

National Coalition on Health Care Interpreter Certification

Report Inaugural Meeting, May 29-30, 2008

Prepared by

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With substantial contribution from the Coordinating Committee
ATA, CHIA, IMIA and NCIHC

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Introduction

The inaugural meeting of the National Coalition on Health Care Interpreter Certification was held on May 29th and 30th, 2008 in Chicago, made possible by the generous support of The California Endowment. Delegates of eighteen organizations, representing a broad spectrum of stakeholders, convened to begin the process of developing a single, national certification for interpreters working in health care.

Karin Ruschke welcomed National Coalition members and thanked Ignatius Bau of The California Endowment for his presence in support of the event. Ignatius noted that The California Endowment has funded many of the organizations represented around the table, and commended the members for joining this historic coalition, which now has the opportunity to advance a national certification for healthcare interpreters.

Attending this meeting were:

- Jeanette Anders (alternate for Lou Provenzano) Language Line Services;
- Izabel Arocha, International Medical Interpreters Association;
- Ignatius Bau, The California Endowment;
- Shiva Bidar-Sielaff, National Council on Interpreting in Health Care;
- Frederick Bw'Ombongi, Spectrum Health;
- Kathleen Diamond, The Association of Language Companies;
- Javier Gonzalez, Center for Immigrant Health, New York University School of Medicine;
- Frederick D. Hobby, Institute For Diversity in Health Management of the American Hospital Association;
- Alejandro Maldonado, Interpreting Stakeholders Group, a committee of the Upper Midwest Translators and Interpreters Association;
- Martin Martinez, The California Pan-Ethnic Health Network;
- Christine Haley Medina (alternate for Jordan Coriza), MA Department of Public Health;
- Jonathan Levy, CyraCom International, Inc;
- Maria Michalczyk, Portland Community College/Institute for Health Professionals;
- Brandi Miller, Jewish Vocational Services;
- Natalya Mytareva, International Institute of Akron, Inc.;
- Elizabeth Nguyen, California Healthcare Interpreting Association;
- Karin Ruschke, National Council on Interpreting in Health Care;
- Virginia Pérez-Santalla, American Translators Association;
- Don Schinske, California Healthcare Interpreting Association;
- Laurie Swabey, National Consortium of Interpreter Education Centers and Registry of Interpreters for the Deaf, Inc.;
- Doreena Wong (alternate for Mara Youdelman) National Health Law Program;
- Catherine Kettrick, Facilitator.

The representatives were asked to introduce themselves and the organization they were representing, and to state what they thought their organization could bring to the national certification effort. Among the areas of expertise they mentioned were:

- experience in teaching, training and educating interpreters;
- research in testing, interpreter aptitude, standards and principles;
- knowledge of and experience with regulatory requirements;
- advocacy for consumers as well as providers;
- legal expertise, especially vis-à-vis state and federal requirements;
- experience in developing and implementing a certification tool;
- experience working with immigrant and refugee populations, and with languages of lesser diffusion;
- experience working for equality and justice;
- experience deriving from working with community-based organizations, hospitals and health plans to overcome cultural and linguistic barriers to health care access;
- experience as health service providers and an understanding of the issues from the perspective of the purchasers and/or providers of interpreter services;
- experience as interpreters, and an understanding of the interpreter’s perspective.

History & Background

To set the framework for the Coalition’s discussions, Shiva Bidar-Sielaff presented a historical overview of the work done to date on national certification efforts leading to this first meeting (*See Appendix B*).

Included in this presentation were the following suggested roles for the National Coalition:

- To guide and make decisions about the development of a coherent, comprehensive and fair certification process;
- To identify the expert workgroups and establish criteria for selecting experts to join the workgroups;
- To establish and oversee the work of the expert workgroups and/or contractors assigned to investigate and make recommendations on specific aspects of the certification process;
- To develop a plan for implementation of the certification process.

National Coalition members then tackled the issue of representation on the National Coalition. People raised concerns that some stakeholder groups—primarily physicians, accrediting and regulatory organizations, insurers and health plan providers, federal entities and labor were not present at the table, and that it would best serve the purpose of the National Coalition to include representation from these groups.

A decision was made to contact organizations that represent physicians, accrediting and regulatory organizations, insurers and health plan providers and federal entities, and to invite one representative from each of these stakeholders to become part of the National Coalition. The Coordinating Committee was given the task of contacting these organizations. In addition, the National Coalition also agreed that, while their main goal is to create a certification process, the labor/management perspective is important and will need to be brought in through the

workgroups. The National Coalition also agreed to formally adopt the roles outlined in the presentation.

Purpose Statement & Statement of Principles

The next items on the agenda were discussion and adoption of a formal Purpose Statement for the National Coalition and a set of Statement of Principles/Guiding Principles.

Elizabeth Nguyen presented a draft Purpose Statement with accompanying definitions of “valid,” “credible,” “inclusive,” and “transparent,” words used in the Purpose Statement to describe the characteristics of a national certification process. After a group discussion that included clarifying questions and raising and resolving concerns, the National Coalition formally adopted this final wording for the **Purpose Statement**:

The National Coalition on Healthcare Interpreter Certification is committed to developing a valid, credible, inclusive and transparent national process to ensure competency of healthcare interpreters and improve access and quality of care for patients with limited English proficiency in our culturally diverse communities.

Elizabeth also presented a draft Statement of Principles, as well as a Preamble to the Statement of Principles. The same process for discussion was followed, namely clarifying questions and the raising of concerns about the preamble, principles and their definition. After another lively discussion, the Coalition deferred adoption of the Statement of Principles to the following day.

On Friday the discussion returned to the Statement of Principles and the Preamble. Most importantly, all members of the National Coalition committed to working together to develop **one single, national certification process** for healthcare interpreters and to not pursue parallel and multiple national certification efforts on their own. The Preamble and Statement of Principles, as revised, read:

Preamble to the Statement of Principles:

Considerations for members of the National Coalition:

- To acknowledge that a national certification process for healthcare interpreters needs to be inclusive of multiple stakeholders including interpreters, healthcare institutions, advocacy organizations, interpreter associations, interpreting agencies, purchasers of language services (i.e. hospitals, health plans, public and private entities), academic institutions, and last but not least, those in need of quality interpreting services, the limited-English proficient patients who live in our communities;
- To know that, in order for a national certification process for healthcare interpreters to be credible, extreme care must be taken to avoid even the appearance that any conflict of interest may have unduly influenced its development;

- To understand that the development of a national certification for healthcare interpreters is a long and very complex process that goes beyond the mere creation/selection of a test to involve careful and respectful considerations for the numerous intricacies presented by linguistic and cultural issues;
- To realize that, in addition to requirements for scientifically rigorous assessment methodologies, the certification tool must be able to adequately assess the knowledge and skills of all competent healthcare interpreters, regardless of background or cultural and linguistic differences, thus ensuring an equitable and fair process for all.

Statement of Principles:

1. Right and responsibility

National Coalition members will maintain the highest levels of communication and work quality, as well as personal and organizational integrity.

