonomy? Positive in this sense is the presence of something the action-taking that is necessary to lead another to a place of autonomous decision-making. In medicine, this yin-yang nature of respect for autonomy can be found in the ethical mandate of informed consent. That is, for a patient to give their consent to some medical intervention, they must first be informed. That information comes in the form of patient education, explaining the treatment and no treatment implications and answering all patient questions. The workshop addresses the issue of the lack of overt ethical documentation for the often-necessary actions interpreters must take as a means of leading both service users, providers, and patients, toward autonomous decision-making.

Robyn Dean

Dr. Dean has been a certified signed language interpreter for over thirty years with particular service in health care. Her scholarship in ethics and reflective practices in community interpreting is recognized internationally. She is currently an Associate Professor at the Rochester Institute of Technology, where she leads the institute's postgraduate degree in healthcare interpretation.



Epistemic brokerage in triadic interactions: How interpreters wield interactional power within the healthcare settings

Frank Mann Dolce, PhD

This workshop explores concrete ways that healthcare interpreters serve as epistemic brokers, shaping power dynamics through strategic decisions that they make as they transmit meanings. Session attendees will view a five-minute section of prototypical triadic interaction between a healthcare provider, patient with LEP and interpreter. While this interaction originally existed as a sequence of Spanish-English interpreted discourse, it will be presented through videos and transcripts that have been converted to English-English for our audience. The five-minute interaction has been carefully crafted to include the interpreter leveraging a range of techniques to influence the stance-taking behavior of the professional and patient, thereby supporting their ability to epistemically align themselves relative to one another (Du Bois, 2007). After viewing the recording of this five-minute interaction, Dr. Dolce will invite attendees to share their initial

impressions, thereby encouraging audience engagement and actively exploring what attendees noticed during their initial viewing. Following group exploration, Dr. Dolce will guide attendees in analyzing specific sequences of turns-at-talk that highlight how interpreters can leverage interactional power to support alignment work of the other individuals, emphasizing how interpreters can afford LEP patients added agency when healthcare professionals index their institutional power (Mason & Ren, 2012). We will review transcripts of sequences of talk that highlight practical strategies employed by the interpreter in support of epistemic alignment. Several categories of strategies will be shared, including concrete ways that the interpreter can (1) weaken epistemic stance, (2) strengthen epistemic stance, and (3) make epistemic alignment moves more explicit (Ericsson et al, 2022). Having outlined and discussed these concrete strategies, the talk will transition into an exploration of how interpreters can engage in epistemic brokerage work without themselves adopting a non-neutral stance (Mason & Ren, 2012). We will explore which strategies are appropriate in which settings, with concepts of interpreter impartiality, accuracy and advocacy serving as a foundation for this exploration. Dr. Dolce will leverage his training as a conversation analyst throughout this session, particularly in the way transcripts are designed and discussed, to illuminate the active role interpreters have in supporting stance-taking and interpersonal alignment work of the other parties. The video recording and written transcripts will be made available to all attendees at the culmination of the session, thereby allowing attendees to further reflect on these materials in a way that fosters deeper insight into how interpreters can leverage interactional power as epistemic brokers.

Frank M. Dolce

Dr. Frank M. Dolce, Manager of Linguist Engagement, Jeenie, Frank is responsible for all of the interpreter skill-building and community building initiatives that take place at Jeenie, a VRI platform that offers medical interpretation for over 90 language pairs. In this role Frank supports the professional practice of over 1,000 interpreters, both through individualized feedback on individual sessions as well as through large scale educational endeavors. Trained as an applied linguist and conversation analyst, with a PhD in Second Language Acquisition from Carnegie Mellon University, Frank is fluent in Mandarin Chinese and passionate about the processes inherent to intercultural- as well as bilingual- interaction.



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**SHARPENING OUR TOOLS:
A Symposium for Interpreter Trainers**



January 26, 2024

(Friday)

9:00 AM – 5:00 PM

Central

January 27, 2024

(Saturday)

9:00 AM – 4:30 PM

Central



Power Dynamics in Interpreting: Leveraging Power Dynamics in Triadic Communication to Uphold Patient Autonomy

Sharon Gonzalez-Reid, CMI & Ursula Sendra

In this workshop, we will analyze examples of how power dynamics occur during interpreting sessions and specific ways in which such dynamics restrict patient autonomy. Lastly, we will analyze ways that we can leverage the impact of the triadic encounter to push the value of patient autonomy forward.

The models of communication outline the process of exchanging messages between two people - what we call dyadic communication. However, in medical settings, many exchanges are not just between two individuals but between three (triadic communication) or more participants. Triadic encounters are social interaction that involves three people. The term was first coined by German sociologist Georg Simmel in his essay "The Web of Group Affiliations." Simmel argued that triadic encounters are more complex than dyadic encounters because they involve the dynamics of three different personalities. There are power differentials and symbolic coalitions developing that affect the goals and outcomes of the interactions. The purpose of this workshop is for us to recognize the power of our presence as interpreters, the power differentials and dynamics that exist in three-person communication, and how these push the value of patient autonomy forward or diminish it.

Sharon Gonzalez-Reid

Sharon Gonzalez-Reid, CMI Spanish. National Board of Certification for Medical Interpreters, CMI# 103362. Certified Medical Interpreter and Instructional Designer. Sharon is a Spanish-certified medical interpreter through the National Board of Certification for Medical Interpreters (NBCMI). Her academic background includes International Relations, Chemical Engineering, and Fashion Design. Still, she dedicated her life to her true calling, interpreting. In her 17 years of experience, Sharon has over 32 thousand interpreted hours in the legal finance and medical fields. She is passionate about using her expertise to help fellow interpreters face day-to-day challenges. Following that passion, she joined the AMN Language Services Training and Development Department three years ago as a trainer. For the last two years, she has been dedicated to developing content to support the continuous education of interpreters and customer service team members as an instructional designer for the AMN Language Services department.



