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This study examined whether or not limited English proficiency (LEP) adults' confidence in their ability to self advocate for interpretive services changes after LEP patient rights and language laws are presented. This study was instigated by the researcher's concern over K-12 ELLs missing school to interpret for their families and the researcher's interest in advocacy. The intent of this study was to provide information on the effectiveness of education on rights and their relationship to self advocacy. The qualitative research was performed using questionnaires in an adult ESL classroom. Twelve students were surveyed for prior knowledge and confidence, instructed on their rights, how to advocate for themselves, and then surveyed to measure a change in knowledge and confidence. Findings from this project suggested that positive change did occur in knowledge and confidence of the adult ELLs in advocating for their right to a medical interpreter following a short lesson.

SELF ADVOCACY, MEDICAL INTERPRETING AND THE LEP PATIENT

by

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To Joseph, thank you for your tenacity.

TABLE OF CONTENTS

List of Figures	vi
Chapter One: Introduction	1
Language Barriers and Limited English Proficiency Patients	1
Role of the Researcher	2
Background of Researcher	2
Guiding Questions	4
Summary	4
Chapter Overviews.....	5
Chapter Two: Literature Review	6
Patient Rights	6
Language Barriers and Quality Care.....	7
Hospital Barriers to Trained Medical Interpreting.....	8
Implications for Child Interpreters.....	11
Summary	14
Chapter Three: Methods	15
Overview.....	15
Qualitative Research Paradigm.....	15
Setting	16
Participants.....	16
Procedure	17

Data Analysis	20
Verification of Data	21
Ethics.....	21
Summary.....	22
Chapter Four: Results and Discussion	23
Introduction.....	23
Adult Student Surveys	23
In-Depth Interviews	31
Student Attendance Data.....	32
Summary	33
Chapter Five: Conclusion	34
Guiding Question.....	34
Summary of Literature Review.....	34
Implications of Project.....	35
Limitations	37
Future Research	38
Presentation of Research.....	39
Appendices.....	40
Appendix A: Sample Consent Letters.....	40
Appendix B: Lesson Plan.....	52
Appendix C: Demographics Survey	55
Appendix D: Student Survey 1	64

Appendix E: Student Survey 2.....	73
Appendix F: MMA Guide for Physicians.....	82
References.....	91

LIST OF FIGURES

Figure 4.1: Gender of Participants	26
Figure 4.2: Age of Participants	27
Figure 4.3: Years in United States	27
Figure 4.4: Native Languages Spoken by Participants	27

CHAPTER ONE: INTRODUCTION

In some rural communities with few limited English proficiency (LEP)¹ residents trained medical interpreters are rarely used. Oftentimes LEP patients rely on their children as ad hoc medical interpreters which in turn can cause school aged children to be absent from school. This chapter introduces the issues associated with patient rights, language barriers and quality healthcare, barriers for hospitals in providing interpretive services and the impact and frequency of the use of child interpreters.

Language Barriers and Limited English Proficiency Patients

The Civil Rights Act of 1964 provides protection for LEP patients and their right to full participation in any program receiving federal funds. Health care organizations receiving any federal funding are required to provide the full benefits of their care to all regardless of race, color or national origin. Current research on language barriers shows that physician/patient language barriers compromise quality of care. This can result in patients misunderstanding diagnosis, prognosis and/or medication instructions. In turn, costs for care of LEP patients can rise exponentially when language barriers exist because patients lack adequate understanding. Hospitals, even in areas with high LEP populations, often provide inadequate interpretive services. This occurs due to

¹ For the purposes of my research project I will use both the terms LEP (limited English proficiency) and ESL (English as a second language). These terms are commonly used for government/medical organizations and education respectively.

inadequate physician training regarding use of medical interpreters, lack of interpreters, perceived cost/benefit issues and vague procedures/protocol for promptly attaining a medical interpreter. Frequently, instead of providing trained medical interpreters, physicians and other medical professionals rely on a patient's family, oftentimes their children, to act as medical interpreters. This use of ad hoc interpreters is also a barrier to providing equitable effective care to LEP patients (Chen, 2006; Flores, 2005; Leanze, 2005; Lehna, 2005; Kaufert and Putsch, 1997; Hunt, 2007).

Background of Researcher

My primary motivation for developing this project has been driven by my frustration over the frequent absences of first generation students in my classes because of medical interpreting. These U.S.-born students are children of limited English proficiency immigrant parents. My relationship with this particular group of students as ESL teacher has given me the further insight that it is the "usual suspects" of the minority achievement gap that contributes to their lack of attendance/academic success. These English language learners (ELLs) often come from low income families, their parents have little or no formal education, their family structures differ greatly from the majority culture and, in their families, household responsibilities rank higher than school attendance (Armor, 2006). In this list of reasons for poor school attendance, one predominant behavior intrigued and occasionally frustrated me. Multiple times during the school year these students missed school because they were interpreting for a family member at a medical appointment. The question that kept bothering me was why would a physician choose to use an untrained minor to act as a medical interpreter?