2. Openness and transparency

National Coalition members will disclose the nature of their interest in participating in the coalition's goal, including potential conflicts of interests and/or benefits that they may gain as a result of the collaborative work.

3. Leadership and collaboration

National Coalition members commit to developing one single collaborative national certification process for healthcare interpreters. All National Coalition members commit to being loyal to the process and all existing efforts of Coalition members will coalesce into one single national certification process.

National Coalition members are committed to collaborative work. They will actively collaborate in the sharing and establishment of an effective information and knowledge-sharing framework that will guide the accomplishment of the coalition's goal, for the common benefit and interest of all. Contributions of members to the national process will be publicly acknowledged and credited.

All work done by this coalition on developing one single national certification for healthcare interpreters will be used only by the National Coalition and not used by any private or public party or organization for their own benefit/to develop their own certification.

4. Fairness and objectivity

In pursuing the development of the national certification process, National Coalition members will proceed ethically and fairly when identifying, selecting, guiding and overseeing the work of all expert workgroups and/or contractors, to ensure that the end product meets all validity, credibility and transparency criteria.

5. Respect and inclusiveness

National Coalition members and workgroup participants have the right to access the appropriate and relevant information to achieve their goals; the freedom to express their opinion; and the opportunity to participate in decision-making processes.

The Preamble and Statement of Principles were adopted unanimously (with one abstention from an alternate who wanted to check with her organization).

Project Areas/Workgroups

Izabel Arocha presented the suggested list of project areas the Coordinating Committee thought would be needed for the National Coalition to accomplish its goal. Again, after clarifying questions and the raising of concerns, the National Coalition grouped the original ten project areas into two major divisions: Organizational Tasks and Certification Process Development. (See attached chart for committee structure).

Organizational Tasks was further divided into three committees: Logistics, Fundraising and Communication and Outreach.

Logistics has the task of coming up with the structure of the National Coalition and the decision-making process the National Coalition will use, including what decisions are made on what level and how decisions flow among committees and between committees and the entire National Coalition.

Fundraising has the task of raising funds to support National Coalition meetings, as well as funds for the certification development and implementation process.

Communication and Outreach has the task of communicating the work of the National Coalition to the public as well as marketing the work of the National Coalition. This committee's task will also be reaching out to groups that are not represented on the National Coalition (e.g., insurance companies, unions, organizations representing languages of lesser diffusion, etc.).

Certification and Process Development also has three arms: Certification and Process Development, Legal Aspects and Languages of Lesser Diffusion/Rural Areas.

Certification and Process Development will be concerned with all aspects of developing the certification process including such tasks as job analysis and standards; environmental analysis; determining core interpreter competencies, materials development and task development.

Legal Aspects has the task of researching what laws or regulations currently exist regarding medical interpreting and what the National Coalition will need to know in terms of legal procedures as it proceeds with its tasks. One legal aspect would be copyright of the national certification tool once it's created.

Languages of Lesser Diffusion/Rural Areas has the task of reviewing and providing insight and feedback on all proposals that the National Coalition develops to ensure that concerns of languages of lesser diffusion and issues of rural areas are being taken into consideration.

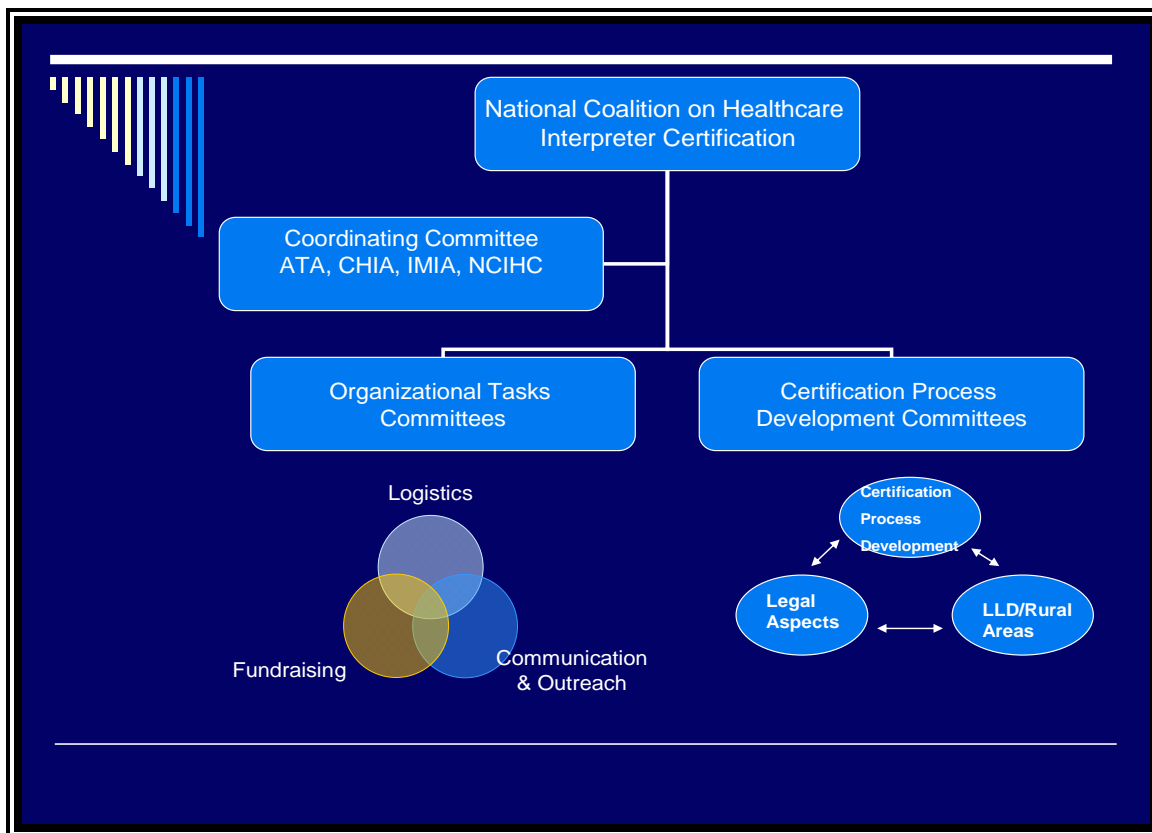


Chart 1: National Coalition and Committee Structure

It was clearly understood that the work of these committees overlaps, and that the committees will have to be in close contact with each other throughout the process.

National Coalition members then signed up for one or more committees; they chose a convener for each committee and made a commitment to convene for a first teleconference meeting no later than June 30th. Tasks for the first teleconference meeting will include selecting a chair or chair/co-chairs; giving thought to the committee's tasks and the order of tackling those tasks and developing a general timeline for accomplishing them.

Coalition Communication and Next Steps

Don Schinske presented suggestions for communication, including using Google Groups for email and a form that CHIA uses for notes. Google Groups offers a distribution list function that you can separate by different groups. There is also a document sharing space. It requires one person to stay on top of it, and Don volunteered for that task. In addition, Ignatius offered the free use of Endowment's phone line for conference calls.

