

Summaries of Language Access Articles

“Best Practices for Interpreter and Translator.” *Montgomery County Volunteer Language Bank.*

This piece of literature is information given to interpreters and translators by the Montgomery County Volunteer Language Bank on how they can best reach their clients. It states that there are four roles of an interpreter—a conduit of information, a clarifier, a culture broker, and an advocate for the client. It goes on to list the basics of interpreting. The basic rules include speaking in the 1st person, making sure that the client and staff member are looking at each other (the staff member should speak to the client, not the interpreter), explaining cultural customs if necessary, and making sure that every single word that is spoken (including asides) are translated for both parties. Finally, the literature explains the basic rules of translating—having a staff expert work with the translator in order to make sure all small details are correct, having the piece edited by at least one other bilingual person, and making sure to translate *into* the native language. Essentially, this piece just lists basic rules for interpreters and translators.

“Best Practices in Addressing Language Access Issues,” *California Academy of Family Physicians. PowerPoint Presentation. 2007.*

This is a presentation given to physicians in order for them to learn how to bridge language barriers in the health care industry. It is necessary that both the patient and the physician feel comfortable with the language situation at hand. Language access is situational—for example, for a patient with a sprained ankle, perfect interpretation is less important than for a patient with terminal cancer. Language barriers can affect the access, comprehension, quality, satisfaction, and cost of medical care to a patient. There are several options for physicians/medical clinics: have LEP individuals learn English, have physicians learn other languages, use untrained “incidental” interpreters (family/other patients/staff members), and/or use trained interpreters. Although untrained interpreters are often used, they present several problems: they may omit or add information, there is a loss of confidentiality, and there is the complication of the interpreter’s relation to the patient (a patient may not want to discuss something particular in front of a child who is interpreting, for instance). Trained interpreters are by far the best solution for everyone, but they cost money. The presentation lists different costs of interpreters and how to go about paying for them. Finally, office solutions are presented to best deal with language access issues. Medical offices need to identify their LEP patients in order to be prepared for their visits (marking it on their record or keeping a list), offices should hire/use bilingual staff who can double as interpreters (and should be sent to interpreter training if used for this), and offices should use telephone interpretation instead of untrained “incidental” interpreters to make sure that everything is communicated correctly.

Wilson-Stronks, Amy and Erica Galvez “Hospitals, Language, and Culture: A Snapshot of the Nation—Exploring Cultural and Linguistic Services in the Nation’s Hospitals, A Reports Finding.” The Joint Commission and the California Endowment. 2007.

This study of 60 American hospitals found that almost all hospitals struggle in providing culturally and linguistically appropriate care, mostly because of economic issues. The three most

important areas of providing appropriate care are: provision of language services, processing of obtaining informed consent, and collection and use of patient-level demographic data.

“The Department of Homeless Services Local Law 73 of 2003—Implementation Plan.”

This is the implementation plan that the New York City Department of Homeless Services (DHS) will use to ensure that they are complying with Local Law 73 of 2003, regarding language access. The purpose of the plan is to ensure that no one who is eligible for social services is denied them because of their limited English proficiency. The plan is as follows. First is the identification of the primary language of the client, which DHS will accomplish by screening all clients, informing LEP persons of language assistance services, and documenting the primary language on the screening form. Second is the notification of free language assistance. DHS will post signs informing clients of the legal right to free language assistance, develop procedures to deal with commonly encountered languages, and post signs in these common languages. The third part of the plan is language assistance services. DHS plans to track language assistance requests, provide access to telephone interpretation services, use bilingual caseworks/language liaisons as soon as possible, never require a family member or friend to act as an interpreter, and not require LEP individuals to wait excessively long to receive language access services. Fourth, the DHS plans to enact quality assurance measures for items such as testing the accuracy of primary language recording, improving accuracy of translated documents, and ensuring proper distribution of translated documents. The fifth aspect of the plan is training—training for all staff on the protocol for delivering language services, on how to record a client’s primary language/call appropriate personnel, and on the availability of interpretation services. Sixth is record keeping and monitoring—DHS will keep records of primary language, race, and ethnicity of every client and the language access provided to them; records of bilingual staff; and reviews to ensure that language assistance needs are being met. Seventh, the DHS will appoint a Language Access Coordinator. The final step in the plan for the implementation of Local Law 73 of 2003, DHS will produce an annual report on the data mentioned in step six.

Ku, Leighton and Glenn Flores. “Pay Now or Pay Later: Providing Interpreter Services in Health Care.” *Health Affairs*. 24.2. 2005.