Initially I hypothesized that the major barrier to the use of trained medical interpreters was the economic principle of supply and demand. The city where this study was conducted is a peculiar place in the world of ESL. It is a city of approximately 80,000 residents located in the northeastern part of Minnesota. As shown in the 2005 Census Bureau's Community Report, only 0.02 percent of the total population of people living in their home for less than a year were foreign-born immigrants in all of St. Louis, Douglas, and Carlton counties, one of which includes this city. This statistic compares with 6.3 percent of Minnesota's population that is foreign-born, and in the metropolitan area of Minneapolis/St. Paul the percentage is 8.6. Many of Minnesota's small rural communities are seeing a large influx of immigrant and refugee residents. (*Duluth News Tribune*, 2006) However, the city in which this study was done has an immigrant population that continues to shrink. District wide for the 2005-2006 school year its public schools had fewer than 100 LEP students in the entire district. This is important because with such a limited number of families, our community resources, including trained interpreters, is also small. Even with our small population of LEP students, when looking at my students failing grades and poor attendance I wanted to better understand why students were missing school to act as medical interpreters.

The secondary motivation for my interest in the topic that I have a background in community organizing. I have observed outside of the world of ESL the powerful tool that self advocacy can be. I was curious to learn if LEP adults would begin advocating within the medical system for their own needs and rights as patients if they had the

knowledge of their rights and, in turn, I wanted to know if this could alleviate some of the interpreting duties for my high school students.

Role of the Researcher

As researcher I designed a lesson for adult ESL students that provided information on LEP patient rights and laws regarding interpretive services. I developed a survey to obtain data that records how raising awareness of LEP patient rights may change confidence in self advocacy abilities in requesting and using trained medical interpreters. I will implement a lesson with the goal of raising awareness of patient's rights to an interpreter. I will analyze data comparing and contrasting kindergarten through grade twelve ESL student attendance taken before and after the adult ESL session. Also, I will conduct in-depth interviews of adult ESL students with children attending public school to further determine if a change in confidence in self advocacy ability has occurred.

Guiding Questions

In my research, I am studying adult ESL students' knowledge about their rights to professional medical interpreting because I want to find out how their confidence changes after education about laws mandating professional medical interpreting and the rights of LEP patients. I am studying this so to better understand the effectiveness of knowledge of rights and its relationship to self advocacy.

Summary

In this chapter I introduced the issue of patients' rights to an interpreter in a medical setting. Also, I explained the impetus for this project and my professional connection to the issue. Next I will give a brief overview of the chapters that follow.

Chapter Overviews

Chapter Two includes information on rights of patients and current research on language barriers and the impact of the aforementioned on quality of care, the use of children as family interpreters and barriers for hospitals in providing interpretive services. Chapter Three describes the methods used to gather the information needed to respond to my research question. Chapter Four shows results from information gathered from my research and Chapter Five discusses the implications for the results of the research in Chapter Four.

CHAPTER TWO: LITERATURE REVIEW

The catalyst for this study was that students I worked with were being pulled from school in order to act as medical interpreters for their families. In turn, their academic performance was suffering. Since I wanted to know if knowledge of LEP patient rights and laws would impact attitudes about self advocacy for professional medical interpreting so my students did not have to miss school, my literature review includes information on patient rights, language barriers and quality of care, barriers for hospitals in providing interpretive services and implications for child interpreters.

Patient Rights

The federal government requires that LEP patients have the right to interpretive services. When medical institutions do not provide these services, it is a violation of Title VI of the Civil Rights Act of 1964, which states that “no person in the United States shall, on ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance” (Office of Civil Rights, 2007). According to the U.S. Office of Minority Health, Medicaid requires providers to “render culturally and linguistically appropriate services” (Office of Minority Health, 2006) and the U.S. Office of Civil Rights explicitly guides medical institutions receiving federal financial assistance to develop an effective language assistance plan (Office of Civil Rights, 2007). From this

several implications can be drawn. Medicaid directs healthcare providers to bridge the gap between majority and minority cultures and languages. Additionally the federal government wants to see the process that healthcare institutions are using to ensure that the “bridge” to better communication is being built. Yet, in many instances, there are not professional interpreters present at appointments and children are acting as language brokers, or interpreters, for their families in medical settings. Dr. Alice Chen (2006), medical director of the General Medical Clinic, San Francisco General Hospital and assistant clinical professor of medicine at the University of California, San Francisco, points out that the under-utilization of trained medical interpreters can be accounted for because federal guidelines have been largely treated as voluntary with little enforcement and that for many medical institutions organizational resources are not used to hire trained medical interpreters when LEP patient numbers are low.