At this point, with the meeting time almost over, the Coalition members considered their next steps. They decided on the following:

- The National Coalition will hold eight meetings per year, four by telephone and four in person, and these meetings will alternate;
- The National Coalition will pay for travel and lodging expenses for two of the four in person meetings and members will pay for the other two;
- The Coordinating Committee will remain as currently constituted through the next in-person meeting, to provide logistical support for that meeting;
- Committees will turn in minutes from their meetings to the Coordinating Committee within one week of their meeting so all information is compiled in preparation for the next Coalition meeting;
- The next in person Coalition meetings are set for: September 20, 21, 2008 in Minneapolis and January 22, 23, 2009 in Los Angeles;
- The first Coalition telephone meeting is set for: Wednesday July 16th, 5 pm EDT. In general, telephone meetings will be held on Wednesdays.

The meeting adjourned amid excitement about all that had been accomplished as well as focus and commitment to complete the work of developing and implementing a single national certification for health care interpreters.

Appendix A
Final Agenda
May 29-30, 2008 Meeting

May 29

9:00—10:15	Welcoming Remarks; Overview of the two days; Introductions
10:15—11:00	Presentation of history and background on national medical certification efforts
11:00—11:15	Mid-morning break
11:15—12:45	Discussion on Coalition representation/membership
12:45—1:30	Lunch
1:30—3:00pm	Presentation of purpose statement & statement of principles 1:30-2:00 Purpose Statement w/ clarifying questions 2:00-2:30 Principles w/clarifying questions 2:30-3:00 Discussion & adoption
3:00—3:15	Afternoon break
3:15—4:30	Presentation and discussion of suggested project areas/workgroups
4:30—4:45	Meeting evaluation

May 30

8:30—8:40	Announcements
8:40—9:30	Statement of Principles discussion & adoption
9:30-10:00	Recap & selection of project areas/workgroups
10:00—10:15	Break
10:15—11:00	Coalition governance, structure, and decision making
11:30—12:00	Presentation and discussion of Coalition communication
12:00—12:30	Coalition next steps & meetings
12:15—12:45	Meeting evaluation


Appendix B

History & Background



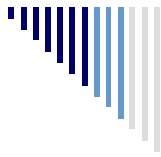
The Movement Towards National Certification

- 1995 WA State becomes the first state to certify Medical Interpreters
- 1996 MMIA & EDC publish first Standards of Practice
- 2001 NCIHC publishes paper on interpreter role
- 2001 Oregon passes law to develop qualification/certification of medical interpreters
- 2002 CHIA publishes California Standards of Practice
- 2003 MMIA, CHIA, and NCIHC co-pilot a certification test for Spanish interpreters
- 2003 Indiana sets up a commission to develop a certification process
- 2004 NCIHC publishes National Code of Ethics



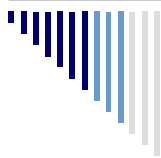
The Movement Continues

- 2005 MMIA expert group meeting in Boston
- 2006 TCE publishes "*A Primer, a Status Report, and Considerations for National Certification*"
- 2006-07 NCIHC holds 12 forums across the country
- May 2007 LLS National Medical Interpreter Certification Forum in Boston
- June 2007 Expert Panel convened by the Minnesota Interpreter Stakeholder Group in MN
- Oct. 2007 NCIHC receives grant from TCE to advance national certification
- Oct. 2007 Panel presentation on national certification (ATA/CHIA/IMIA/NCIHC) at IMIA Annual Conference
- Dec. 2007 National Coalition Coordinating Committee formed



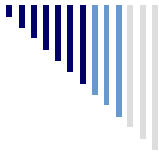
The National Coalition: The Formative Months

- Since Dec. 07 Bi-weekly 1.5 hour conference calls
- March 14, 08 Request for applicants
- March 25, 08 Applicant informational conference call
- May 6, 08 Announcement of Coalition members
- May 29-30, 08 First meeting of the Coalition with funding from The California Endowment



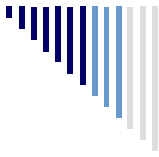
National Coalition Coordinating Committee

- **American Translators Association (ATA)**
 - professional association founded to advance the translation and interpreting professions and foster the professional development of individual translators and interpreters
- **California Healthcare Interpreting Association (CHIA)**
 - 501(c)(3) organization dedicated to improving the quality and availability of language services in the delivery of health care
- **International Medical Interpreter Association (IMIA)**
 - professional association committed to the advancement of professional medical interpreters as the best practice to ensure equitable language access to health care for linguistically diverse patients
- **National Council on Interpreting in Health Care (NCIHC)**
 - multidisciplinary 501(c)(3) whose mission is to promote culturally competent professional health care interpreting as a means to support equal access to health care for individuals with limited English proficiency



Coordinating Committee Members

- Virginia Pérez Santalla, ATA Board
 - Elizabeth Nguyen, CHIA Board President
 - Don Schinske, CHIA Executive Director
 - Izabel Arocha, IMIA Board President
 - Lourdes Sánchez, IMIA Board
 - Cynthia Schenk, IMIA Board
 - Shiva Bidar-Sielaff, NCIHC Board
 - Karin Ruschke, NCIHC Board
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Coordinating Committee's Role

- Create an application process for membership to the Coalition
 - Create an initial organizational structure for the Coalition
 - Create a working definition of Coalition goals and objectives and expert workgroup categories and tasks
 - Maintain a record of documents created
 - Provide periodic public updates of the process
 - Provide ongoing logistical and organizational coordination for Coalition
 - Perform any other tasks necessary to support, coordinate, or organize the Coalition's work
 - Perform other tasks assigned to it by the Coalition as a whole
-

Appendix C

Workgroup Roster

<p>Languages of Lesser Diffusion Int. Institute of Akron (Natalya) <i>CONVENER</i> PCC/IHP (Maria) JVS (Brandi) Spectrum Health (Fred Bu'Ombongi) CHIA (Elizabeth/Don)</p>	<p>Fundraising CHIA (Don/Elizabeth) <i>CONVENER</i> ISG (Alejandro) IMIA (Izabel) IFD (Fred Hobby) NCIHC (Karin/Shiva)</p>
<p>Legal Aspects of Certification PCC/IHP (Maria) <i>CONVENER</i> LS (Lou/Jeanette) ISG (Alejandro) JVS (Brandi) NHeLP (Doreena/Mara)</p>	<p>Communications/Outreach NHeLP (Doreena/Mara) <i>CONVENER</i> ATA (Virginia) CPEHN (Marty) ALC (Kathleen) ISG (Alejandro) MA Dept of Public Health (Jordan) CHIA (Don/Elizabeth) NCIEC-RID (Laurie)</p>
<p>Certification Process Development NCIEC/RID (Laurie) <i>CONVENER</i> Spectrum Health (Fred Bu'Ombongi) MA Dept of Public Health (Brunilda Torres) LLS (Lou/Jeanette) Cyacom (Jonathan) ISG (Alejandro) Center for Immigrant Health (NYU) Int. Institute of Akron (Natalya) NCIHC (Karin/Shiva) ALC (Kathleen) PCC/IHP (Maria) CHIA (Elizabeth/Don)</p>	<p>Logistics IMIA (Izabel) <i>CONVENER</i> LLS (Lou/Jeanette) ISG (Alejandro) MA Dept of Public Health (Christine) PCC/IHP (Maria) CHIA (Don/Elizabeth) NCIHC (Karin/Shiva) ATA (Virginia)</p>

Appendix D

Member Organization Profiles

American Translators Association (ATA)

www.atanet.org

The **American Translators Association** is the largest professional association of translators and interpreters in the U.S., with over 10,000 members in more than 90 countries. ATA's primary goals include fostering and supporting the professional development of translators and interpreters and promoting the translation and interpreting professions.

