

Breakout Room 3 Participants

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Homework. Please discuss recommendations necessary to support language access and interpretive services that include:

- Strategies for increasing access to language access providers in rural communities and for languages of lesser demand,
 - Strategies for workforce resiliency including adequate workload and compensation, and
 - Standards of ethics and professional responsibility.
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- Support and proactive outreach to rural communities: schools, clinics, businesses that are already doing interpretation. How can we provide resources and processes?
 - Look at the migration data tools in Washington and make sure they are up to date and provide the most accurate information on immigration data and language needs.
 - Better pay for compensation of languages in high demand or in rural areas.
 - Can DSHS contribute the funds they would be saving by no longer testing medical interpreters towards funding training via scholarships or agreements with Washington State higher ed?
 - Increase the hours needed for certification for medical interpreters.
 - No need to reinvent the wheel: look to the many standards of ethics and adopt those practices.
 - Scholarships or compensation programs for those in rural areas or rarer languages to provide incentives to become interpreters.
 - Access to technology or assistance with technology.
 - Targeted outreach and recruitment of heritage speakers to be trained and mentored at the local level.
 - Understand and study the differences between medical interpreters - physical needs compared to behavioral health needs - the interpretation terminology differences and potential differences in ethics.

- The formatting of testing/certification does not always account for cultural differences - there is a need for support around test taking and outreach on the testing process.
- During times of crisis, like the influx of immigrants from Afghan and Ukraine, there was no process to fast track interpreters due to the high level of need. This caused high wait times for specific languages.
- For languages that are rarer, is there a possibility that there could be interpretation duos where one certified interpreter is accompanied by an informal interpreter to provide services? Both would be compensated.
- Eliana Lobo of Lobo Language Access provided links to code of ethics resources:
 - [NCIHC \(National Counsel on Interpreting in Health Care\) National Standards of Practice for Interpreters in Health Care](#)
 - [NCIHC \(National Counsel on Interpreting in Health Care\) National Code of Ethics for Interpreters in Health Care](#)
 - [CHIA \(California Healthcare Interpreting Association\) California Standards for Healthcare Interpreters](#)
 - [AUSIT \(Australian Institute of Interpreters and Translators, Inc.\) Code of Ethics](#)
 - [Interpreting New Zealand Code of Ethics](#)
 - [IMIA \(International Medical Interpreters Association\) Code of Ethics](#)
 - [IMIA \(International Medical Interpreters Association\) Standards of Practice](#)
- Make ongoing education more prominent for those who are medical interpreters - pay bump for those that do ongoing education
- Vocational school programs can target areas that already have individuals who are doing informal translation and be brought into interpretation education in high school and community college.
- Review our emergency management processes for interpretation. Can there be incentives for interpreters in these times, and how can we keep the integrity of the certification process?
- Education around cultural humility – due to the sensitivity of medical interpretation and confidentiality, especially for small communities where the client and interpreter may know each other.

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