In this article, Ku and Flores discuss the fact that a lack of language access in healthcare can greatly impede good quality care service. Their opinion is that healthcare payers, including Medicaid, Medicare, and private insurers, must pay for interpretation services for LEP patients. The article explains how although it is illegal for healthcare facilities to not provide interpretation/translation services, many do not and the healthcare of the LEP patients suffers because of it. The main reason for a lack of services for LEP patients is that insurers do not pay for interpretation/translation services. Studies have found that LEP patients fair much, much better when they have access to a trained professional interpreter during a healthcare visit. With Medicaid and SCHIP, states can pay for interpretation services and be eligible for a federal matching payment of 50%, but Medicare and most private insurers do not reimburse for interpretation costs. A 2002 Office of Management and Budget report estimated that it would cost the nation \$268 million annually to provide full interpretation services in healthcare, or about \$4.04 per visit by LEP patient. The authors believe that insurers, rather than healthcare providers, should pay for interpretation services because the costs do not affect all clinics equally. Overall, they believe that in the near future insurers, both private and public

(Medicaid/Medicare), need to come up with ways for reimbursing interpretation costs to healthcare providers because of the necessity of bridging the language gap in order to provide quality healthcare to all.

Morse, Ann. “Language Access: Helping Non-English Speakers Navigate Health and Human Services.” *National Conference of State Legislatures Children’s Policy Initiative*. January 2003.

Morse begins by explaining how language barriers are a causing factor in healthcare disparities among racial and ethnic minorities. In the study, it was found that of LEP patients who needed an interpreter, only half said they usually received them, and of those that did receive an interpreter, 43% said it was a family or friend, 53% said it was a staff person at the facility, and only 1% said it was a trained interpreter. More repeats much information that is present in the Ku and Flores article (see above). She goes on to list what a few specific states have done to combat the language access gap in healthcare. Finally, the author presents some options for the future: having states review federally-funded programs (Medicaid, SCHIP, TANF) to maximize available federal funds for language services, having states share practices, and having areas within states/localities share qualified interpreters, having government programs become uniform in their provision of dollars for language services, and having the federal government aid with making telephonic interpretation more available.

Grubbs, Vanessa, et al. “Effect of Awareness of Language Law on Language Access in the Health Care Setting.” 2 February 2006.

This study examines whether the awareness of LEP individuals of the language access law improved language access through interpreter utilization. Of the 1,000 LEP participants, 37% were aware of the law. 49% had a language-concordant provider, and of those who did not, 22% used an interpreter when receiving health care. They found that knowledge of the language access law was not associated with the usage of an interpreter, but it *was* associated with using a language-concordant provider. The examiners conclude that awareness of the law is not enough—providers must work to fix current language access problems.

Shah, Susan, Insha Rahman, and Anita Khashu. “Overcoming Language Barriers: Solutions for Law Enforcement.” *Community Oriented Policy Services (COPS) and Vera Institute of Justice*. 2007.

This report begins with explaining how, due to the recent increase in the number of immigrants to the country, law enforcement officials are having to deal with more LEP individuals. In the realm of law enforcement, language barriers can prevent LEP persons from reporting a crime, describing a suspect, etc. Shah et al. provide several options for law enforcement officials to bridge the language access gap in this report. In order for community policing programs to work effectively, they must be able to communicate clearly with clients. The report states that law enforcement agencies should do the following: collect demographic data so as to know where most LEP individuals reside, establish language access policies/protocols, evaluate the success of these policies, educate staff on language access, identify and train bilingual staff, notify the public of the agency’s language assistance services, and pool language access resources with other governmental agencies. Essentially, law enforcement agencies need to do whatever is possible in order to better communicate with, develop relationships with, and serve members of the community with LEP.

“Failure to Communicate: Report on Language Barriers in D.C. Government Services.”
The Equal Rights Center. 2007.

This report was put out by the Equal Rights Center after testing 5 DC Government agencies’ compliance with DC’s Language Access Act. The agencies tested were DHS, DMV, DOES, ABRA, and DCRA. The sites were tested in Amharic, Chinese, English, Korean, Spanish, and Vietnamese, and were done both in person and over the phone. The purpose of the investigation was to see whether or not LEP individuals could complete the task they set out to do with the government—receiving oral and written documents in the necessary language. Of the site tests, the agencies passed 13.1% of the time and failed 86.9% of the time, despite the fact that they were supposed to have had full compliance of the LAA 2 ½ years earlier. The failure rate for phone tests was 33%. None of the agencies had online documents in the target languages. Overall, the study found that the DC government has failed at compliance with the LAA.

Saxena, Neel and Michelle Kim. “An Assessment of Servicing Area of District Front Line Centers: Improving Customer Service for Limited/Non-English Proficient Populations.”
Mayor’s Office on Asian and Pacific Islander Affairs. May 2008.