Language Barriers and Quality Care

Studies suggest that the quality of health care is compromised when there is a practitioner/patient language barrier (Chen, 2006; Flores, 2005; Leanze, 2005; Lehna, 2005; Kaufert and Putsch, 1997; Hunt, 2007). In a review of 36 articles addressing interpretive services and quality of care, Flores (2005) found a common thread showing patients in need of, but not receiving, interpretive services during a medical appointment reported their understanding of their prescribed plan for treatment as poor or fair. Ninety percent of these patients wished their health care provider had better explained their medical condition and treatment. In a study researching the impact of language barriers on Hispanic patients whose physician used an untrained interpreter, these patients were

significantly more likely to have been uninformed of medication side effects (David & Rhee, 1998). Other studies show nearly all researchers agree that having a trained medical interpreter for LEP patients improves the healthcare experience and the quality of care given. Flores found that more interpreter errors occurred with ad hoc untrained interpreters. Language barriers can be reduced with the use of trained medical interpreters, defined by Samuelsson-Brown (2004) as those having both language and professional skills, allowing for the provision of “service in the context of two languages and cultures.” (p.25)

Chen (2006) narrates her own experience of serving a patient without a trained medical interpreter as being similar to the childhood game of telephone; in this game a message is passed secretly from person to person, and once the last person has received it, he/she reveals the message, which is typically an erroneous version of the original message.

Hospital Barriers to Trained Medical Interpreting

There is evidence asserting the need for trained medical interpreters to provide quality medical care for LEP patients. So why do medical professionals not use trained medical interpreters?

Looking at residency programs in medical schools can aid in understanding the level of cross-cultural training the residents are given. In a nationwide study of 2,047 residents, 34.7% reported receiving little or no instruction during their residency in working with interpreters (Weissman, 2005). One study revealed that in an urban hospital comprised of 10-20% LEP patients (of total patient population), 53% of residents

reported using their own inadequate foreign language skills in the care of their patients often or every day. Most disturbingly, 80% of these same residents disclosed avoiding communication altogether with LEP families (Burbano, 2003). Burbano further reveals, that residents reported frequently using family members as interpreters, despite their belief that medical interpreters were more effective than family members (Burbano, 2003). Why this paradox? Residents in both surveys cite lack of time as an issue for using interpreters and providing better cross cultural care. In addition to time, residents noted that lack of availability of interpreters, non-medically trained interpreters, and cumbersome communication were also barriers to interpreter use.

It has also been suggested that a medical institution's intake process can impede the use of trained interpreters (Bonacruz Kazzi, 2003; Burbano O'Leary, 2003). Bonacruz Kazzi (2003) found that emergency room clerical staff under-reported the need for an interpreter when compared with the actual experience of an LEP parent or guardian (19% v. 37%, respectively).

Cumbersome communication or lengthy appointments have also been perceived as barriers to interpreter use (Bonacruz Kazzi, 2003; Hunt, 2007). Intriguingly, in a study reported in the *Journal of General Internal Medicine* entitled, "Do Physicians Spend More Time with Non-English-Speaking Patients?" researchers found, after studying 166 clinic patients (57 LEP), that LEP patients' appointments did not take longer than those of proficient English speakers. However, one should not draw the implication that because LEP patients have comparable visit time to English-speakers that there is comparable content and quality of care (Tocher, 1999). In clinics where Hunt studied the

quality of informed consent with LEP at-risk pregnant women, the clinic staff estimated that as much as 40% of their clients spoke Spanish as their primary language and yet none of the clinics had trained medical interpreters and rarely were informational forms available in Spanish. Clinicians in this study indicated that they felt working with interpreters was cumbersome and time-consuming and that they sometimes abbreviated consultations with these LEP patients and doubted the skill of ad hoc interpreters. Therefore it seems that the acceptance of ad hoc interpreters by medical professionals serves as another barrier to using trained medical interpreters (Bonacruz Kazzi, 2003). Even if medical professionals recognize that utilizing an ad hoc interpreter is undesirable, many are not trained on how to access a professional interpreter or are simply unaware if their medical facility offers any kind of interpretive services. Additionally, Tocher (1999) notes the differing cultural expectations between medical professionals and LEP patients, which can increase the awkwardness of patient visits in the absence of trained medical interpreters.