Ursula Sendra

Ursula Sendra, Translator, Medical Interpreter, and Instructional Designer. Instructional Designer. Ursula Sendra is a cultural liaison expert with more than a decade of experience in interpreting and translation (ENG<>SPA). After obtaining her bachelor's degree in Interpreting and Translating from the Instituto de Estudios Superiores Inter México back in 2016, she started working as a freelance simultaneous, conference, and bilateral interpreter in various fields, such as healthcare, education, social activism, music entertainment, among others. Ursula is currently working and developing as a training specialist in Language Services Department at AMN Healthcare.



From Evidence to Action – How Do Your Providers Rate (on Language Access)?

David B. Hunt, J.D.

The best way to get health care interpreting back on track is to provide senior executives, CMO's, CNO's and legal counsel with direct evidence that providers are not using best clinical and legal practices when treating Limited English Proficient and Deaf and Hard of Hearing patients. BCT Partners has created a proprietary, industry-leading tool called the Provider Cross Cultural Medical Assessment to do just that.

BCT partnered with clinicians from the CDC, WHO and leading medical schools to create the assessment. In the same way that providers diagnose their patients, BCT uses the Provider Cross Cultural Medical Assessment to diagnose providers. In particular, the assessment is designed to ask and answer two key questions. First, which non-traditional patients are providers best and least prepared to treat? Second, are providers using population-specific, clinical best practices when treating their patients? The assessment examines providers ability to treat a wide variety of non-traditional patients including Limited English Proficient, Deaf and Hard of Hearing, immigrants, refugees, racial and ethnic minorities, LGBTQ+, and international travelers. However, the assessment focuses on LEP and Deaf and Hard of Hearing populations. BCT has administered its Provider Cross-Cultural Medical Assessment to eight leading hospital systems across eight states, giving us a national database of thousands of provider responses. This database allows us to compare hospital systems against hospital systems, hospitals within those systems to each other and physicians and other providers by medical sub-specialty.

Finally, we have compared the practice behaviors of physicians in our national database against those of physicians specially trained in global medicine and learned that providers with this specialized training are far better prepared to treat a wide array of non-traditional patients than conventionally trained physicians. Providers (MD's, APP's, PA's and behavioral health professionals) can take the assessment on their phones, laptops or i-pads. Most finish within 10 minutes. Once providers submit their results, BCT can generate an individual feedback report within two minutes. That feedback report provides specific advice from clinical experts on how to improve the quality and safety of the care that they provide to specific non-traditional patient populations as well as suggestions about how best to comply with federal language access laws. In this workshop, we will share some of the key findings from our Provider Cross-Cultural Medical Assessment and discuss how leading hospital systems are using that data to change provider behavior and improve patient outcomes.

David Hunt

David B. Hunt, J.D., Senior Director for Health Equity, BCT Partners. BCT Partners is a national, Black-owned, management consulting and training firm specializing in diversity, equity and inclusion and health equity. Mr. Hunt is a former civil rights attorney and national expert on racial and ethnic disparities, the law of language access and the emerging issue of global medicine. Hunt leads BCT's national health equity practice and regularly conducts Provider Cross Cultural Medical Assessments and Language Access Audits for leading hospital systems. His clients have included the NCIHC, The Joint Commission, the DHHS Office of Minority Health, the AHA and many integrated hospital systems and health plans.



NCIHC'S Founders Panel Discussion

Moderator: **Ignatius Bau**

Panelists:

- **Shiva Bidar**, MA, CDM (VP & Chief Diversity Officer at University of Wisconsin Health)
- **Cynthia E. Roat**, MPH, National Consultant on Language Access in Health Care
- **Eduardo Berinstein**, English-Spanish Translator, Interpreter, T&I Trainer, Certified by the American Translators Association and Federally Certified Court Interpreter
- **Maria-Paz Beltran Avery**, PhD
- **Cornelia E. Brown**, PhD (Comparative Literature), Formerly Founding Director of MAMI Interpreters, Research Associate, Utica University
- **Julia Puebla Fortier**, PhD, Arts & Health South West (UK)
- **Thu-Van Nguyen**, BA, Certified Healthcare Interpreter

The NCIHC Founders' Panel is a must-attend event for anyone who is interested in learning more about language access or who is working in the field of healthcare interpreting. The panel members' insights and perspectives will be invaluable for anyone who wants to help make healthcare more accessible to everyone. By going back to the founding days, these panelists will share what spurred them on to create NCIHC, including the ups and downs and lessons learned along the way. Their insights will be a valuable opportunity for interpreters, healthcare professionals, policymakers, and other stakeholders to learn more about language access and how to improve access to healthcare for everyone. The panel members' deep knowledge and experience in the field make them uniquely qualified to discuss the challenges and opportunities facing healthcare interpreting today and in the future. Take in the advice they will offer to future language access leaders.

Ignatius Bau

Ignatius Bau is an independent consultant, working with community-based advocacy and service organizations, physician and health care provider organizations, state health departments, and foundations on both health equity and immigration policy issues. He has worked as an immigration and civil rights attorney, policy director at a national minority health organization, interim executive director at a statewide minority health advocacy organization, and program officer at a statewide health foundation. As a program officer at The California Endowment, he supported the work of the California Healthcare Interpreting Association, National Council for Interpreting in Health Care, Certification Commission for Healthcare Interpreters, National Health Law Program, and hospitals and health systems to expand language access and support health care interpreters. He has served on expert advisory groups focused on health equity for the U.S. Department of Health and Human Services, Institute of Medicine, Joint Commission, National Quality Forum, National Committee for Quality Assurance, Institute for Healthcare Improvement, Patient-Centered Outcomes Research Institute, and Families USA.