This assessment was done by the OAPIA to give recommendations to DC agencies on improving service to Asian LEP clients. Agencies were assessed regarding their quality of service for LEP/NEP persons, the general quality of the servicing environment, and interactions between clients and agency staff. Of the 16 centers included in the results, only one met close to 50% of the main criteria, and 3 centers met over 25%. After seeing these poor results, the OAPIA offers the following recommendations: translate instructional signs into the languages, use symbols instead of words when appropriate, identify where translated materials are located, inform clients that interpretation is available, and display language line signs visibly.

Castillo Ayometzi, Cecilia, et al. “Preliminary Report—An Observational Assessment of Service Environments for non- or limited- English Proficient (NEP/LEP) Individuals.”
Mayor’s Office on Latino Affairs. October 2007.

In this study, District employees with OLA and OAPIA examined the customer service environments of several DC Government agencies, paying special attention to customer service for LEP/NEP clients. The first phase of the project examined 15 agencies, and the second examined 9 DC public schools, 3 MPD stations, and 1 MPD substation. The schools and MPD stations were selected due to their high level of Spanish-speaking clients. At each site (for the 15 agencies and MPD sites), the language accessibility of the agency was assessed. Of the agencies visited, 54.55% did not provide translated documents, only 13.63% publicly displayed translated documents, 63.63% only provided signs in English, 41% did not have visible language line posters, 63.63% did not provide additional language access options, and only 13.63% clearly demonstrated the presence of available bilingual staff. The MPD stations and substations fared better than the other agencies, with 100% having some sort of bilingual signage, 75% having language line posters, and 75% having bilingual staff available. Of the schools visited 22.22% required ID to enter, 0% had bilingual security officers, 55.55% had bilingual staff, 0% displayed language line posters, 33.33% displayed non-English language signs, 22.22% had signage indicating the presence of bilingual staff, 55.55% had translated documents and forms, and 55.55% referred people to other bilingual resources. Overall, this study shows that many DC

Government agencies still need to work on implementing the LAA to make sure that all LEP and NEP customers' needs are met.

Brown, Sandra A. and Nancy W. Martinez. "Limited English Proficiency Survey." *New York State Office of Children and Family Services*. 10 May 2006.

This is a survey provided by the New York State Office of Children and Family Services to gather information from several local departments of social services and voluntary agencies regarding their experience with LEP clients. The goal of the survey is to help to develop an OCFS policy guidance document on language access.

Alfisi, Kathryn. "Language Barriers to Justice." *Washington Lawyer*. 23.8. April 2009.

Magazine Article

This article commences with the story of a Korean-speaking man who was detained by the MPD for four days before being released when they realized they had a wrongful arrest—clearly showing the MPD violating the LAA. LEP/NEP individuals need language access laws to be in place in order to receive all the services they deserve as residents and citizens of this country. One important place to have interpreters, the courtroom, often does not have them available, and often trials and hearings must be postponed because an interpreter cannot be found. A lack of interpreters is also a problem for legal institutions outside of the courthouse, but in 2006 the Community Legal Interpreter Bank was born, which provides some resources for this issue. In order to increase this service, legal service providers must come together and work out a solution.

"MPD Provision of Police Service to Persons with Limited English Proficiency (LEP): Report and Recommendations of the Police Complaints Board to Mayor Adrian M. Fenty, the Council of the District of Columbia, and Chief of Policy Cathy L. Lanier." *Police Complaints Board*. 16 July 2009.

The Office of Police Complaints (OPC) has received several complaints from LEP individuals stating that they have not received fair treatment from the MPD under the LAA. Most complaints state that officers have failed to provide interpreters when needed. Due to the serious consequences a lack of communication can have in a law enforcement setting, it is especially important that the MPD take drastic measures to level the language playing field. The Police Complaints Board recommends that the MPD take the following actions: develop a written policy detailing their commitment to providing language access, inform officers of the legality of providing language assistance, develop specific guidelines for what to do with encounters with LEP individuals, and include in Department's diversity training a segment about how to recognize and provide assistance to LEP persons.

"Providing Access to Temporary Assistance Programs for Persons with Disabilities and/or Limited English Proficiency (LEP)." *New York State Office of Temporary and Disability Assistance*. 27 April 2006.

Policy.

This is a directive of the policy guidelines for aiding persons with disabilities and/or LEP in applying for and receiving Temporary Assistance, Food Stamps, and assistance under the Home Energy Assistance Program. The following are the requirements the policy lists: districts must ensure that all applicants to the above-listed programs have equal access to them, ensure

that all needs are being met, document any accommodations/requirements to ensure access, provide information to *all* applicants and recipients of public assistance, and assign an ADA and LEP contact. Specifically with regard to LEP clients, districts must: provide a qualified interpreter, provide the choice to use a relative/friend as an interpreter, not require that a client brings his or her own interpreter, and make language posters readily accessible.