ATA brings to the National Coalition on Health Care Interpreter Certification:

- Over 35 years of experience in professional language certification testing. ATA currently offers translation certification exams in 24 language combinations.
- Excellent public relations know-how and proven results.
- The ability to reach industry and government leaders through the *ATA Chronicle*, a website, an Annual Conference, and the Association's membership. (ATA members include translators, interpreters, teachers, project managers, web and software developers, language company owners, hospitals, universities, and government agencies.)
- A large pool of potential candidates: ATA's Interpreters Division has over 3,000 members, and the Medical Division has nearly 2,600 members. (ATA has 15 divisions, which are either language- or topic-related special interest groups.)

California Healthcare Interpreting Association (CHIA)

www.chiaonline.org

The **California Healthcare Interpreting Association** is a 501 (c)(3) statewide organization of interpreters, educators, health providers, policymakers, hospitals and clinics, community centers and language companies dedicated to improving the quality and availability of language services in the delivery of healthcare to members of our culturally diverse communities.

CHIA is committed to support the National Coalition in the creation of one single national certification process for healthcare interpreters, by:

- promoting professional standards for healthcare interpreters through the *CHIA California Standards for Healthcare Interpreters – Ethical Principles, Protocols and Guidance on Roles and Intervention* (published in 2002 through a grant from The Endowment);
- providing training and continued education opportunities for the professional development of interpreters;
- providing a range of tools, including an online *Registry for Healthcare Interpreters* to support an informed marketplace for healthcare interpreting services;
- offering assessment of the language services provided by health plans, hospitals and clinics, with an emphasis on cost-effective improvements;
- providing health administrators and practitioners with guidance on language access policies and interpreters' scope of practice;
- serving as a forum for exchange of best practices and new developments from the field.

International Medical Interpreters Association (IMIA)

www.imiaweb.org

The **International Medical Interpreters Association** is committed to the advancement of professional medical interpreters as the best practice to equitable and safe language access to health care for linguistically diverse patients. Founded in 1986, with over 1,500 members, across 10 countries, the IMIA is the oldest and largest medical interpreter association in the US. While representing medical interpreters as the ultimate experts in medical interpreting, membership is open to non-practitioners interested in the profession and language access. Our bylaws charge the organization to establish & maintain a certification process for medical interpreters.

IMIA brings to the National Coalition its proprietary assets to be utilized and adopted as partial foundation blocks for national certification: a testing instrument that has been piloted twice to date, the Medical Interpreter Assessment for Certification (MIAC), and a Candidate's Manual for Certification, in addition to a process for certification that includes pre-requisites, testing modules, and a registration process for certification. Also the IMIA would like to see a commitment from the Coalition that the work other organizations have done thus far to achieve certification also become part of the foundation of national certification as soon as possible.

National Council on Interpreting in Health Care (NCIHC)

www.ncihc.org

The **National Council on Interpreting in Health Care** is a multidisciplinary organization based in the United States whose mission is to promote culturally competent professional healthcare interpreting as a means to support equal access to health care for individuals with limited English proficiency. The NCIHC started as an informal working group in 1994 and met yearly until it was formally established in 1998. The group is composed of leaders from around the country who work as medical interpreters, interpreter service coordinators and trainers, clinicians, policymakers, advocates and researchers.

Our goals include:

1. Establishing a framework that promotes culturally competent health care interpreting, including standards for the provision of interpreter services in health care settings and a code of ethics for interpreters in health care
2. Developing and monitoring policies, research, and model practices.
3. Sponsoring a national dialogue of diverse voices and interests on related issues.
4. Collecting, disseminating and acting as a clearinghouse on programs and policies to improve language access to health care for limited English proficient (LEP) patients

We pursue our mission with a commitment to:

- Social justice
- Respect for and acceptance of all peoples, including small communities, native peoples, and cultural communities whose tradition is oral
- The empowerment of limited-English-proficient communities
- The evolution of culturally appropriate practices in health care interpreter training

Association of Language Companies (ALC)

www.alcus.org

The **Association of Language Companies** was incorporated as a nonprofit trade association in 2002 by nine founding members—language companies from across the country. The ALC was started to bring together language companies into an organization that represents only their unique interests.

The ALC envisions a language services industry that is valued for its essential role in worldwide communications and respected for its professional excellence. Its mission is to promote the professional stature and economic position of its US member language companies through industry advocacy and professional development of language company owners and senior management. The ALC is dedicated to promoting the values of professionalism and trustworthiness, as well as respect for employees, clients, and the language professionals upon whose work the language services industry relies.

The ALC offers many opportunities for members, typically owners of language service companies, to meet and talk. They discuss issues in conferences, luncheons, and webinars, and in online conversations about running a small business and those relating to translating and interpreting. The ALC also works to expand opportunities with the federal government by meeting regularly with officials responsible for language services procurement. Another top priority is establishing standards that will help identify member companies as those that follow the highest professional standards.

California Pan-Ethnic Health Network (CPEHN)

www.cpehn.org/

CPEHN strives to hold the health care system accountable to ensure that all people, regardless of ethnicity, race, or culture, receive quality care and live healthy lives. In 2003, CPEHN sponsored legislation that requires all health plans and health insurers in California to provide interpreters and translated documents (SB 853). The requirements span all lines of business for insurers and have set the bar higher for the provision of language services nationally. CPEHN also strives to reduce health inequities by working with community organizations to create healthy communities that have access to safe living conditions, breathable air, accessible spaces for physical activity, and affordable, nutritious food.

Center for Immigrant Health (CIH), New York University School of Medicine

www.med.nyu.edu/cih

Center for Immigrant Health, New York University School of Medicine was created in 1989 as an outgrowth of a groundbreaking immigrant health conference. It is a coalition of providers, health services researchers, administrators, policy makers, and community members and advocates. Its mission is to facilitate the delivery of linguistically, culturally, and epidemiologically sensitive health care to newcomer populations to decrease health disparities. The Center's activities include health promotion and education, information dissemination, community based participatory program development, research and evaluation, advocacy, and cultural competence and interpreter training.