Shiva Bidar

Shiva Bidar serves as UW Health's Vice President and Chief Diversity Officer leading the overall vision, coordination, and strategic leadership for the design and implementation initiatives related to diversity, equity, and inclusion. She has over twenty years of experience in community partnerships, diversity, equity and inclusion work. She has been instrumental in leveraging and developing policies in Dane



County and nationally to ensure equal access to health care for underrepresented communities.

Shiva has worked extensively on issues of equal access to health care for limited English proficient (LEP) individuals. She is nationally recognized for her work in the area of medical interpretation and is a frequent speaker at national conferences on cultural competence and health care interpreting. She served on the Board member of the National Council on Interpreting in Health Care for 15 years leading the work on the National Code of Ethics and Standards of Practice for Healthcare Interpreters. She serves as a founding commissioner of the Commission for Healthcare Interpreter Certification.

Shiva is the Co-chair of the Latino Health Council of Dane County, an executive committee member of the Latino Support Network, a Madison College Board Trustee, and a Madison Community Foundation board member.

Shiva completed her undergraduate studies at the Université du Hainaut, Mons, Belgium, her Master's degree from the Monterey Institute of International Studies, Monterey, California. She obtained her Certificate in Diversity Management in Health Care (CDM) from Institute for Diversity in Healthcare & Georgetown University.

Cynthia Roat

Cynthia E. Roat is a trainer of community interpreters and an international consultant on language access in health care. Certified as a medical and social-service English-Spanish interpreter, she provided interpreting services in a wide range of community settings in the early 1990s, before her interest in systems change led her into training interpreters, instructors, medical providers and healthcare administrators. Over the past three decades, Ms. Roat has made significant contributions, both in the U.S. and abroad, in many areas of language access. She is the author of a wide array of key resources in the field and the primary developer of a number of basic courses for healthcare interpreters. Her most recent book, *Healthcare Interpreting in Small Bites*, is being adopted as an ancillary text in many training programs. Ms. Roat has also consulted for a variety of large medical centers and healthcare systems. Always concerned about building grassroots capacity, Ms. Roat has been a mentor to interpreters, trainers and Language Access Coordinators around the U.S. She is a founding member of the National Council on Interpreting in Health Care (NCIHC), where she currently serves on the Board, a founding member of the Washington State Coalition on Language Access (WASCLA), and a former board member of the Northwest Translators and Interpreters Society (NOTIS) where she built a statewide network for providing high quality, low cost continuing education for community interpreters. She is known nationally as an engaging speaker, a knowledgeable resource, and an energetic advocate for language access in general.



Eduardo Berinstein

Eduardo Berinstein is an English-Spanish translator and a medical, legal and conference interpreter. He is certified by the American Translators Association, and by the Administrative Office U.S. Federal Courts.



Mr. Berinstein was the founder and director of the first multilingual interpreter programs at two Massachusetts healthcare systems: Boston Children's Hospital Boston (1993-1999) and the Dana-Farber Cancer Institute (1999-2006). Prior to this (1985-1993), he served as interpreter for various Massachusetts hospitals and for the Massachusetts Court System.

Mr. Berinstein has interpreted at numerous international conferences and events, including John Kerry's nomination acceptance speech of at the Democratic Party National Convention (2004); the speech of Felipe Calderon, President of Mexico, at the Kennedy School of Government (February 2008); and the speech of Felipe Gonzalez, Prime Minister of Spain, as guest lecturer at Harvard University (1988).

Mr. Berinstein was part of the Massachusetts Medical Interpreters Association (now IMIA) Committee that developed the first Standards of Practice for Medical Interpreters, adopted by the MMIA in 1995. The MMIA Standards of Practice have translated into four languages, are used in many parts of the world, and served at the basis for the SOP adopted by the NCIHC.

From 2006 until 2021, Mr. Berinstein taught at Boston University's Medical Legal and Conference Interpreter Program and prior to this at the National Center for Interpretation (University of Arizona), and at Cambridge College and Bentley College.

Since 2006, Mr. Berinstein has worked as a freelance translator in ebtranslations, a cooperative translation company he founded.

Maria Paz Avery

María Paz Beltrán Avery, PhD, began working on health care interpreting in the early 1990's directing a federally-funded project to develop a college level certificate program training bilingual adults as healthcare interpreters. Through this project, she collaborated with the Massachusetts Medical Interpreters Association creating the Medical Interpreting Standards of Practice (1995). She was involved in the development of NCIHC and as a member of its Standards, Training, and Certification Committee (STC) contributed to the National Code of Ethics for Interpreters in Health Care, the National Standards of Practice for Interpreters in Health Care and the National Standards for Healthcare Interpreter Training Programs. In 2015, she received NCIHC's Language Access Champion Award.