“Fillmore County District Court Limited English Proficiency (LEP) Plan.” 1 January 2006.

This document is Fillmore County’s District Court’s plan to provide services to LEP clients. According to Minnesota law, it is a constitutional right for persons handicapped in communication (those who have difficulty in speaking or comprehending the English language) cannot be completely protected unless qualified interpreters are available to provide assistance during court proceedings. The Court needs to determine if the client needs an interpreter—clients may request one (language line signs are provided), judges may order one, the records system will track the need for interpreters, and outside agencies may notify the Court of the need for an interpreter. Interpreters used by the Fillmore County District Court are hired in compliance with Minnesota’s Court Interpreter Program, which maintains a roster of all interpreters licensed to work in the courts. When these certified interpreters on the roster are unavailable, non-certified non-listed interpreters are used, and when those are not available, television or telephone interpreting are used—bilingual staff is *never* used. Outside of the courtroom, Language Line and I speak cards are used; and Criminal Court Forms, Statement of Right for First Court Appearance on Paternity Proceedings, and Domestic Abuse forms have been translated into several languages. (translated forms also available online). Staff is trained on LEP policies, and the LEP plan goes through public notification and annual evaluation.

“Language Assistance to Limited English Proficient (LEP) Persons.” *Florida State Department of Labor.*

This is a final guidance on the obligation to provide assistance to LEP persons provided Florida’s Department of Labor to any Florida Workforce, Inc. boards. These obligations apply to any Workforce service provider that offers federal financially-assisted programs. Although a written LEP plan is not required of the providers, it is very helpful and effective plans should include clear goals, management accountability, and opportunities for community input. Providers should make annual assessments of languages spoken in the area, number of LEP persons eligible for services, and provide assistance according to these results. Assistance provide should include: identifying original points of contact, methods at the original points of contact to communicate LEP persons what assistance is available, arrangements for interpreters and translators. Employees need to be trained on LEP policies.

“Ohio Department of Jobs and Family Services Language Access Policy.”

The Ohio Department of Jobs and Family Services (ODJFS) monitors compliance with language access laws across the state of Ohio and this document is its language access policy. They commit to provide timely oral interpretation and written translation services for free. ODJFS will assess the LEP population in Ohio biannually. ODJFS and state and county agency staff will receive training on language access policies and all agencies under the jurisdiction of ODJFS will provide written information on language access rights. They plan to monitor the program and investigate complaints.

“NYPD Language Access Plan.” April 2009.

This document outlines the New York Police Department’s language access plan. Officers are trained both at the Police Academy and during in-service training of the language access policies. In any given situation, the decision to use a live interpreter or the Language Line is made by the highest-ranking NYPD member present. For most cases (besides ongoing investigations), the Language Line is the most effect interpretation method. The goal of the NYPD’s language access plan is to provide timely and meaningful access to LEP individuals to the services and benefits provided by the Department to a practical degree. They provide free language assistance to LEP persons they find to need it or who ask for it and inform the public of the free language services available from the Department.

“Procedures on Providing Language Access to Customers with Limited English Proficiency (LEP).” Kentucky Department of Health and Family Services. 1 November 2004.

This is Kentucky’s Cabinet for Health and Families Services’ language access policy, which applies to all organizations under the Cabinet. In order to fully provide services to LEP clients, the Cabinet organizations must: post multi-lingual signs that explain language services available, use “I Speak cards,” identify and record the language of non-English speakers, use qualified interpreters at no cost to the client, provide translated copies of essential forms, stipulate in contracts that contractors are responsible for language services, train staff, and monitor compliance with the policies.

“LEP Recommendations.” Department of Housing.

Although I am not exactly sure, I believe this is a presentation given to members of the Department of Housing (HUD) about language access policies. All federal agencies and grantees must work toward bridging the language access gap, and grantees are to determine what service to provide in languages other than English. Some documents are provided by HUD in other languages. Many recipients of HUD grants work to hire bilingual staff members while others rely on contracted interpreter or translation services. It is also helpful if grantees form partnerships with local service and advocacy groups that serve the LEP population.

“Language Services for Limited English Proficient (LEP) Individuals at Social Security Offices.” Department of Social Security.

This is just a description of the language services offered by the Department of Social Security (SSA). All SSA offices will: provide interpreters, not require clients to use own interpreters, not allow children to be interpreters, and have translated documents available. The SSA District office will: be alert to language needs, offer the use of an interpreter, provide an interpreter whenever it is difficult to understand the client, use interpreter poster/ “I Speak” cards to determine desired language, provide documents in target languages, assure the LEP individual that they will receive equal service, and inform the client that interpreters are provided free of charge. There is also a complaint process which LEP individuals can use when they were not provided language services or treated fairly by the SSA office staff.