CIH has trained over 2,000 individuals in medical interpreting. CIH has developed an online Working with Interpreters Training course and one of the only online medical interpreting trainings, VITAL: Virtual Interpreting Training and Learning. CIH helped implement the internationally recognized remote simultaneous medical interpreting system, and currently assesses and trains its interpreters and its quality control program. CIH has developed linguistic instruments to assess language proficiency. CIH is currently part of a New York State effort on training standards for medical interpreters and is the host of quarterly continuing education seminars for its medical interpreter alumni. CIH has created nationally recognized educational videos and conducted research in language access and medical outcomes.

CyraCom

www.cyacom.com

CyraCom provides a complete portfolio of language services focused solely on quality healthcare communication. Our on-demand over-the-phone interpretation, document translation and medical interpreter assessment and training services help providers address the needs of our nation's increasingly diverse Limited English Proficient population. CyraCom's services contribute to improving patient care and positive clinical outcomes. Our quality, effectiveness and service availability enable care providers to focus on providing quality patient care in any language.

Institute for Diversity in Health Management

www.diversityconnection.org/diversityconnection_app/about-us/About-the-Institute.jsp

The **Institute for Diversity in Health Management** was founded in 1994 to address the lack of ethnic, cultural, and racial diversity in health care management. The tipping point was a 1992 study that found that minorities represented more than 20 percent of hospital employees but held less than 1 percent of top-level management positions.

Today the Institute continues its dedication to expanding leadership opportunities for people of color by collaborating with educators and health services organizations to develop a pipeline of diverse leaders. The Institute also provides cultural competency and diversity management tools and services to hospitals and health care systems, all in an effort to enhance the care provided to an increasingly diverse society.

A number of progressive organizations have joined the Institute on its journey. Principal sponsors are the American Hospital Association (AHA), the American College of Healthcare Executives (ACHE), the Catholic Health Association (CHA), Diversified Investment Advisors, and ARAMARK are principal sponsors of the Institute. Our affinity groups are the National Association of Health Services Executives (NAHSE), the Association of Hispanic Healthcare Executives (AHHE), the National Forum for Latino Healthcare Executives (NFLHE), and the Alliance of Pan-Asian Healthcare Leaders (AP AHL). And currently, more than 500 hospitals and health care organizations are Institutional Members of the Institute.

Institute for Health Professionals (IHP) at Portland Community College (PCC)

<http://www.pcc.edu>

The Institute for Health Professionals offers timely, relevant and innovative solutions for healthcare providers using traditional classroom format, customized on-site training, and distance education, as well as, many entry level healthcare trainings. The IHP is the largest American Heart Association approved Community Training Center in Oregon offering certification training to Emergency Medical Professionals.

The IHP has had a Healthcare Interpreter Training Program since 1999. The faculty and advisory board of the training program represent interpreting students, community based organizations/individuals, certified legal interpreters, language bank administrators, free lance interpreters, representatives from the Office of Multicultural Affairs, healthcare interpreter, educators and healthcare providers.

Communities Joined in Action recognized PCC's Institute for Health Professionals and the Oregon Health Career Center in June 2003, for national best practices in promoting and implementing healthcare interpreter training programs in Oregon.

The program details include medical terminology, anatomy and physiology, healthcare interpreting concepts, mental health overview, independent contractor business practice, ethics and 30 hours of intensive interpreting skills building. Upon successful completion of the 100 hours and a program final written and oral examination the student is awarded a formal acknowledgement of achievement for having completed the program.

International Institute of Akron

www.iiakron.org

Since 1916, the **International Institute of Akron** (Ohio), a non-profit agency, has provided quality social services for new Americans and others who live in Summit County and surrounding areas. The agency's mission is *to assist the foreign born to integrate into our society, to promote public awareness of the value of the ethnic diversity and to encourage international communication.*

The Institute offers programs and services that include: immigration counseling (including representation before the Board of Immigration Appeals and any US CIS office); refugee resettlement; interpreting and translation; employment counseling; English for Speakers of Other Languages; interpreter and cultural competence training.

The Institute has been providing face-to-face interpreting services to the area hospitals, healthcare and social service providers, courts, and law enforcement since the late 70's. We have experience in advocating on behalf of refugees and immigrants for their right to a linguistically and culturally appropriate care, as well as expertise in working with interpreters of languages of lesser diffusion.

In the National Coalition, the Institute aims to represent communities that do not have extensive supply of interpreters while having significant need for interpreters of languages of lesser diffusion,

and to assure that the future healthcare interpreter certification takes into account the needs and interests of such communities and interpreters.

Interpreting Stakeholder Group, a committee of the Upper Midwest Translators and Interpreters Association (UMTIA)

www.umtia.com

In 2003, UMTIA convened an initial meeting of stakeholders (medical, legal, educational interpreters; interpreter service agencies; interpreter training institutions; hospitals, Health Education Centers, health care organizations, health/human service providers; Health, Human Services, Labor and Commerce Departments; Minnesota Supreme Court; legislative offices staff) interested in improving quality/delivery of interpreter services in Minnesota. Since 2004, this group became the Interpreting Stakeholders Group (ISG), meeting monthly to share efforts, information, and planning. ISG's mission: "To improve the delivery of spoken language interpreter services in Minnesota, and to promote the professionalization of the interpreting industry as a whole." Its goal is to provide meaningful access to health care and human services for individuals with LEP.

ISG accomplishments:

- Provided interpreter orientation/ethics training sessions statewide; Interpreter Trainer Training course (Somali, Hmong, Oromo, Spanish interpreters (2007)).
- Sponsored presentations on the interpreter certification status in the courts, health care; requirements of ASL interpreter internship program at College of St. Catherine and apprenticeship models; Developed materials for interpreter training.
- Convened expert panel on community interpreter certification, Twin Cities 2007.
- Advocated passage of 2008 legislation to establish a statewide health care interpreter roster and developed a plan for statewide registry.

ISG 2008 priorities:

- Education/Training
- Interpreter Registry Development
- Communications

Jewish Vocational Service (JVS)

www.jvskc.org

Jewish Vocational Service was established in 1949 to help Holocaust survivors, refugees and displaced persons build new lives in this country. Today, through a number of programs, including Language and Cultural Services, Rehabilitation Services, Refugee Resettlement Services, Immigration Counseling, Career Management Services, a Sheltered Workshop and a Social Work Program, JVS offers services to anyone with a barrier. The mission of JVS is to strengthen the well-being of individuals, families and the community by promoting successful social, cultural and economic integration.

JVS Language and Cultural Services (LCS) was created to improve the health and well-being of the region's non-English speaking residents as they access health care and social services. Emphasizing leadership through service, JVS Language and Cultural Services provides skilled interpreters to hospitals, clinics, schools, and social service agencies. The program also provides comprehensive, professional training to local and regional bilingual interpreters so that they can more effectively serve the region's newcomer communities. As a continuation of our basic interpreter training course, the program presents advanced medical interpreting courses in domestic violence and HIV/AIDS. In addition, the department offers Cultural Competency training to help organizations develop an understanding and appreciation of the dynamic differences present in every cross-cultural encounter.