Cornelia Brown

Cornelia E. Brown, Ph.D. is the former founder and Executive Director of the Multicultural Association of Medical Interpreters of Central New York 1998-2019. "MAMI" was an independent, non-profit organization, the first in Upstate NY to train and dispatch skilled community interpreters, Syracuse to Albany. Dr. Brown was a founding member of the National Council on Interpreting in Health Care. The Council gave MAMI invaluable advice and a nationally respected partner. MAMI advocated for the civil rights of Limited English proficient refugees and immigrants at a time when using friends and family, often children, to interpret was the norm. MAMI designed courses on interpreting for medical patients, legal clients, and survivors of Domestic Violence. In 2000, MAMI won the Oneida Country Small Business of the Year Award. In 2008, the NYS DOH selected MAMI to establish state interpreting standards. Education: Dr. Brown received a B.A from Stanford University and an M.A and Ph.D. from U.C. Berkeley in Comparative Literature (1988). She served as a Russian translator at the NY City law firm Chadbourne & Parke during glasnost. Before and after MAMI, Dr. Brown taught at Utica University and Hamilton College and is currently a Research Associate at Utica University. There, her research focuses on the intersection of ethics, journalism, and Judaism.



Julia Puebla Fortier

Julia Puebla Fortier, DrPH, is the research and professional learning lead for Arts & Health South West (UK). She conducts participatory action research on a variety of creative health topics including young people and wellbeing, end-of-life support, and cross-sectoral collaboration. She leads the Creative Health Learning Alliance's training activities and development work on core competencies for arts and health, especially in the context of social prescribing. Her doctoral research at the London School of Hygiene and Tropical Medicine looked at the emotional labour of creative facilitators working with people with complex health and psychosocial conditions.



Over the last 30 years, Ms. Fortier has also worked to improve access to health services for migrant, minority and other culturally diverse populations. As the Executive Director of the NGO DiversityRx, Ms. Fortier led the development of key policy, research and practice tools on language access and health equity, including the landmark U.S. Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care. With WHO and the International Organization for Migration, she was facilitator and rapporteur for two ministerial-level global consultations on migrant health. She also led policy development and oversight activities for the U.S. House of Representatives Subcommittee on Health and the Environment. She nurtures a creative life that includes vocal and instrumental music, dance, writing, mixed media, and raising two (now young adult) children.

Thu-Van Nguyen

Thu-Van Nguyen, came to the United States from Viet Nam in June 1975 as a refugee. She wasted little time in embracing her new home and attended and graduated from Gonzaga University in 1989. Thu-Van spent decades working in Seattle supporting the language access cause. She worked as a Healthcare Outreach Worker at the Indochinese Language Bank, she was the Medical Interpreter Service Coordinator at and being an Cultural and Language Access Coordinator at Medical Healthcare. During the time at Pacific Medical Center, she worked as Interpreter Services Coordinator and helped develop the Interpreter Services from its infancy. She also assisted in the Medical Interpreter Forum in 1989, which laid the basis of the Cross-Cultural Health Care Program creation in 1992. Thu-Van's expertise also was important as she help develop The Medical Interpreter Forum of which became the Society of Medical Interpreters (SOMI). She served for two years term as President of SOMI. She also helped develop Pac Med's Translation Services in collaboration with the Health Education Department and set the guidelines for translation of health materials.



Ms. Nguyen, while now retired, continues to work as an interpreter and volunteers her time working with Seattle Central College in the ESL program and is an instructor of Vietnamese at the Vietnamese Catholic Church.

Child Interpreters: How can we bring this practice to an end? And should we?

Jorge U. Ungo

It is no secret that every day, in thousands of situations, children are serving as interpreters for their families and the healthcare staff and providers that they need to communicate with. While many of us may have been in this boat at one point in our lives or witnessed this practice with dismay, a recent film, *Translators*, directed by Rudy Velez, shows firsthand accounts of children, some as young as 11 years of age, serving as cultural and linguistic mediators in healthcare settings. According to the film there are over 11 million children serving as ad hoc family interpreters in the United States. Those of us who provide education to healthcare staff and providers have likely addressed this issue directly, but it continues to happen. As the film portrays, family expectations combined with a child's desire to help parents who have sacrificed so much puts them in a predicament and many healthcare providers seem to turn a blind eye when the child volunteers to facilitate communication. Is it time to bring this practice to an end? What efforts can we make to better educate children and their parents about the availability of language services and a healthcare organization's responsibility to provide those services? This language access café will be an opportunity for open discussion and participants are invited to bring their creative ideas with the hope of eliminating this practice once and for all!



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Jorge Ungo

Jorge U. Ungo, Language Access Advocate, Certification Commission for Healthcare Interpreters For over two decades, Jorge U. Ungo supported healthcare organizations in their efforts to deliver compassionate, culturally competent, patient-centered care to their diverse patient population. During this time he served as a board member on the National Council on Interpreting in Health Care (NCIHC), President of the Texas Association of Healthcare Interpreters and Translators (TAHIT) and a CCHI Commissioner. In 2015, Jorge was recognized by the Texas Association of Healthcare Interpreters and Translators as the Texas Star in Language Access and in 2019, he was recognized by the National Council on Interpreting in Health Care as a Language Access Champion. Born in El Salvador and raised in a bilingual, bicultural home in Texas, Jorge is passionate about uplifting marginalized communities and being a vocal ally for the underserved.



Language Access and Interpreters as Catalysts for Diversity, Equity, and Inclusion in Healthcare

Carol Velandia Pardo CHI, PMP, MBA, LMSW

A workshop that focuses on language access and working with healthcare interpreters as integral components of Diversity, Equity, and Inclusion (DEI) initiatives in healthcare. This workshop will highlight how these initiatives have a significant impact on ensuring the fundamental right to effective communication for the 25 million Limited English Proficient (LEP) individuals residing in the United States. Additionally, it will underscore the critical role of interpreters in ensuring patient safety, improving outcomes for the LEP population, and preventing billions of dollars in unnecessary healthcare spending.