“Department of Health and Human Services Office of the Commissioner Policy and Procedure Report.” Maine Department of Health and Human Services. 28 May 2003.

This is Maine's DHHS's Language Access policy for LEP and deaf or hard of hearing individuals. All programs, benefits, and services of DHHS shall be made available to all persons, regardless of their ability to speak English. DHHS will use trained interpreters, telephonic interpreting, and employ bilingual staff. Signs regarding the interpreter policies will be posted in main areas will clients will see them. As soon as staff recognizes the client as LEP, the client should be informed of his/her right to interpretation services at no cost, and a note should be immediately made in the client's record. If an LEP individual declines the free interpreter, other persons may be used as interpreters if deemed appropriate. A family member or friend may not be used as an interpreter unless DHHS interpretation services have been refused and both parties agree to the use of the person. If DHHS staff believes that this family member or friend interpreting is not doing a sufficient job and/or is hampering communication, they shall provide a new interpreter service. Minors may *never* be used as interpreters, and neither may bilingual staff in situations between clients and service providers/DHHS staff/client friends or family members. What documents are to be translated and printed will be decided on a by a program-by-program basis.

“AHS Limited English Proficiency Policy.” *State of Vermont Agency of Human Services*. 1 September 2003.

This is Vermont's Agency of Human Services (AHS)'s LEP policy. All AHS departments and offices must provide language assistance. The Agency has three types of interpretation/translation services: in-person interpretive services, written translation services, and telephonic interpretive services. The AHS central office will coordinate all LEP policies, coordinate and disseminate LEP information, and maintain contracts for in-person interpreters. Overall, the Agency will work with the community to maximize language assistance, identify secondary resources, attempt to include in its interpreter contracts to allow community-based organizations serving the same population to have access to the state's contract rates, and develop a consistent LEP practice to be applied to electronic correspondence and websites. Each department and office is responsible for informing all contractors and grantees of the necessity to serve LEP clients, train staff on LEP practices, are sure to keep records of clients' preferred languages, maintain signage informing clients of the available services, use language identification cards, and assess public service announcements to see if they should be available in other languages.

Vargas, Theresa. “N. VA Prisoner Lost in Translation.” *The Washington Post*. 4 August 2006.

This *Washington Post* article recounts the issues that many non-English speaking people encounter within the prison and criminal justice systems. It tells the story of Fernando Antonio Cruz, who was left in prison for more than 2 months after he was released because of a combination of human error and language barriers. In Prince William's County, the number of Latinos is rising greatly while there is no one in the criminal justice system to help them. Another large issue is that the names of Latinos with more than two names are often entered differently at different times—for example, Cruz was entered into one record with the last name “Antonio Cruz” and another with the last name of “Cruz.” One more problem is that many immigrants who are held for too long do not want to set up a case against the County. Currently,

a lawyer is attempting to locate Cruz in order to help him pursue a case against Prince William's County.

“Guidance for Family Assistance Staff: Citizenship, Immigration Status, and Social Security Numbers.” *State of Tennessee Department of Human Services. 12 June 2001.*

This is a bulletin put out by Tennessee's Department of Human Services to all district/county/area offices on how to assist immigrants and LEP individuals with receiving family assistance and the like. The bulletin regards SSNs, citizenship/immigration status, reporting of illegal aliens, LEP, and public charge determination, and how to solve all of these issues. It states that many persons living in immigrant families may be deterred from applying for benefits due to LEP and concerns about providing certain information to the government. Regarding DHS's LEP policy, the department plans to use volunteer staff interpreters, volunteer and paid interpreters in the community, and the Language Line. Clients may use a family member or friend as an interpreter if they wish, but they are always told of the free interpretation services available to them first. As of the time of the writing of this document, Tennessee's DHS was still deciding what documents to translate into other languages. The Department's language access plan is to ensure that LEP clients are given adequate information, are able to fully understand the benefits available to them, are able to receive those benefits for which they are eligible, and are able to effectively communicate with the Department.

“Language and Access to Health Care: Easing Barriers in New Hampshire.” *New Hampshire Advisory Committee to the U.S. Commission on Civil Rights. June 2005.*

This a report put out by the NH Advisory Committee. The report examines the necessity for health care settings to provide interpretation for LEP and deaf/hard of hearing clients in order for them to receive adequate healthcare. They mention the inappropriateness of clients using family members or friends as interpreters, and cite a study finding that using these untrained interpreters is often dangerous to the client. The report also cites the Department of Health and Human Services' recommendations for language access services in health care settings: hiring bilingual staff, using contracted interpreters, using the Language Line, using community volunteers, and using family members/friends only when desired by the client. Finally the Committee outlines DHHS's guidelines for health care providers deciding what services are appropriate for LEP clients: identifying the LEP population, identifying the frequency with which LEP patients use the service, ascertaining the nature and importance of the service, identifying resources for implementing a language access plan and the costs that it will incur. The report also discusses the difficulty the cost of interpretation services and who should be paying for them—the health care provider or the insurance provider.