Language Line Services

www.languageLine.com

Language Line Services, the world's founder and leading provider of over-the-phone interpreting, is a trusted partner to more than 10,000 healthcare organizations whose focus is to ensure access to quality care and improved patient safety through effective communication. The company provides support for more than 170 spoken languages and American Sign Language via phone, video and face-to-face interpreting. Language Line Services delivers a dynamic suite of solutions that also include translation services, localization and software devices, customer training, compliance and CME programs. In addition, the company offers Interpreter Testing and Training, a unique healthcare Interpreter Skills Test in multiple languages, and Medical Interpreter Certification in over 22 languages. These programs, developed in conjunction with industry experts and providers, were independently reviewed and validated by third-party professionals. Adopted nationwide by hospitals, healthcare systems, IDN's and health plans, Language Line Services' solutions are backed by a comprehensive insurance program to protect the interpreters and organizations served. As the largest interpreter, providing employment and career paths to thousands of professional interpreters, Language Line Services brings to the table a depth of experience, from concept to implementation and resources put forth to benefit the industry and provide a head start on a path toward national certification.

Massachusetts Department of Public Health

www.mass.gov/dph

The **Massachusetts Department of Public Health** is dedicated to our mission, to serve all people in the Commonwealth, particularly the under served, and to promote healthy people, healthy families, healthy communities and healthy environments through compassionate care, education and prevention. MDPH serves the 6.4 million residents of the Commonwealth through programs in our eight Bureaus: Communicable Disease Control, Environmental Health, Community Health Access and Promotion, Family Health and Nutrition, Emergency Preparedness, Health Care Quality and Safety, HIV/AIDS and Substance Abuse Services. The Office of Health Equity sits within the Office of the Commissioner.

National Health Law Program (NHeLP)

www.healthlaw.org

The National Health Law Program is a national public interest law firm that seeks to improve health care for America's working and unemployed poor, minorities, the elderly and people with disabilities. NHeLP serves legal services programs, community-based organizations, the private bar, providers and individuals who work to preserve a health care safety net for the millions of uninsured or underinsured low-income people.

The care-giving safety net that has propped up health care for the poor and uninsured is breaking apart, as government responsibility cascades from federal to state to local authorities, as health care marketplace consolidation continues largely unregulated and as states are pressured to cut costs and find quick savings. In the midst of these changes, it is critical to focus on preserving health care coverage for those most in need and with fewest resources. NHeLP seeks to provide a seat at the table for representatives of low-income people, to protect consumers in the emerging managed care systems, and to find creative financing solutions that also preserve government's responsibility as provider of last resort.

National Consortium of Interpreter Education Centers /Registry of Interpreters for the Deaf (NCIEC/RID)

www.asl.neu.edu/nciec

The National Consortium of Interpreter Education Centers is a collaborative network comprised of a National Interpreter Education Center and five Regional Interpreter Education Centers. All six Centers are supported through grant funds from the U.S. Department of Education, Rehabilitation Services Administration.

The goal of the National Consortium is to significantly increase the number of qualified and credentialed interpreters in the field by forging collaborative links and facilitating practice and product sharing among interpreter education service providers, practitioners, educators, and consumers nationwide. Major activities to be carried out through the collaborative effort include:

- Working with interpreter education programs across the country to increase the number, diversity, and work-readiness of interpreters entering the field;
- Initiating and expanding opportunities for pre-certified interpreters to advance to work-readiness and credentials;
- Promoting opportunities for certified interpreters to expand their competencies and ability to specialize in technical areas required by today's workplace, and
- Providing education and supports to consumers, both to self-advocate and to effectively access and utilize interpreter services.

The national network will be carried out collaboratively with already existing programs and networks, and with new ones being formed as needed to improve and expand interpreter education programs and outcomes nationwide.

RID is a national membership organization representing the professionals who make communication possible between people who are deaf or hard of hearing and people who can hear. RID's function

is to support members by providing the foundation needed to launch and sustain careers while ensuring quality service to the Deaf community. We do this through a four-pronged approach.

- **Education:** RID focuses efforts on providing educational opportunities for new and professional interpreters through the Professional Development Committee (PDC) and the Certification Maintenance Program (CMP).
- **Standards:** Maintaining standards helps to define a profession as well as the professional. For the betterment of both the profession and service to the consumer, RID has a tri-fold approach to the standards it maintains for membership:
 - National Testing System (NTS), Certified Maintenance Program (CMP) and the Ethical Practices System (EPS) & NAD-RID Code of Professional Conduct (CPC)
- **Relationships:** As a growing, recognized profession, interpreters need valuable networking opportunities with each other as well as key stakeholders to further advance the profession through relationship-building.
- **Resources:** Serving as an information clearinghouse, RID seeks to provide members with the necessary tools to succeed in their career and move the profession forward.

Spectrum Health

www.spectrum-health.org

Spectrum Health is a not-for-profit health system in West Michigan that offers a full continuum of care through its seven hospitals, more than 140 service sites and 560,000-member health plan, Priority Health. Spectrum Health's 14,000 employees, 2000 medical staff members and 2,000 volunteers are committed to delivering the highest quality care to those in medical need. The organization provided \$98.6 million in community benefit during its 2007 fiscal year. Spectrum Health has earned more than 50 national awards during the past 10 years.

Appendix E

Representative Biographies

Jeanette Anders, Manager Health Care Services and Strategic Initiatives for Language Line Services, is a native of the United Kingdom, residing several years in Italy and Germany before immigrating to the USA. Jeanette has been an advocate for language access and volunteer on related issues for over 12 years. Jeanette has worked for Language Line Services for the past 7 years and oversees all aspects of their health care division including partner and program development, special projects initiatives, and advocacy.

She is a member of CHIA (California Health Care Interpreting Association) Board of Directors, as well as the NCIHC (National Council on Interpreting in Health Care) committee as and is a member of multiple other state interpreting associations. Jeanette's background includes in-depth familiarity of the conception, development and execution of linguistic and cultural access programs within healthcare organizations as well working with a number of healthcare industry stakeholders. She also serves as a consultant for SAI Global understanding HIPAA to help organizations manage risk, achieve compliance and drive business improvement. Contact: janders@languageline.com

Izabel S. Arocha, M.Ed. is the President of the International Medical Interpreters Association. She is also Cultural and Linguistic Educator at Cambridge Health Alliance, comprised of 3 community hospitals and 25 health centers. She oversees initiatives to increase the linguistic and cultural capacity and competency of the organization. She is an experienced consultant, trainer and group facilitator with a long history of advocacy for culturally and linguistically diverse patients. Izabel worked as a Medical, Conference, and Court and Federal interpreter for many years prior to establishing her own translation firm, Global Mind, Inc. She has participated in several national and international expert panels.. She is currently a lecturer of Boston University's one-year Medical and Legal Interpretation program and has developed and is on the faculty of the Mental Health Interpreting Certificate Program at Cambridge College. She holds a Bachelor in Management from Lesley University, a Translation Certificate from University of Cambridge, England, and a Masters in Education from Boston University. She is fluent in Spanish and Portuguese and speaks French well. Contact: iarocha@challiance.org

Shiva Bidar-Sielaff, M.A., joined University of Wisconsin Hospital & Clinics in 1997. She is the Director of Interpreter Services & Community Partnerships. Ms. Bidar-Sielaff obtained her B.A. from the School of Interpreters, University of Hainaut, in Mons, Belgium, and her M.A. from the Monterey Institute of International Studies in Monterey, California.