Learning Objectives:

1. Analyze the Role of Language Access and Interpreters in DEI Initiatives: Recognize the importance of language access as a crucial aspect of Diversity, Equity, and Inclusion efforts in healthcare; Comprehend how language barriers contribute to health disparities and the exclusion of LEP individuals from equitable healthcare; Understand the role of interpreters in promoting linguistic and cultural inclusivity and fostering a more diverse and equitable healthcare environment.
2. Apply strategies to communicate better with Healthcare Providers to Promote DEI: Develop strategies for effective communication and collaboration with interpreters to promote DEI principles; Explore techniques for building cultural competence and fostering a respectful and inclusive environment in interactions with interpreters and LEP patients; Understand the importance of incorporating interpreters as valued members of the healthcare team to enhance DEI initiatives.
3. Assess the Impact on Patient Safety, Outcomes, and Healthcare Spending: Recognize the critical role of interpreters in ensuring patient safety by mitigating risks associated with language barriers; Explore research and case studies demonstrating the positive impact of language access and interpreter services on healthcare outcomes for the LEP population; Understand the financial implications of language barriers and how interpreters contribute to preventing unnecessary healthcare spending.

Conclusion: By participating in this workshop, attendees will gain a comprehensive understanding of the role of language access and interpreting in promoting Diversity, Equity, and Inclusion in healthcare. And they will acquire practical skills for effective and empowered collaboration with healthcare providers, recognizing the impact of their work on patient safety, improved outcomes for the LEP population, and the prevention of unnecessary healthcare spending.

Carol Velandia Pardo

Carol G. Velandia Pardo CHI, PMP, MBA, LMSW is a University of Maryland Graduate Professor, language access advocate, award winning curriculum developer, and the founder and CEO of Equal Access Language Services. She Developed the Interprofessional Curriculum: Effective Inclusion through Language Access which will be taught to three different schools at the University of Maryland in Spring 2024. As a social worker, interpreter, academic, and entrepreneur, Carol's mission is to expand the concepts of Cultural Competence and Diversity Equity and Inclusion by adding language access as a key component. She hopes to promote a cultural shift that will result in the effective inclusion, and equal access of 29 million multilingual people to public and private services, and the betterment of their healthcare, justice, and education outcomes. She enjoys traveling, movies and dancing flamenco!



Quality Control for Onsite and Remote Interpreting

Yuliya Speroff, CoreCHI

Quality control for onsite and remote interpreting is crucial in healthcare to ensure accurate and effective communication between healthcare providers and patients with limited English proficiency. Lack of consistent quality control may invite significant consequences such as miscommunication, compromised patient safety, patient dissatisfaction, and erosion of trust in the healthcare system. What can all stakeholders learn from each other so that more robust and ubiquitous quality control is implemented? I will invite the participants to provide practical ideas and examples, as well as concerns related to the following questions:

1. What are the key differences in quality control measures for onsite interpreting versus remote interpreting, and how can language service providers adapt their processes to ensure high-quality interpretation in both settings?
2. How can interpreter services department managers effectively monitor and evaluate the quality of onsite and remote interpreting services provided by their team, and what tools or metrics can be utilized for this purpose?
3. What are some common challenges associated with remote interpreting, and how can language service providers implement effective quality control measures to mitigate these challenges and ensure accurate and reliable interpretation?
4. What are the responsibilities of employers/agencies when it comes to healthcare interpreter education/training/professional development? How can it be utilized to support interpreters and ensure quality?
5. In the context of onsite interpreting, what strategies can be employed to ensure consistent and high-quality interpretation across different healthcare settings, such as hospitals, clinics, or long-term care facilities?

Yuliya Speroff

Yuliya is a Russian-English CoreCHI™- and WA DSHS-certified medical and social services interpreter. She currently works as a medical interpreter supervisor at Harborview Medical Center in Seattle, Washington.



Yuliya fulfills her passion for teaching through her work with the non-profit Americans Against Language Barriers and providing continuing education workshops for medical interpreters. Yuliya is on the board of directors of The California Healthcare Interpreting Association (CHIA) and a member of the National Council on Interpreting in Healthcare (NCIHC) STC Work Group. Yuliya is the author of the Medical Interpreter Blog, which provides medical interpreting resources and information for professional development.

Project ROLE and a Journey Toward Building Qualified Bilingual Workforce and a Community of Medical Interpreters

Cindy Hou, MD; Tiffany Delgado-Bickley, Program Manager for Enterprise Clinical Health Equity at Jefferson; Barbara McCormick, co-investigator for Project ROLE; Valerie Guerrero-Henoa, Project ROLE's bilingual Community Wellness Manager; Christina Carty, co-investigator for Project ROLE; Kate Riestenberg, PhD, Director of Content & Pedagogy at Canopy; Bill Tan, Founder and CEO at Canopy

In this session, we will have a panel of speakers internally and externally to talk about our journey toward 1) Building a Qualified Bilingual Workforce, 2) Training and Development of a Community of Medical Interpreters, and 3) Developing a Supportive and Engaging Community.

In building a qualified bilingual workforce, our hospital is undergoing this initiative and have learned to partner with a partner called Canopy. We have recruited employees and members of the community to take Canopy's Medical Spanish and then to take their examination which gives them the designation of qualified bilingual individuals. Along the way, we will report on successes and challenges, which have included that some people want to become certified medical interpreters. To this end, we will discuss additional coursework that we plan in year 2 of our grant and to also support people in the community to take the oral and written certified medical interpreter examination. Much of our focus will also be on the relationship building we have performed with community organizations which is needed to find people who would be interested in and willing to learn how to advance their personal and professional goals in medical interpretation. Our goal is also to develop a supportive and engaging community to ensure and build long-lasting relationships. This panel will engage in discussions with the internal team at Jefferson, which includes Thomas Jefferson and Jefferson Health East Region, while also seeking perspective from Canopy. In addition, we will have the perspective of a bilingual employee who is fluent in Spanish and English and who simultaneously took the Medical Spanish to guide other students along the process.