“Utilization of Language Services for Clients/Prospective Clients with Limited English Proficiency.” *Legal Aid Society of Northeastern New York. 26 February 2004.*

This document is the Legal Aid Society of Northeastern New York (LASNNY)'s policy for LEP clients. LASNNY recognizes their responsibility for providing services to LEP clients in an appropriate language, and plans to do this through the use of bilingual case handlers or by providing free, qualified interpretation at all stages of the legal process. The plan also involves an assessment of need in the area—so far, the Census only provides them with information on Spanish-speaking households, so they have translated documents into Spanish. They will provide interpreters by hiring bilingual staff, contracting outside interpreters, contracting with

community volunteer interpreters, and using telephonic interpretation. The policy expressly discourages the use of family members or friends of clients as interpreters. If the client insists on using such a person as an interpreter, LASNNY staff must assess the situation thoroughly first, and the very first conversation must occur without this family member/friend in order to assure that the client would like to use them as an interpreter. All interpreters must understand the confidentiality of the situation. LASNNY also plans to post posters in the waiting rooms notifying clients of the free language services, assess a client's language proficiency immediately, and make note of the desired language in the client's record. Regarding translation, professional translators are encouraged, and if the translator is not a member of the LASNNY staff they must be informed of the confidentiality of the situation. All vital forms will be available in an English/Spanish bilingual version.

Hoholik, Suzanne. "Video Aid is Letting Medical Center Patients Speak Up." *The Columbus Dispatch*. 10 January 2006.

This newspaper article from the *Columbus Dispatch* highlights the use of video interpretation in healthcare settings. When real-life interpreters are hard to get a hold of, video interpretation can satisfy the need for LEP clients to get the healthcare they deserve. The system, PALs (Personal Assisted Languages system) involves bringing a computer to the client—immediately they are face-to-face with an interpreter. It greatly increases the quality of the healthcare experience for both the medical professionals and the LEP clients—no one has to wait, so the doctors can get more work done and the clients can know their problem and leave without wasting time.

West, Darrell M. "Urban E-Government: An Assessment of City Government Websites." *Brown University*. September 2001.

This is a report studying features available online on city government websites throughout the U.S. The researchers examined 1,506 government websites in the 70 largest metropolitan areas. D.C. was rated the fourth highest for best overall e-government performance. Of all the websites examined, only 7% were multilingual (the most common language besides English offered was Spanish). They found though that police departments were more likely to offer bilingual (English and Spanish) websites. Some had a separate website in the foreign language, while others had the website linked to an online translator that would translate the site. Dallas was the city with the highest proportion of websites with foreign language access (92% of sites were offered in a non-English language).

Shah, Susan and Rodolfo Estrada. "Bridging the Language Divide: Promising Practices for Law Enforcement." *VERA Institute for Justice and Community Oriented Policing Services (COPS)*. February 2009.

This is the 2009 version of VERA and COPS's report on LEP practices for law enforcement (the 2008 report is summarized on page 3 of this document). The report lists eight "promising practices": clearly identify a need, build on what already exists, maximize resources, leverage partnerships, enlist volunteers, improve personnel skills, make the program permanent, and use data to manage the program. Of the six agencies the report highlights, two feature a civilian interpreter program, one has a Spanish instruction and language immersion program, two feature bilingual officers (Oklahoma City has a specialized Bilingual Officers Unit), and one has an "El Protector" program, bilingual chaplain volunteers, and a volunteer interpreter program.

By highlighting these 6 agencies and their current, successful practices while discussing the eight promising practices, this report shows how these and other services are greatly helpful to LEP individuals coming in contact with law enforcement officials.

Park, Sora, Rommony Chung and Heng L. Foong. “I Speak’ Card Evaluation Results.” *SSG/PALS for Health*. August 2003.

People with Limited English Proficiency face huge communication barriers when interacting with English Speaking health care providers and support staff. Problems usually surface in situation like making appointments, communicating health symptoms, understanding treatment regimens, and providing informed consent for medical procedures. A report evaluating “I Speak” card results was done by PALS for health, a non-profit, community based program offering interpretation, translation, training, advocacy and community education services to LEP Asian and Pacific Islanders living in Los Angeles and Orange counties. They interviewed a total of 163 people about their experience using the “I Speak” card. All respondents were asked about their most recent health care appointment where they presented the “I Speak” card to request interpreting services. When respondents were asked about their perception of provider’s reaction to the “I Speak” card the majority of respondent’s feared that the card would inconvenience provider or would increase patient waiting time. Respondents most frequently showed the card to the receptionist as opposed to the health care providers. The result was that only 38% of respondents successfully received someone to assist them with communication. In the majority of cases the interpreter was a bilingual staff member of the clinic. Among respondents who did not receive an interpreter after showing the “I Speak” card, the average time they had to wait was 34 minutes before being told that no interpreter was available.

