

NJ Statewide Network for Cultural Competence
March 23, 2006

The meeting was called to order at 2:06. The hosting agency was thanked for their hospitality.

Introductions were made. Barbara Andrews sends greetings to everyone. She hopes to attend the next meeting. Handouts of upcoming events were distributed.

Guest speaker – Sophia Rossovsky, Language Links Manager, International Institute of New Jersey (IINJ)

Sophia leads and directs training on teaching the basic skills and ethics of using interpreters. IINJ offers a 16 hr. training course for medical Interpreter (2 day) and Train-the Trainer (1day). Continuous education required – i.e. new trends, new standards, rules for education.

A summary of her presentation is as follows:

IINJ started in 1916 as a resettlement agency. The agency has a staff of 60 and 9 programs.

- Persons of “natural origin” = culture and language – these are 2 features a person brings with them. Many persons live in “tight” communities where they don’t go outside of their ‘communities’; some have been here 20+ years and able to survive ‘within’ their community.
- The use of an interpreter provides: a) client with a certain comfort level when they see someone from a similar background; b) possible change in a person’s perspective if an interpreter is used.
- As interpreter – very important not to misrepresent yourself, i.e. the level of language that you speak. Untrained interpreters make 25-50% mistakes – as an agency you would not want this miscommunication to occur.
- Interpreters must know purpose of the interview and differences in the settings – whether community or medical. An interpreter used for therapy purposes should commit for entire length of therapy = TRUST. Trust usually developed by the third session.
- Interpreter must be bilingual/bicultural – be a cultural broker. Trained interpreter/same culture = positive outcomes. It’s the interpreter’s job to understand the nuances and overcome the barrier.
- Resource link – “www.lep.gov - leads to 1,000 links/materials to know about regulations, compliances, etc.
- Accurate interpretation = no changing, editing, nor omitting; HIPAA regulations say you can no longer use family/friends; Joint Commission – very important to document interpretive session.
- Agency perspective – we treat people with language issues the “same” as our mainstream persons. We, as agencies, are not community oriented. We do not penetrate communities the way we should – then we blame the community and not ourselves.
- Department of Justice suggests if 1000 people in a service area speak one language (or 5% of population) then the agency must translate vital documents (vital – left up to agency to determine) into that language. May be asked to provide justification as to how you will work with that population. Once you come up with language access

plan you have to train everyone on the policy. Also, train agency staff on National CLAS standards for Cultural Competence.

- SUGGESTION: Have receptionist or front desk ask “What is your language of preference” – attach colored label to client file that indicates LEP sticker = person may need Language Line.
- Potential sources for interpreters: 1) AT&T Language Line 2) identify outside agencies in case of emergency 3) establish confidentiality agreement with interpreter 4) make sure the contracted interpreter agency does not “outsource” phone interpreters outside of country.
- “Translation” refers to the written word; “Interpretation” refers to the spoken word. There is a National Association that certifies translators; however, there isn’t a national certification agency for interpreters. (NOTE: 11 states 9 not NJ) receive Medicaid funds to cover translations.

OPEN Discussion Related to Guest Speaker’s Presentation

- Bill Gaventa mentioned language translation/interpretation for disabilities. Sign language falls under American Disabilities Act, not Title VI.
- Language Line does not provide sign language. Sign language interpreters are organized, but not available for emergency services – must schedule ahead of time. Hospitals are big issue for evening and off-hour coverage. (POINT OF INFORMATION: NJ Division of Deaf and Division of Civil Rights – creating task force to explain certain access issues to be provided by all hospitals).
- Sign language interpreters are not always registered. The NJ Division of Deaf & Hard of Hearing Interpreter Services has a list of medical interpreters who may be available off hours. NOTE: Remember a person can be proficient in sign language but not proficient in English.
- Alternatives to Sign language = video monitor, video remote interpreting (VRI), video relay service (telephone). BRI – 15 hospitals in NJ – lots of controversy – VRI not effective for everyone (i.e. deaf/blind). Hospital – VRI – cheaper, quicker access than interpreter out of state.
- Remember njsncc@listerv.state.nj.us for posting information. However, you can’t post on list serv unless you are a member. Go to NJSNCC website to join.
- Boggs & COSAC are working on a project on autism and faith.
- Javier from the Division of Disability Services, is planning a conference on Employment: African-Americans & Disabilities; An Asian conference is planned for a year from now.
- Meeting minutes will not appear on the website until they are approved.
- Future Meeting Sites: NJSNCC continues to look for the host sites.
- Next meeting – Suggested topic – Autism and multiculturalism –

Respectfully submitted,

Nancy Field