Cindy Hou

Dr. Hou is the Infection Control Officer and Medical Director of Research for Jefferson Health - East Region and an Infectious Diseases specialist. She has expertise in sepsis, antibiotic stewardship, infection control, patient safety, clinical quality and equity. Dr. Hou is the Chief Medical Officer of Sepsis Alliance, and a medical advisor for Sepsis Innovation Collaborative. She earned a M.B.A. and M.A. from Boston University, a D.O. from the University of New England College of Osteopathic Medicine, and B.S. from Yale University. Dr. Hou is the principal investigator for an Office of Minority Health grant to reduce inequities in those with limited English proficiency. She also received grants from the American Nurse's Association Project Firstline to educate nurses about infection prevention, as well as from the National Council on Aging to provide the elderly and disabled with education and vaccination against COVID-19 and influenza.



Tiffany Delgado-Bickley

Tiffany Delgado-Bickley, MS, Program Manager of Clinical Health Equity at Jefferson Health. With over 15 years of healthcare advocacy experience working in various leadership roles with underserved patient populations. Tiffany is passionate about community health and reducing health inequities. Currently managing programs focused on reducing language barriers for patients navigating the healthcare system and the development of an equity governance structure that ensures compliance with regulatory requirements and promotes meaningful stakeholder engagement.



Barbara McCormick

Barbara McCormick DNP, RN, CEN is a resource nurse and research fellow for Jefferson Health. She has held various roles in her 30 years with a focus on emergency and critical care. She earned her doctorate in nursing from Drexel University which focused on inter-professional education and practice. Barbara is adjunct faculty for Thomas Jefferson University and Rutgers University, Camden and also serves as a Lieutenant Colonel in the Delaware Air National Guard.



Valerie Guerrero-Henao

As a Community Wellness Manager, Valerie supports the Jefferson Health- East Region ROLE Grant initiative by managing project plans, schedules and budgets as well as overseeing a cohort of Medical Spanish students. Prior to her current position, she was a research associate for Duke University in the Philadelphia Work-Family Project and a public health research assistant for Tozuda, LLC on its Traumatic Brain Injury Study in Women's Roller Derby. She currently serves on the board of the Arriba Project, a non-profit committed to helping preserve and uphold the dignity of all human life by rebuilding communities after natural disasters, assisting communities experiencing special needs, or supporting communities experiencing social injustices, without regard to race, ethnicity, political or religious affiliation, or gender. Valerie's family immigrated from Ecuador, where she volunteered at public health clinics in underserved indigenous communities. She earned a BS in Psychology from Drexel University and a Master of Public Health from Thomas Jefferson University with a thesis on the psychosocial effects on the children of undocumented parents.



Kate Riestenberg

Kate Riestenberg, PhD, is Director of Content and Pedagogy at Canopy Innovations. She is an applied linguist with expertise in language learning and language access. Over the past 15 years, Kate has designed dynamic and evidence-driven language materials, curricula, and assessments in seven different languages for stakeholders ranging from the U.S. State Department to an indigenous language revitalization program in Mexico. Before joining Canopy, Kate taught college-level linguistics courses for several years and held research positions at the Smithsonian Institution and the Center for Applied Linguistics.



Christina Carty

Christina Carty is the Director of Operations, Grants & Special Projects for Jefferson Health - East. She is a Co-Investigator for an Office of Minority Health-funded grant to reduce inequities in those with limited English proficiency. Christina also oversees several Covid-19-related grants funded through the New Jersey Department of Health and the National Council on Aging, focusing on vaccination, education, and addressing the physical and mental health impacts of the Pandemic for underserved populations. Additionally, Christina directs community outreach efforts for Jefferson Health - East, overseeing a team of community health workers and social workers who provide health education and resources across South Jersey. Prior to joining Jefferson, Christina served the non-profit sector for twenty years, dedicating her career to policy, programs, and services for individuals with disabilities. Christina has a B.S. in Psychology from Rutgers University and completed coursework for an MLA at the University of Pennsylvania, with a concentration in non-profit administration and East Asian Studies.



Bill Tan

Bill Tan is the founder of Transcendent Endeavors, a venture studio building innovative products that transcend barriers, promote positive change, and improve lives. As the Principal Investigator for multiple NIH innovation awards, his work focuses on helping underserved communities to overcome obstacles. Its portfolio of endeavors includes the Canopy suite for enabling language-concordant communication between patients and healthcare providers, the Aqueduct platform for promoting appointment adherence and patient engagement, and the BLoSSoM ebook system for spreading the joy of reading -- in multiple languages -- to kids and their grownups. Bill was a Crain's 40 Under 40 Rising Stars, and was named by former Mayor Michael Bloomberg as a New York City Venture Fellow. He is an associate faculty member at Ariadne Labs, a joint center at Harvard T.H. Chan School of Public Health and Brigham and Women's Hospital. Bill earned a bachelor's degree from the Stern School of Business at New York University, where he was elected president of the entrepreneurs club, and a Master of Education at the Graduate School of Education at Harvard University, where he was a Presidential Public Service Fellow.



Integrating Behavioral Health Training into Standard Healthcare Interpreter Training

Anita Diabate

The need for behavioral health services has grown exponentially and is currently integrated into a wide variety of healthcare visits. Yet, most healthcare interpreters have limited knowledge of behavioral health interpreting. Healthcare interpreters must have the knowledge and skills to interpret effectively in all care settings, including behavioral health.