“Increasing Access to Services for Limited English Proficient Persons.” *National Immigration Law Center*. August 2003.

This brief highlights the requirements federal funded agencies or programs need in order to increase access to services for limited LEP persons. First and foremost, it is vital that LEP persons know that language services are available to them. The Department of Justice recommends techniques such as posting notices in appropriate languages, providing a telephone voicemail menu and doing outreach through non-English media, community organizations, and community events in order to inform LEP persons. Competent interpreters are also needed in order to achieve effective communication with LEP individuals served by the agency. The development of national standards for medical and community interpreter certification as well as training has been recommended by the U.S. Dept. of Health and Human services. Recipients of federal funding are also required to inform LEP individuals that interpreter and language assistance services are available to them at no cost. One of the most effective and economical ways of providing interpretation services is to hire skilled bilingual employees. Yet, this brief makes an excellent point that recipients must keep in mind that being bilingual is not the same as having the capacity to interpret. Bilingual staff should be assessed for their competency in English and the second language then trained in interpretation accordingly. Another important factor in communicating effectively with LEP persons is the translation of written materials. Documents such as applications, consent forms, notices of rights, notices about individual’s benefits or program participation, and outreach or informational materials that advise the public about the existence of the program should be available. Because translated documents are more permanent than oral documentation, special attention should be given to the accurate translation

of these documents. Community organizations can also play an important and helpful role when it comes to language access implementation. Organizations can ask to review a recipient's language access policies, offer to participate in a recipient's assessment of community language needs, or play an advisory role in the development and implementation of the arena. They can also advocate for state statutes and local ordinances that require language access. For example, California has a state law called the Dymally-Alatorre Bilingual Services Act, which requires bilingual staffing and services at all state agencies when 5 percent or more of their customers speak a language other than English. Under civil rights law, no one should be denied important public services because their limited English ability prevents them from learning about or using programs.

Pickett-Deng, Jennifer. "The Enforcement and Effectiveness of the Language Access Act – A Year in Review." *D.C. Language Access Coalition*. Washington, D.C. (2008).

Jennifer Deng-Pickett, D.C. Language Access Coalition Director, went before DC council in 2007 to discuss the findings of a collaborative Equals Right Center and Coalition report. The report concluded that five agencies, DMV, DOES, DHS, ABRA, and DCRA failed at providing language access, in person, 86.9% of the time. In September of 2008, Jennifer Deng-Pickett testified again in a hearing before the council. This time reporting on what the coalition has been doing to increase Language Access and providing some recommendations such as holding agency directors accountable or providing cultural competency and language access trainings for all staff at every agency. During the year 2008 the Coalition worked closely with the LEP and NEP communities, educating them of their rights under the law, working closely with and conducting collaborative trainings with Aryan Rodriguez in the Office of Human Rights, holding a community event to bridge the gap between government officials and community members on language access, and providing legal and public comments to the recently promulgated regulations for the Language Access Act. The coalition's goal was to increase awareness and generate new information on how language access affects the immigrant community and is vital to becoming a productive member in society. The coalition has prioritized their work in order to focus on four specific areas. The main issues are

- Education (DCPS and OSSE)
- Health (DOH, MAA, and DMH)
- Human Services (DHS)
- Employment (DOES)

These areas have the most contact with LEP and NEP community members and complying fully with the Language Access Act could make a positive impact on the immigrant community. At this hearing the director is calling for the support of the Council, the Mayor, the City Administrator and agency heads to implement full compliance. Last but not least, she makes it a point to talk about a then recent law suit against the City of Oakland, California, who was being sued for failure to comply with its obligations under the "Equal Access to Services Ordinances".

Uyehara, P. "Opening Our Doors to Language-Minority Clients." *Journal of Poverty Law and Policy*. March-April 2003: 544-557.

