

# Giving patients a voice

Health Care Interpreters close gap between doctors and patients

By Rene Ferran

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**E**very time Carmen Villa steps into a room at Salem Hospital, she remembers why she chose to become a health care interpreter.

“I think about myself years ago. I remember how I felt,” said Villa, a native of Mexico who moved to the U.S. in 1990. “It was frustrating. I could understand some (English), but not fully.

“I imagine my client is feeling the same way I did. They’re relieved to have a voice.”

Villa is one of eight full-time employees at Salem Hospital interpreting for Spanish- and Russian-speaking patients. Patients get the assistance they need to act as their voice with medical personnel.

She also is one of only 30 Spanish-speaking certified interpreters on the state’s [Health Care Interpreter Registry](#).

Along with 40 qualified Spanish interpreters on the Registry, that makes 70 individuals eli-



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gible to serve the 115,466 Medicaid recipients enrolled with Coordinated Care Organizations (CCOs) statewide who are limited English proficient (LEP) and list Spanish as their preferred language.

That ratio -- 1,650 patients per certified/qualified interpreter -- is something the OHA's Office of Equity and Inclusion is working to decrease as the need for interpreters only increases statewide.

“Our goal is to promote health literacy, and providing interpreters who have a command on medical terminology is important,” said April Johnson, Health Equity Workforce Manager with OEI and head of the Health Care Interpreter (HCI) program.

Villa said she noticed a difference in how both clients and doctors looked at her professionally after she earned her certification in 2012.

“What would be the difference with an electrician who has certification and one who doesn't?” she said. “It's the same (for health care interpreters). Our profession is starting to be recognized in value. I'm really fighting to demonstrate that being certified is an advantage for everyone.

“There are many people out there who've been working as interpreters many years. I ask, why not get certified, get that recognition, and provide that peace of mind for the patient and the provider?”

Villa first got into the field in the mid-2000s, when there wasn't much training available. She initially took courses designed for legal interpreters -- when she could afford them -- then slowly began learning the medical terminology necessary for the job.

“I just saw the need,” she said. “I saw many people like me, who couldn't com-

## HCI by County

County	Population	Certified	Qualified	Overall
Multnomah	766,135	12	41	105
Washington	554,996	3	15	37
Clackamas	388,263	4	13	29
Lane	356,212	2	0	5
Marion	323,614	9	1	26
Jackson	208,545	0	1	8
Deschutes	165,954	0	2	11
Linn	118,765	0	0	1
Douglas	106,940	0	0	0
Yamhill	100,725	1	0	1
All others	839,916	1	4	25
<b>Totals</b>	<b>3,930,065</b>	<b>32</b>	<b>77</b>	<b>248</b>

Sources: U.S. Census, Oregon Health Care Interpreter Registry

## HCI by Language

Language	Certified	Qualified	Overall
Spanish	30	40	156
Chinese		9	18
Arabic		8	12
Russian		2	12
Vietnamese	1	4	10
Somali / Mai Mai		3	5
Japanese		3	4
Korean	1	1	4
Nepali		2	3
Persian		1	3
Tagalog			3
Cambodian		1	2
Farsi		2	2
French		1	2
Italian		1	2
Romanian		2	2

Source: Oregon Health Care Interpreter Registry

municate their needs, their emotions, to the doctor. My appointment book was always full.”

Seeing the need, in 2009 OHA hired Dr. David Cardona to develop the Health Care Interpreter Program. The program has a stated purpose of “improving access to quality health care interpretation for Limited English-speaking persons in Oregon.”

“It was nothing, just a concept,” he said. “We’d just had the rules approved, and I was hired to develop the program.”

By March 2011, Cardona and his team had the program up and running. The program allows OHA to contract with vendors to qualify and certify interpreters.

[Qualified interpreters](#) must demonstrate a proficiency in both English and the second language. In addition, they need to have undergone 60 hours of formal health care interpreter training. That training is broken down into 52 hours of medical terminology, physiology and anatomy, and 8 hours of HCI ethics. They also must have 40 hours of documented work experience.

[Certified interpreters](#) must meet all the requirements for qualification. In addition, they need 80 hours of work experience and must be able to pass both the oral and written HCI certification testing from one of two organizations. Currently, certification testing is available in seven languages -- Spanish, Russian, Cantonese, Mandarin, Korean, Vietnamese and Arabic.

“When you become certified, it shows that you not only know the terminology, but that you know how you can do your job in the best way to allow that communication between patient and provider,” Villa said. “You learn the cultural aspect of it, of both cultures that you work with, and about how to read the patient, to see when they’re not understanding something, or they’re too afraid or overwhelmed to ask for clarification.”

The benefits run both ways, Villa stressed.

“The providers I work with, they know I’m certified, and they know what I’m talking about,” she said. “They know I know what the rules are and what our role is.”

Cardona has since passed the torch of running the HCI Program to Johnson, whose top task is finding funding to provide grants for training programs. This especially applies to places outside of the

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## HCI LEARNING COLLABORATIVE

One initiative OEI is spearheading to increase the number of certified and qualified interpreters in Oregon is the HCI Learning Collaborative.

The initiative includes two prongs:

- Funding to contract with training and testing centers to qualify and certify 150 new interpreters;
- A panel including HCIs, health care providers and language access specialists to discuss how to integrate these interpreters into the health care system.

Lillian Jalali, OEI’s coordinator for the HCI Learning Collaborative, explained that its mission is to “discuss the challenges and barriers to involving HCIs in the system, and to brainstorm solutions so CCOs and other health systems throughout the state are better able to use certified and qualified HCIs.”

Her plan is for its first meeting to take place by the end of 2014.

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Willamette Valley.

Of the 70 qualified or certified Spanish-speaking interpreters on the Registry, only eight are outside the Portland-Salem-Eugene corridor.

For example, Eastern Oregon CCO, which covers 12 counties, has two qualified HCIs for its 6,151 Spanish-speaking LEP enrollees. Jackson Care Connect, in the state's sixth-largest county, has one qualified HCI serving 2,359 enrollees.

“We want to target specific areas where they are not serving, look at the CCOs in that area, and see how we can get HCIs into the training program,” Johnson said.

As you can imagine, Villa and her colleagues at Salem Hospital are kept hopping from room to room on most days. She estimates she sees between five and 15 patients a day.

“You don't know what you're going to say, if you're going to have to deliver devastating news to a patient and their family,” she said. “You have to be there, hold back your tears, and be professional but not aloof. You let them know, I'm just your voice. You can say what you want, how you want, and I'll adhere to the message.”

Villa then smiled.

“It's just gratifying when you're finished to hear, *Gracias senorita*. Thank you.”