Five Discussion-Generating Questions:

- 1) What do you perceive as the uniqueness of behavioral health interpreting compared to general healthcare interpreting?
- 2) What do you consider as priority topics to learn so healthcare interpreters become ready and competent to support behavioral health sessions?
- 3) What do you consider as priority skills to develop so healthcare interpreters become ready and competent to support behavioral health sessions?
- 4) How can the DSM V best orient healthcare interpreters about behavioral health treatment objectives?
- 5) How can NCIHC advocate for the inclusion of behavioral health into current interpreter training and certification programs?

The general response from participants will guide us in navigating our research direction, to include the immediate training goals in behavioral health interpreting. Participant responses will serve in the development of research item questions for a larger audience. Andy Schwieter and Eva Stitt posed preliminary questions to the Policy, Education, and Research Committee (PERC) with the purpose of forging a path to incorporate "behavioral health research" as part of the research subgroup with the goal of endorsement by the Board of NCIHC.

Anita Diabate

Anita Coelho Diabate is a Medical and Behavioral Health interpreter in Portuguese with the Cambridge Health Alliance working within their internal Call Center fielding both Medical and Behavioral Health interpreter-assisted calls. For over a decade Anita served on the IMIA Executive Committee. Her responsibilities included interpreter training and developing innovative ways in which to promote medical interpretation internationally, incorporating "best practice" orientation using both provider and interpreter feedback, to further professional Interpreter/Provider relations. Anita is



committed to sharing the latest information in the field of Medical and Behavioral Health interpreting and National Certification for the advancement of professional medical interpreters.

Eva Stitt

Dr. Eva Stitt has served in public, private, and non-profit sectors here and abroad as graduate school professor, guidance director, school counselor, human resource officer, program coordinator, or nurse. She has presented workshops and research papers in national and international conferences. She has developed psychological assessments, educational materials, and a published author. Currently, she coordinates programs that provide multi-level training for behavioral health interpreters in educational and clinical settings. She is trained in both medical and mental health interpreting. She holds a master's in education degree in Guidance and Counseling and a PhD in Public Policy and Business Management.



Andrew Schwieter

Andy Schwieter leads the language access team at Cincinnati Children's Hospital Medical Center, helping them systematically turn language barriers into opportunities. Andy has worked as a Spanish interpreter since 2006, was certified by the Supreme Court of Ohio in 2013, and was certified by the National Board of Certification for Medical Interpreters in 2015. He recently co-authored a paper published in Hospital Pediatrics on improving discharge instructions for hospitalized children with limited English proficiency.



Advocating for Communication Equity in Healthcare Services

Joana Ramos, MSW

This capacity-building workshop aims to help attendees develop advocacy skills towards eliminating communication barriers which contribute to the persistent and unacceptable inequities in health experienced by the many millions of individuals in the United States – at least 26 million people – whose primary language is not spoken or written English.

Efforts to address these disparities are an intrinsic part of racial equity work because of the intersectionality of the historical and structural roots of linguism (discrimination based on language): racism, xenophobia, classism, and ableism, and how they play out in the healthcare sector. Despite the longstanding legal requirement to provide language services, extensive documentation of the many avoidable harms caused by communication barriers demonstrates the need for increased advocacy. Since the then-groundbreaking Unequal Treatment report (Smedley, BD 2003), studies have found that nationally less than 2 out of 3 hospitals provided language services (Schiaffino, MK 2016).

Recent political events, the rise in displays of bias and hate crimes, and the COVID-19 pandemic with its hugely disparate impacts, have laid bare long-standing inequities in health and healthcare for BIPOC communities. Advocates have continued to raise concerns about the linkages between language barriers and health disparities, and while some progress has been made, it has continued to be quite uneven within states and nationwide. We now have new opportunities to elevate these issues and build collaborations to promote the common good, including by engaging in policy advocacy on language access at the local, state, and federal levels. Working for change can seem overwhelming and is why training in advocacy techniques is so important.

This workshop applies the lenses of civic engagement and health equity to cover the basic steps of analyzing situations to create action plans. This approach includes learning from impacted

community members; studying the structures of underlying language barriers; researching the organization and regulation of services; developing connections with key supporters; and carrying out advocacy plans. Case examples from the Washington State Coalition for Language Access and its work to improve access to healthcare in spoken, written, and signed languages will be shared. Both successes and challenges will be covered, along with considerations for legislative advocacy, and the roles that interpreters and translators can have in this work.

This session will include interactive time for participants to start the process of developing their own strategies to address language barriers that affect their communities.

Joana Ramos

Joana Ramos, MSW is a policy consultant, and founding member of the Washington State Coalition for Language Access, currently Co-Chair of the Board of Directors and Chair of the Healthcare Committee. Her language justice involvement draws on her multi-sector background in direct services and policy work in health and human services, and nonprofit management. A former Portuguese interpreter, Joana was in the pilot group to earn the CoreCHI™, and held DSHS medical interpreter Authorization. Her work focuses on accountability of public-serving agencies and institutions. She is a graduate of Boston University and the University of Washington School of Social Work.



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How do we get Health Care Interpreting back on Track? Do we need to reset?

Nina Scott, MSHS, CMI Spanish; Beatriz Ortiz, CMI-Spanish

Dynamic Health Care Interpreter Roles During COVID, the world, but especially health care providers and teams, experienced an abrupt and drastic separation. In-person work was limited to the absolute minimum, shifting the provision of language assistance services to a remote model.