An inhibitor to using trained interpreters is the lack of third-party payer in interpretive services: in other words, the cost of interpretive services to medical institutions is not adequately reimbursed by insurance companies. Worth mentioning is that, although the federal government has established the civil right to an interpreter for LEP, it failed to include interpreting in its Medicare payment policies for 2.3 million LEP seniors (Ku, 2005). Ku and Flores (2005) found cost benefit in the use of interpreters in a paper summarizing, in part, the ramifications for insurance coverage of trained medical interpreters. The Office of Management and Budget (OMB) found in order to provide

nationwide interpretive services at inpatient hospital, outpatient physician, emergency room, and dental visits the United States would spend on average \$4.04 per visit by an LEP patient. This figure assumes that a large portion of the interpretive services would be done on a volunteer basis. The other factor that OMB does not address is the cost incurred by medical institutions and insurers, including increased emergency room visits, unnecessary tests and increased invasive procedures, when LEP patients do not have interpretive services. Ku and Flores state, “The amounts needed to pay for language services (0.5 percent, according to the OMB estimate) are far less than the large disparities in medical spending that exist between white patients and Latino and Asian patients. Paying for language services may help reduce the existing racial/ethnic disparities in health care”(p. 440). Therefore there are a number of both real and perceived barriers to trained medical interpreting.

Implications for Child Interpreters

The infrequent use of trained medical interpreters has implications for children of LEP patients, most directly as ad hoc interpreters for their parents. Tse (1995) defines the role of a child interpreter in her description of a language broker, “Language brokering refers to interpretation and translation between linguistically and culturally different parties.” (p. 180) Adults who utilize children to interpret for their parents must understand that interpretation is not a simple process of retrieving synonymous nouns and verbs from one’s mental bilingual dictionary. Child language brokers perform complex linguistic acts to bridge the language gap between their parent and, for the purposes of this paper, medical professionals. Malakoff and Hakuta (1991) note the complexity of

this process; it begins with comprehension of the vocabulary from the original source followed by comprehension of the meaning of the original source. This development of comprehension is followed by reforming the information into the child's native language (at the child's current proficiency level) and finally deciding if the reformation is adequate (Bialystok, 1991). One implication is that if the original source is not decoded properly, then the reformation into the native language will in effect be flawed also.

Clara Bahner, senior director at Children's Medical Center Dallas, reaffirms that using children to interpret is not an effective process because of the severe ramifications from even the slightest misinterpretation (Holcomb, 2005). In addition, this process implies a high level of decision-making placed on a child language broker without the benefit of fully-developed language skills or adult life experience. Cecilia Menjivar reports on children as language brokers in her 2000 study and focuses not on the child's ability to translate, but how this role of language brokering can create tension and intergenerational conflict when children are powerful decision makers and parents must depend on their child's translating abilities(as cited by Faulstich Orellana, 2003).

Contrary to Menjivar's findings, Faulstich Orellana(2003) concluded that though youth act as language brokers they are typically not burdened by this activity nor does it give them inordinate power within their family structure. However, in the case of medical interpreting, most professional work concludes that using children to interpret in medical situations is at worst harmful and discriminatory to patients and at best unethical and mediocre medical care (Flores, 2005, Ginsberg, 1995, Hocomb, 2005, Lee, 2006, Burbano O'Leary, 2003, Baca, 2006, Levine, 2006, California seeks to stop the use of

child medical interpreters, 2005). Chen (2006) gives the following insight into child interpreters:

Children used as interpreters are a special problem. Although their English might be accentless, their command of their parents' native language is often shaky, their vocabulary is usually sparse, and their understanding of medical concepts tends to be simplistic at best. They often feel a tremendous burden of responsibility, even guilt, for the information they convey, and just as often parents can be embarrassed or reluctant to disclose important symptoms and details to their child. And there can be far-reaching consequences. One of my patients never finished high school because, as a child, when her baby sister was chronically ill, her parents routinely pulled her out of school to interpret for them. (p. 812)

How often are bilingual children interpreting in medical situations? In a study of 236 Spanish-speaking fifth and sixth grade youth in Chicago, 40% of the students surveyed reported interpreting in medical settings such as a doctor's office. This interpreting included, but was not limited to, filling out insurance information in an emergency room setting, translating during a family doctor or dentist visit, answering or making phone calls to doctors regarding a family member's treatment, interpreting instructions for taking medicine and translating details during one's own and others' operations at a hospital (Faulstich Orellana, 2003).

Summary

The literature review in Chapter Two shows a general gap in research in the effects of small group instruction of LEP rights to medical interpretation. While California did research the effectiveness of a statewide campaign to encourage non-English speakers to utilize interpretive services, no one has specifically researched whether a short instructional period on patients' rights to interpretation results in an increased confidence to use interpreters (Grubbs, 2006). The federal government requires the use of interpretive services for LEP patients. Numerous studies also support the need for professional services to improve understanding of the medical condition and treatment. Medical professionals, however, find compliance difficult due to lack of training, availability of interpreters, inadequate intake processes, and inadequate payment for services.