On a national level, she has worked extensively on issues of equal access to health care for limited English proficient (LEP) individuals. She is the Co-chair of the Standards, Training and Certification Committee of the National Council on Interpreting in Health Care. Ms. Bidar-Sielaff is involved in promoting equal access to health care for LEP population in Dane County, Wisconsin. She is the Vice-Chair of the Dane County Latino Health Council and an active member of the Latino Support Network. In April 2000, Ms. Bidar-Sielaff was awarded the Dane County Public Health Leadership Award for Multicultural Health Care. She is the 2005 recipient of the Madison YWCA Woman of Distinction Award for her work in fighting inequality and eliminating racism. Contact: s.bidarsielaff@ncihc.org

Kathleen Diamond is an entrepreneur and business leader in the language services industry. In 1979 founded Language Learning Enterprises, Inc. (LLE®), a full-service language company in Washington, D.C. with a mission to provide excellence in foreign languages. The company has grown from a sole proprietorship to a dynamic, multimillion dollar corporation serving a wide variety of clients in both the private and public sectors across the United States and worldwide. As LLE's CEO, Ms. Diamond has led the company's expansion into the telephonic interpretation arena through the creation of LLE-LINK®, a service which gives clients immediate access to LLE's interpreters over the telephone. LLE's Technology Center is located in Winchester, VA.

Ms. Diamond earned her M.A. and B.A. from the University of Florida. Contact: kkdiamond@lle-inc.com

Javier González is Director of Language Initiatives for the Center for Immigrant Health (New York University School of Medicine). As such, he has worked to develop curricula in the areas of interpreting in healthcare, including screening, testing and evaluation, training, and standards. He worked to implement the Remote Simultaneous Medical Interpretation (RSMI) project in New York, developed a simultaneous medical interpreting training curriculum and a quality control program. He's the founder and facilitator of the Language Advisory Working Group and has created nationally recognized educational videos. He's currently leading the design and implementation of a first of its kind online training for medical interpreters. Javier has also participated in national and international panels of experts in relation to language access to health care and standards in medical interpreting, including the one sponsored by Office of Minority Health, U.S. Department of Health and Human Services in 2003. He has also presented and participated in numerous national and international conferences in the area of health care communications. Javier is also an active participant in groundbreaking research in the field of medical interpreting. Contact: gonzac05@med.nyu.edu

Christine Haley Medina serves as the Culturally and Linguistically Appropriate Services (CLAS) Coordinator at the MA Department of Public Health. She facilitates the implementation of the Department initiative to integrate the 14 CLAS standards into the existing infrastructure. Prior to her work in MA, Ms. Haley Medina worked in direct social services in Arica, Chile and Chicago, IL. She was the Director of the Lead Safe Living Program at the Cleveland Department of Public Health. Ms. Haley Medina received her undergraduate degree from the University of Notre Dame and a Master of Science in Social Administration from Case Western Reserve University. Contact: Christine.Haley.Medina@state.ma.us

Fred Hobby joined the Institute for Diversity in Health Management as president and CEO in 2005 with more than 25 years of hospital experience in three states and six systems. Fred will lead the Institute into its second decade of service, developing tools and resources to enhance diversity in our nation's hospitals, and helping health care organizations with diversity activities.

Before joining the Institute, Fred served 4 years as the Executive of the City's Affirmative Action Department and 3 years on the faculty of the University of Louisville. He then spent 10 years in the Greenville (SC) Hospital System, a 1,086-bed acute care teaching hospital system. As administrator and chief diversity officer at GHS, he developed and implemented a system-wide diversity initiative that is nationally recognized for its comprehensiveness and success. Its components include diversity training and education for the system's 7,200 employees as well as an extensive language interpretation center to better serve patients who speak a language other than English.

He is a frequent guest speaker on diversity and featured at a number of prestigious national conferences. In 1999, he was named “Senior Executive of the Year” by the National Association for Health Services Executives. Fred was named to Modern Healthcare’s 100 Most Powerful People in Healthcare in August, 2006. Contact: fhobby@aha.org

Jonathan Levy, is an experienced educator who has been involved in the testing, training, and provision of interpreters for over 10 years. Currently, he is responsible for developing, implementing and overseeing all testing and training activities at CyraCom. As the former Assistant Director for the University of Arizona’s National Center for Interpretation, Jonathan oversaw the creation and implementation of multiple state and federal interpreter testing and training programs and co-directed the Professional Language Development Project, a federally funded program to train bilingual secondary students in interpretation and translation techniques. Jonathan holds a master’s degree in Cultural Studies and Comparative Literature from the University of Arizona and a bachelor’s degree from the University of Chicago in Asian and African history. He is a member of the National Association of Judicial Interpreters and Translators and sits on their Community Liaison Committee and is also a member of the National Education Association. Contact: jlevy@cyracom.com

Alejandro Maldonado, Limited English Proficiency (LEP) Coordinator for the Minnesota Department of Human Services, serves in different committees related to language access to reduce disparities to people with LEP. He participated as member of the executive committee that produced a report to the State legislature on access and interpreting services in the medical field, and represented state agencies and spoken language interpreters. Alejandro is the Interpreting Stakeholder Group representative for the National Coalition on Health Care Interpreter Certification; Vice-Chair of the Latino Advisory Committee providing advice to the Minneapolis Mayor's Office and City Council, and has been a well recognized active professional interpreter by his colleagues in the medical field for almost two decades.

Part of Alejandro's academic/professional background is in interpreting and translating, teaching and training government, colleges, and corporate America staff. Alejandro has more than 15,000 hours of instructional design and training experience. His academic background is in interpreting, linguistics, Spanish, adult learner, management, and aviation. He holds an individualized degree on Aviation Management and a commercial pilot certificate with instrument rating.

Alejandro’s entrepreneurial spirit lead him to found and preside over Avante Enterprises, LLC. He volunteers flying charitable missions for Angel Flight Central. Contact: alejandro.m@avante-enterprises.com

Martin Martinez, MPP, is Policy Director for the California Pan-Ethnic Health Network (CPEHN). He earned his Masters in Public Policy from the University of California at Berkeley, and worked in AIDS policy before joining CPEHN in 2001. Martin serves on numerous statewide taskforces and workgroups, and advocates in Sacramento for legislation to improve the health of all our communities. Martin helped advocate for the creation of, and serves on, a state task force that is developing recommendations to allow California to certify interpreters and access federal Medicaid dollars for language services. Contact: mmartinez@cpehn.org

Maria Michalczyk has worked well over 38 years in healthcare as a nurse and educator. She holds an M.A in Anthropology and a nursing degree from the University of Guam. She founded the Healthcare Interpreter Training Program at Oregon's Portland Community College in 1998 and developed and managed the Medical Interpreter Program at Oregon Health Sciences University from 1992-2001.