Staff from a joint committee from the Philadelphia Legal Assistance and a Community Legal Services office found that both their programs were serving language and cultural minorities poorly. They were also concerned that clients who spoke neither English nor Spanish were receiving poor service. Both programs realized they needed to increase outreach and

services to undeserved language-minority populations. With support from the William Penn Foundation, Community Legal Services created the Language Access Project in 1999 and assigned two lawyers and a paralegal to staff the project on a part-time basis. This article made a very interesting point about the importance of language access in legal aid. "...the increasing understanding of language access as a civil rights issue is causing legal aid programs to examine their own practices before demanding linguistic access to other government services for their clients." According to demographic changes, programs that fail to create or upgrade language policies will increasingly exclude or provide inferior services to clients on the basis of the client's ability to speak English. Most importantly one of the most important aspects of good lawyering is good communication. Communication is essential to obtain facts understand a client's goals and concerns, give advice, negotiate, and litigate. Misunderstood facts or goals can obviously lead to erroneous pleading or legal strategies, implication malpractice or ethics questions. One of this article's recommendations to making programs more accessible is to conduct a language-focused assessment of both the client community and the program. This would be accomplished by gathering data of the existing cases they have. Programs that don't have the ability to do this are suggested to survey staff members. This article is especially interesting because it talks about several points that the rest of the articles don't touch:

- External and internal environment may affect how well language groups are being served. For example, the location of the office and the availability of public transportation play a significant role due to the fact that the location might be inconvenient or uncomfortable for certain groups.
- Also mentioned is the point that language groups may tend to refrain from receiving information through the telephone because they may assume that interpretation is not available by phone or is provided more easily in person.
- Specific language or nationality groups tend to encounter certain problems (Incompetent tax preparers seems to be a reoccurring problem in immigrant communities, several cases have been encountered between Russian-speaking immigrants and trade schools.)

“Improving Language Access to Transit in the National Capital Region.” *National Capital Region Transportation Board*. May. Washington, D.C. (2007).

This report provides an overview of the major continuing barriers and the recommendations for improving access to transit for LEP communities in the short and long term. The report gives recommendations in two separate categories. One for system wide recommendations and one for the three language “hot spots”. The three “hot spots” areas are Columbia Heights in D.C, Langley Park in MD and Baileys Crossroads in VA. All recommendations also have a timeframe: Short-term (within 6 months), Medium-term (within 1 year), and Long-term (1-3 years). Providing transit information to LEP customers is a very difficult task in the regional area because different jurisdictions have are owned and operated by different transit agencies. Non-English languages in the region are not only very diverse but geographically dispersed throughout the region. The report mentions what some of the major barriers are:

- Existing transit materials are not well-distributed
- There is inadequate transit information in customer-friendly formats targeted to Limited English speakers.

- Front-line transit employees lack consistent customer service skills and cultural sensitivity.
- Limited English speakers have not been adequately involved in language access decision at transit agencies.
- The point of contact for language access at WMATA is not widely known and WMATA does not yet have a language access plan.

Hot Spot Recommendations

Short-Term Recommendations

- WMATA should ensure that all Metro related translated brochures provided are kept well-stocked.
- WMATA and local transit agencies should use language and ethnic media as education and outreach tools to publicize.

Medium-Term Recommendation

- WMATA and local transit agencies should partner with local businesses, schools, community-based and faith-based organizations to distribute materials, advertise the availability of translated telephone assistance, sell passes and provide training on the bus and rail system.

Long-Term Recommendations

- WMATA should ensure that bus drivers and station managers have a minimum command of languages spoken in the pilot areas on bus routes and in Metro rail stations that serve the three pilot areas.

“Urban Institute for the Office of the Assistant Secretary for Planning and Evaluation.” *The Application Process for TANF, Food Stamps, Medicaid and SCHIP: Issues for Agencies and Applicants, Including Immigrants and Limited English Speakers.* U.S. Department of Health and Human Services. January 2003.

This report looks at the application and eligibility determination process in relation to immigrants and limited English speakers. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and subsequent legislative changes include eligibility rules for federally funded public benefits that affect certain classes of legal non-citizens. Many immigrants have mixed-status families, meaning maybe one of the parents is a non-citizen but has a child who is a citizen, presents difficult challenges for human service agencies as well as immigrant families who may not understand if and how they are affected by the eligibility restrictions. Efforts to reduce dependency on cash assistance and promote work have increased awareness of the work support role of food stamps and medical assistance. There are several key findings in this report about the application process that potential applicants, in particular immigrant and LEP, might come across:

- “It is generally easier to apply for children’s medical assistance (SCHIP or Medicaid) than for cash assistance or food stamps.”
- “Families can gain access to medical assistance benefits through different points of entry whereas families in need of the traditional package of welfare benefits typically have a single physical point of entry which is the welfare agency”. Other points of entry for

medical assistance include health clinics, hospitals, schools, community-based organizations, and phone or mail.

- “The application process for the full welfare package of benefits is more rigorous in some places than others.” Application process is the most simple in Seattle and most complicated in New York.
- There is no one-size-fits-all approach for providing language services and there are trade-offs associated with each approach.