The result is that often child interpreters are used, despite shortcomings noted in various studies. This literature review provided context and guidance for my research project to study adult ESL students' knowledge about their rights to professional medical interpreting. I want to find out how their confidence changes after education about laws mandating professional medical interpreting and the rights of LEP patients. In Chapter Three I will describe the methods of this research project.

CHAPTER THREE: METHODS

In the previous chapter, I established patients' rights to an interpreter, the need for interpreting to improve the quality of care in a medical setting, barriers to using trained interpreters, and the implications of using children as interpreters. The purpose of my project is to study adult ESL students' knowledge about their rights to professional medical interpreting. I want to find out how their confidence changes after education about laws mandating professional medical interpreting and the rights of LEP patients.

Overview

This chapter describes the methodologies used in this study. First, the research paradigm is described along with a description of the setting and participants. Next the procedures and data analysis are described. Lastly the verification of data and ethics of the study are explained.

Qualitative Research Paradigm

I conducted qualitative research, a type of study done in a real-life setting in which data analysis looks to compare, contrast, or find patterns in verbal or descriptive data. (Perry, 2005) The qualitative research paradigm is suitable for my question, "Will LEP adults' confidence in their ability to self advocate for interpretive services change after LEP patient rights and language laws are presented?" because I compare and contrast individuals' pre- and post-survey responses in order to determine if a change, in

any direction, occurred. I also conducted in-depth interviews of participants with children in the public school system to determine if any self advocacy occurred. In addition, a comparison was made of student attendance for a one-month period immediately following the survey and student attendance from the year previous during the same period. Therefore, rather than approving or disproving a theory, data analysis measured whether any change occurred.

Setting

The setting of the project was at an Adult Learning Center (ALC) in a northeastern Minnesota city of about 80,000. Data were collected from adult ESL students. ESL at the ALC is divided into two sections, beginning and intermediate. Students typically rotate between two classroom teachers with sections running from 8:50 – 10 and 10:45 – 12, Monday – Thursday. I had planned on meeting with beginning and intermediate groups respectively, but due to extreme weather, class size was small and I worked with a mixed level group. All of my data collection occurred in the same classroom over two consecutive days.

Participants

Participants were chosen through convenience sampling, utilizing students in attendance at an Adult Learning Center ESL class on December 16 and requesting their return on December 17. Participants were included in the survey if they were at least 18 years of age and if they self-identified as limited English speaking or self-identified as having acted as an ad hoc interpreter. The survey assessed English proficiency on a four-point scale using the question “How well do you speak English?” The U.S. Census

Bureau utilizes this same method and defines LEP as individuals who respond “well,” “not well,” or “not at all.”

Procedure

Adult ESL Student Survey

The data collection technique I used was a pre-and post-survey. The survey contained questions addressing issues of health care access, satisfaction, understanding and knowledge. As a springboard for my question design, I utilized questions from California’s follow-up telephone survey to assess the effectiveness of a campaign to make limited English speakers aware of their rights (Grubbs, 2006). As a data technique, surveys are convenient and data obtained is easy to compare and contrast. Issues with the questionnaires are that questionnaires can be restrictive, scaled responses are not in-depth, and open-form questions can be subjective and difficult to compare/contrast (Perry, 2005). To minimize the limitations of surveys as a data collection technique, I combined closed and open format questions. I used closed-form questions for objective analysis and open-form questions to acquire more descriptive responses. The survey questions were previewed and critiqued by a non-native English speaker. The survey was available in multiple languages (English, Chinese, Spanish and Russian) in order to improve comprehension. I choose these languages because, under the advisement of the adult ESL teacher, these were the most common languages in the current classroom. I excluded a translation of the surveys from English to Hmong due to a lack of first language literacy in the Hmong students currently attending. However, a Hmong interpreter was available.

Day one of the project I explained the context of my project and encouraged the use of the Chinese, Spanish, Russian, and Hmong speaking interpreters throughout the process. Adult ESL students completed demographic information, the consent form and a pre-survey indicating their beliefs, attitudes and experiences in regards to medical services, interpreting, and patient rights. This process exhausted the class time for day one. At the end of our class time, I reiterated that I needed the same students to participate the following day and those who completed the two-day process would receive a ten dollar gift certificate to Target.