Maria was involved in the ASTM National Medical Interpreter workgroup. Ms. Michalczyk was the major contributor to Oregon's healthcare interpreter qualification/certification law and had the honor of presenting before Governor Kitzhaber in 2001 as the bill was signed into law. In April of 2006, Maria received the Governor John Kitzhaber Public Health Leadership Award.

Maria has served on the Board of Directors of the National Council on Interpretation in Health Care since 2001, including board co-chair and presently is the treasurer. Ms. Michalczyk serves as the Honorary Chair for the Japanese Association for Healthcare Interpreting, as well as being vice president for the National Hispanic Nursing Association of Oregon and the treasurer for the Oregon Latino Health Coalition. Maria served on the Health Equities Committee for Oregon's Health Care Reform Act of 2007 from 2007-2008. Contact: cmichalc@pcc.edu

Brandi Miller is the Interpreter Services Coordinator at Jewish Vocational Service in Kansas City, Missouri. Her work with the region's growing refugee and immigrant populations includes training foreign language interpreters in the most appropriate techniques of interpreting, and presenting to agencies and organizations on the best ways to work across cultures and through cultural and linguistic barriers. She has presented throughout the states of Missouri and Kansas on cultural competency, working with interpreters, Title VI, specific issues for refugee populations, and has served on a coalition to represent the refugee and immigrant community in Kansas' Tobacco Prevention for Specific Populations campaign. She is also in charge of JVS's Interpreter Services, which provides interpreters for appointments and meetings with limited-English proficient individuals at area hospitals, schools and social service agencies. Additionally, while living abroad in Brazil she provided interpretation and translation services and she continues to serve as a Portuguese interpreter and translator in the Kansas City community as the need arises. Contact: bmiller@jvskc.org

Elizabeth Nguyen is the president of the California Healthcare Interpreting Association (CHIA), and past co-chair of the CHIA Education and Standards & Certification Committees. She co-authored the "*CHIA California Standards for Healthcare Interpreters*", and contributed to the development of several interpreter-training programs known as the "*Connecting World*" funded by The Endowment, and the "*Healthcare Interpreting Program for Bilingual Health Workers*" taught in the L.A. county health system.

Originally from South Vietnam, Elizabeth speaks French and Vietnamese, and has a degree in French Literature and a Master's Degree in Applied Linguistics. She has served the community as medical interpreter since the early nineties. Her passion for advancing the healthcare interpreting profession and her commitment to support equal access to care for limited-English proficient patients, have led her through multiple arenas of activities that include language program development, interpreter and provider training, consumer education, community outreach and advocacy.

In serving the National Coalition, Elizabeth wishes to personally convey the voices of the interpreters and those who speak the Asian languages as well as the languages of lesser diffusion. Additionally, in her current role of Senior Diversity Specialist at Children's Hospital Los Angeles (CHLA), she wishes to share the perspective of hospital administrators from the standpoint of care providers and purchasers of language services. Contact: Enguyen@chiaonline.org

Virginia Pérez-Santalla was elected Secretary to the ATA Board of Directors in 2007 and previously was twice elected to the position of Director. As Assistant Administrator of the ATA Spanish Language Division, 2000-2004, she was instrumental in the success of the first three Division conferences.

Born and raised in Cuba, Virginia became an ATA certified translator in the 80's. She was classified as NJ Master Interpreter in 1989. In 1993, she became federally certified passing the Administrative Office of the Courts Interpreter's Examination. She is also an experienced conference interpreter.

Since an early age, Virginia became very interested in interpreting and, later, in making those services equally available the Limited English Proficient population. This interest originated with her father's deafness and her need to interpret for him from English into finger spelling when they came to the U.S.

Virginia now chairs the ATA Ad-Hoc Committee for Interpreter Certification created in 2006 after the Board adopted a motion she submitted to that effect. This Committee has been exploring the feasibility and costs of an ATA generalist interpreter certification. Contact: virginiasps@gmail.com

Karin Ruschke has dedicated her career to bridging language and cultural differences in the healthcare setting. She started the first community-based interpreting program in the city of Chicago in 1996. As founder and president of International Language Services, Karin continues to direct the expansion of interpreting services within the Chicago healthcare provider community. International Language Services is a full-service agency providing on-site interpreting, translation services, and training to clients nationwide.

Ms. Ruschke is actively involved in many aspects of developing the medical interpreting industry and has played an integral role in raising the awareness of standards for medical interpreters. She has developed a comprehensive training program for interpreters in health care which addresses the rigorous standards of accuracy, confidentiality, role and cultural-sensitivity, improving the effectiveness and professionalism of interpreting. She also trains providers in how to work effectively with interpreters.

Ms. Ruschke has served as Co-Chair of the Standards, Training and Certification Committee of the NCIHC since 1999. Karin was also a technical advisor and lead researcher for the project Hospitals, Language and Culture: A Snapshot of the Nation sponsored by the Joint Commission. She received her M.A. from the School of Translation at the Monterey Institute in California. Contact: kruschke@ncihc.org

Don Schinske, nonprofit executive and lobbyist, is the Executive Director of the California Healthcare Interpreting Association, a 501(c)(3) organization working to overcome language and cultural barriers in the delivery of healthcare. Schinske has also lobbied for several healthcare provider organizations, including the Western Occupational and Environmental Medical Association

and the California Academy of Family Physicians. In addition, he has been a fundraiser for non-profit clinics, and worked for more than a decade as a partner, columnist, and business manager for the *Point Reyes Light* newspaper. He holds a masters' degree in journalism from UC Berkeley and undergraduate degrees in economics and English from Claremont Men's (now McKenna) College. Contact: dschinske@chiaonline.org

Laurie Swabey, Ph.D, is the Director of the CATIE Center of the NCIEC and a professor of Interpreting at the College of St. Catherine in St. Paul, Minnesota. Richard Laurion (alternate) is the Regional Manager for the CATIE Center of the NCIEC and served on the RID Board for eight years, four as secretary/treasurer and four as vice president. Contact: laswabey@stkate.edu

Doreena Wong has been a Staff Attorney in NHeLP's Los Angeles office since July 1999. Doreena focuses on providing assistance to the Health Consumer Alliance in California, and culturally and linguistically appropriate health care services for immigrants and limited-English proficient populations. She is currently a member of the Advisory Group of the National Conference on Quality Health Care for Culturally Diverse Populations, co-chair of the Policy and Research Committee of the National Council on Interpreting in Health Care, and a member of the California Dept. of Health Care Services' Medi-Cal Language Access Services Task Force. Before coming to NHeLP, Doreena worked at the Asian Law Caucus in San Francisco, CA, the ACLU of Philadelphia and Pennsylvania, the National Women's Law Center in Washington, D.C., and a Los Angeles civil rights firm specializing in enforcement of consent decrees in race discrimination cases. She graduated from New York University School of Law 1987 and the University of California, Santa Cruz in 1974. Law is Doreena's second career after working for nine years as a Radiologic Technologist. Contact: wong@healthlaw.org