As the height of the pandemic is now behind us, health care providers and teams are making a return to pre-COVID workflows, especially when caring for patients and interacting with each other. Interpreter services at a large NCI-Designated Cancer Care Center understood the unique needs of limited English proficiency (LEP) patients in a complex healthcare setting. Recognizing that the role of the professional healthcare interpreter was expanding beyond the too restrictive role found in the conduit model, the additional roles of welcoming agents, way finders, supportive services educators, emotional supports, and health literacy guardians was added into a newly developed Interpreter Ambassador (IA) role. This role combines the skills and qualifications of a professional health care interpreter with the welcoming spirit and institutional knowledge of an ambassador.

The purpose of this project was to evaluate the feasibility and impact of the IA role in Spanish-speaking LEP patients receiving care at a large NCI-Designated Cancer Care Center. New Spanish-speaking LEP patients were assigned an IA for the first four appointments. The IA guided patients through the medical center, acted as the interpreter, way finder, and served as a cultural bridge throughout the patients' appointments. Feasibility and resource utilization were evaluated through existing metric reports. The impact of the IA role for patients was evaluated in patient questionnaires at the first and fourth appointment. A total of 44 new Spanish-speaking LEP patients were included in the analyses.

Preliminary results show most participants indicated that they absolutely agree that the IA helped them feel more confident in asking questions about care, wayfinding, knowing about and accessing supportive resources, accessing appointment schedule, and contacting their care team.

Nina Scott

Nina Scott, MSHS, CMI-Spanish is the Director of Interpreter Services at Dana-Farber Cancer Institute and an instructor for the Massachusetts Medical Interpreting Training Course via Health Consulting at UMass Chan Medical School and is a member of the Forum on the Coordination of Interpreter Services (FOCIS). Previously, Nina served as an instructor for the Medical Interpreting Course at Boston University, as Manager of Interpreter Services at McLean Hospital and as a board member of FOCIS, and worked as a medical interpreter at UMass Memorial Medical Center and Shriners Hospitals for Children-Boston. Nina has a BA in International Cultures and Economics from Bentley College and a MS in Management in Human Services from the University of Massachusetts-Boston.



Beatriz Ortiz

Beatriz Ortiz, MBA, CMI-Spanish is a Data Analyst & Coordinator with Interpreter Services at Dana-Farber Cancer Institute. Prior to her current role, Beatriz served as a Medical Interpreter at Dana-Farber. Beatriz has a BA in History from Brown University and a Master's in Business Management from Simmons College.



Decolonizing Language from Language Access to Language Justice

Wilda Perez and Erika Perez

As Interpreters, a large portion of our work is interpreting English into/from a target language and therefore promoting access for people with limited English proficiency to the dominant language and culture. Throughout history speakers of certain languages such as English, Spanish, and Portuguese have colonized indigenous communities robbing them of their voices and establishing social, economic, religious and cultural hegemonies.

Through this co-facilitated workshop with breakout sessions and Q&A, we hope to disrupt the main narrative that places certain languages above others and establish a framework for multilingual justice. We will define the differences between access and justice and think through the challenges and importance of this work. We seek to empower socially disadvantaged immigrant communities to feel safe using their native tongues and encourage others to learn different languages.

We will also explore why in the United States having an accent or speaking another language is seen as a threat rather than an advantage and encourage monolingual English speakers to take interest in the language and culture of others, therefore resulting in a truly multilingual and multicultural society. In my work for multilingual justice, I've interpreted in meetings where all participants wear headsets and speakers of up to three languages communicate freely and equitably, bringing a plethora of ideas and perspectives to the table. It should be common to see meetings being run and services being rendered in a language other than English. These meetings take a lot of coordination and work, but it is beautiful to see this multilingual exchange. Interpreters are vital in all organizations as they can help plan, execute, and promote events that can truly reflect the linguistic diversity of our country.

In an environment where multiple languages are treated equally with respect and where people can express themselves in their hearts chosen dialect, we can finally start to move from language access into language justice. Through this new and more inclusive lens, we hope to make the world a more peaceful and just place.

Wilda Perez

Wilda Perez is a Nationally Certified Healthcare Interpreter who focuses on language access, DEI, and social activism on issues that affect underrepresented minorities and the environment. She is originally from the Dominican Republic and speaks English, Spanish and French. She has travelled to over 30 countries as a volunteer and student looking for creative ways to alleviate poverty and make the world a more just and peaceful place. In her spare time, she enjoys learning about different cultures, dance, yoga and spending time outdoors with her family.



Erika Perez

Erika has been interpreting for almost a decade and is an expert in world cultures and languages. An activist and organizer from the Mam people of Guatemala she has been a champion for multilingual justice most of her life. She wishes to see people around the world have more equitable access to resources such as food and education. She loves the outdoors, dancing, reading and teaching her seven year old daughter.





Shoutout to the NCIHC
Congress planning group!

Thank you to everyone in the
group for all your hard work in
planning this event and
celebration of our
25th Anniversary!

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dedication in helping with the
Founder Interviews.

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SWITS

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Continuing Education Credits

Continuing Education Application Approvals

In order to receive a certificate of attendance for your continuing education credits, be sure to complete the survey that will be sent to you after the event ends.

ATA - Live event 6 CEPs total (1 CEP Thur., 5 CEPs Fri.)

CCHI - 6.0 Instructional CE hours

RID - Participants can earn up to 0.575 PS CEUs.
Completing the application is mandatory for credit.
[Click here](#) to access the RID application.

IMIA - Participants can earn up to 0.575 CEUs.
Complete the attendance verification form and submit it to
NCIHC for verification by emailing membership@ncihc.org
[Click here](#) to access the IMIA attendance form.