Day two of the project I began with a reintroduction of the project, including my initial interest in the topic (students missing school due to interpreting for their families) and then taught my lesson. The goals of my lesson were that students would understand the implication of attendance on grades (in a K-12 setting) and that students would understand their rights to a medical interpreter. Students worked to meet these goals through an opinion based anticipatory set activity, presentation of information on patient rights, discussion of personal experience with doctor visits and creation of a dialogue for role play.

I followed the lesson plan as described in Appendix B; however, step five from the lesson plan was modified. I omitted the storyboard due to time constraints, but students still shared personal stories and we did discuss when to request an interpreter. Following the lesson, students completed the post-survey. Responses from both questionnaires were compared and contrasted to assess whether any change in beliefs and

attitudes occurred. The strength of the questionnaire was that it revealed descriptive information and was easily administered to a group

In-depth Interviews

Participants with children in the school system were asked to participate in a more in-depth interview two months after the survey. The interview was conducted to acquire further data on whether or not the participant had requested an interpreter for a medical appointment and whether or not their child had acted as an interpreter for a family member post-project.

Interviews were conducted individually. Participants were provided with the list of standard questions and I, the interviewer, read and explained each question as needed to ensure understanding. Any question that was not fully understood was disregarded. The interviewer solicited and recorded the participants' responses to each question. After recording the response, the interviewer reviewed each answer with the participant to ensure that all thoughts were conveyed correctly.

Attendance Data

In addition to the surveys and the interviews, I collected school attendance data from January in 2008 and January 2009 of the school districts LEP population. These data were collected based on a Minnesota Automated Reporting Student System (MARSS) record of LEP "yes" in the district's MARSS database. Each student's identity was protected with a coded number. Data on students kindergarten through grade five were recorded per half day of school attendance while data on students in grades six through 12 were recorded on a per-period basis because teachers record attendance each

class period of the day whereas in elementary students may miss part of a half day and still be marked in attendance. Information obtained on a per-period basis provides a more accurate measure of attendance data. These data were collected to compare and contrast the impact of the aforementioned lesson on student attendance rates.

Data Analysis

The data analysis of the surveys, the in-depth interviews and the collection of attendance data took place shortly after the completion of the collection of the data. I analyzed each set of data individually and looked for common themes collectively. Identifying common themes in the data helped to establish the validity and consistency of the research. (Perry, 2005)

Adult ESL Student Surveys

Each completed pre- and post-survey was read to get the essence of the students' responses in their entirety. Then demographic data were organized by gender, age, country of origin and insured versus uninsured. In order to keep original surveys intact for comparison with in-depth interviews, student responses were entered into a spreadsheet and organized by theme, keeping pre- and post-data mutually exclusive. Once themes had been determined, comparisons were made between pre- and post-surveys to determine if meaningful change in confidence occurred.

In-depth Interviews

I recorded each participant's response to the in-depth questions. I then studied the transcripts to identify reoccurring themes. In comparing reoccurring themes I was able to

define the participants common experience. I determined whether students had a change in confidence by comparing their in-depth interview responses with their pre-survey.

Attendance Data

Attendance data on the district's ELL population, from the month immediately following the survey and training administration, 2009 and its counterpart period in 2008, were compared to see if any change occurred in attendance of ELL students. This comparison helped to indicate whether or not parents had begun to self-advocate for interpretive services and, therefore, their students' attendance had improved.

Verification of Data

Verification of these data was determined by sample, voluntary participation, and triangulation. My subject sample was a sample of convenience utilizing the student population available on December 16 and 17 at the Adult Learning Center ESL classroom. Students participated voluntarily. Consent letters were available in multiple languages, as were interpreters. Results of data collection were triangulated using student survey data, in-depth interview data and quantitative data from school attendance records. Triangulation is a tool to broaden the scope of findings and increase validity (Perry, 2005).

Ethics

I took great measures to ensure that each participant's consent, privacy and protection were honored. The following protective measures were used in this research: 1) a Human Subjects Research form was submitted, reviewed and accepted by Hamline University faculty; 2) the school district, after receiving a copy of my methods, gave me

permission to perform the research; 3) participants were given informed consent letters in multiple languages and with interpreters available; 4) the research objectives were explained to all participants; 5) there was no pressure to participate; 6) all documents were coded to ensure confidentiality; 7) responses to the interviews were recorded and reviewed with the participant; and 9) all research materials and notes were kept in a secure location at all times.

Summary

The methods outlined above provided the framework for my research project to study adult ESL students' knowledge about their rights to professional medical interpreting. I wanted to find out how their confidence changed after education about laws mandating professional medical interpreting and the rights of LEP patients. I outlined my qualitative research approach, the setting, participants, procedures, data analysis, methods for verification of data, and my methods for ensuring ethical research.

The next chapter presents the results of the study. The themes from the student surveys, in-depth interviews and attendance data are discussed.

CHAPTER FOUR: RESULTS AND DISCUSSION

Introduction

The results of the data collected using the methods contained in Chapter Three are discussed here in Chapter Four, in relationship to how data respond to the research question. I studied adult ESL students' knowledge about their rights to professional medical interpreting because I wanted to find out how their confidence changed after education about laws mandating professional medical interpreting and the rights of LEP patients.

Adult ESL Student Surveys

Individual participant responses were reviewed to gather a general sense of participant response and to observe any irregularities in responses. The answers to the closed questions were compiled by participant number in Microsoft Excel. Data were organized to compare individual responses in pre- and post-surveys and organized to view total group responses pre and post. Open-ended questions were transcribed and grouped by common themes.

Participants were included in the survey if they were at least 18 years of age and if they were self-identified as limited English speaking or were self-identified as having acted as an ad hoc interpreter. The survey assessed English proficiency on a four point scale using the question "How well do you speak English?" The U.S. Census Bureau

utilizes this same method and defines LEP as individuals who respond “well,” “not well,” or “not at all.” In addition, participants needed to meet the following criteria for inclusion in the project: 1) attend both sessions; and 2) complete both a pre- and a post-survey. Twelve participants out of fourteen met the criteria for inclusion in this project. One of the fourteen day-one participants did not return for day-two of the project, and one of the day-one participants returned for day-two, but did not complete a post-survey.

Demographics

Below are the demographic data for the participants who met the inclusion criteria.

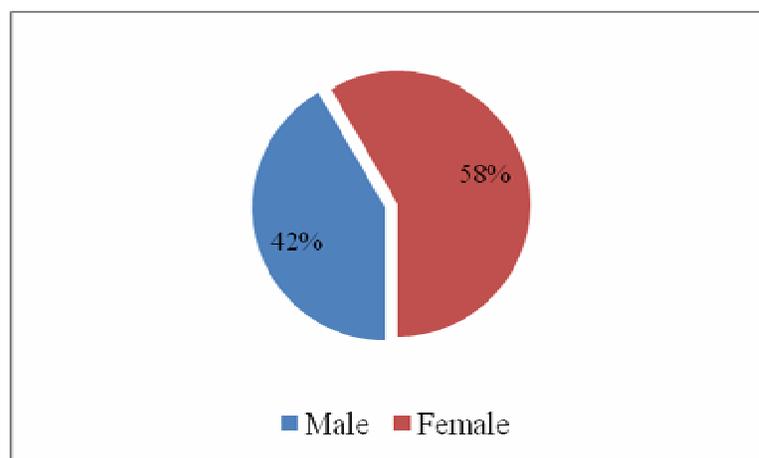


Figure 4.1. Gender distribution of participant group (n = 12).

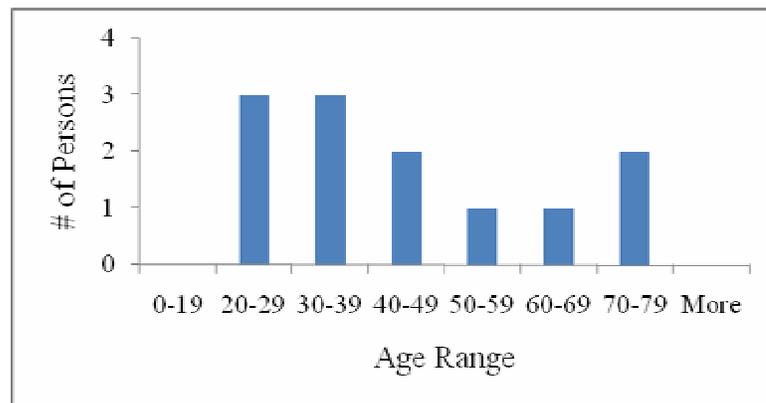


Figure 4.2. Age distribution of participant group (n = 12).

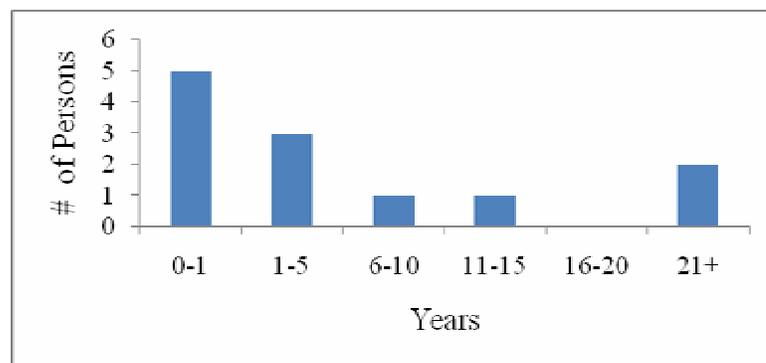


Figure 4.3. Length of residency distribution of participant group (n = 12).

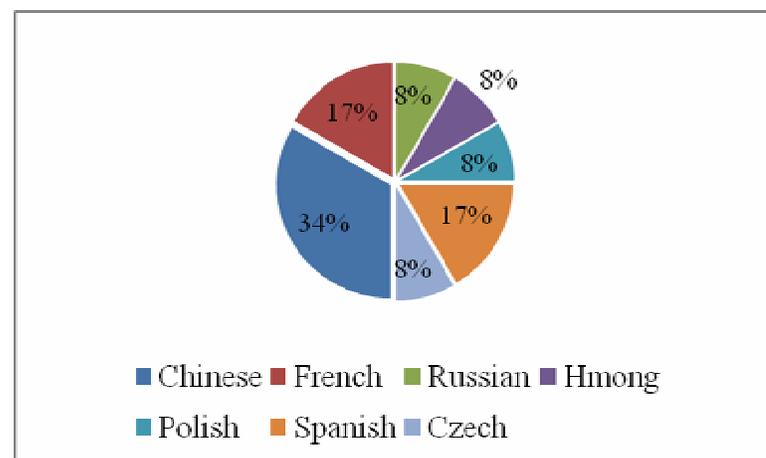


Figure 4.4. Native language distribution of participant group (n = 12).

All twelve participants responded to “How well do you use English?” as “not at all”, “not well” or “well”, therefore meeting the federal government guideline of LEP.

Twenty-five percent of participants did not have medical insurance.

Experience in the United States Medical System

Consistent with research stating that trained medical interpreters are under-utilized (Chen, 2006), the survey group indicated their experiences in the medical system showed a lack of language support during their visits. All respondents indicated that their doctor does not speak their native language. When asked if their doctor had interpreters available, 83% said never. In response to the lack of language support, participants seem to turn to ad hoc interpreters (i.e., children, friends, family) for interpretation. Fifty percent of the participants had used an ad hoc interpreter.

A form of ad hoc interpretation is the use of children. Clara Bahner, senior director at Children’s Medical Center, Dallas, says that due to the severe ramifications from even the slightest misinterpretation it is ill-advised to use children as interpreters (Holcomb, 2005). That said, of the participants who have been to a doctor in the United States, 33% have had their children interpret, fewer than Faulstich Orellana (2003) reported, which was 40%.

The participants’ responses reiterate the previous literature that indicates medical professionals are not utilizing medical interpreters (Weissman, 2005; Burbano, 2003; Bonacruz Kazzi, 2003). As Bonacruz Kazzi (2003) stated, this acceptance of ad hoc interpreting by medical professionals supports the under-utilization of trained medical interpreters. Even though multiple medical reports conclude that using children to

interpret in medical situations is at worst harmful and discriminatory to patients and at best unethical and a product of mediocre medical care one-third of participants in my study who have been to a United States doctor have used their children to interpret (Flores, 2005, Ginsberg, 1995, Holcomb, 2005, Lee, 2006, Burbano O'Leary, 2003, Baca, 2006, Levine, 2006).

Initial Confidence and Participant Preferences

All interviewees reported some lack of confidence in their interactions with the medical system and their rights to an interpreter. All said their doctor had not offered an interpreter and all said they had not asked for an interpreter, which is an increase from Burbano's (2003) study of resident doctors revealing that 53% acknowledge not using an interpreter when one was needed. It should be noted that Burbano's study was conducted in a region where 10-20% of patients were LEP, substantially larger than this project's area. In my scaled response questions, five participants said they sometimes talk easily with doctors, six said they never talk easily with doctors and one participant did not respond. Confirming much of Flores' (2005) research, all participants indicated that they would understand their health better if they could get information in their native language. Furthermore, in both pre- and post-surveys all participants indicated they would like to receive medical information in their native language either all or some of the time. This reiterates Flores' (2005) findings that the majority of patients acknowledge their lack of understanding and would like to receive more meaningful medical information.

Because I found Ku and Flores (2005) argument that the cost-benefit analysis favors interpretive services for United States patients, I decided to include that information in my presentation. An important component for building confidence is for people to understand that they are not just receiving a hand-out from the government, but in fact, better understanding their own health saves the government money because patients who understand their doctor use fewer emergency services, consequently, a cost savings. In the end, all twelve participants responded to the question “Why do you think the United States government wants non-English speaking patients to have an interpreter?” Sixty-six percent of the participants responded within the theme “quality of care.” Some examples of responses were, “so thay can understand bettet there problems [sic]” or “Because, the hospital or clinic want to provide the best care for the patent [sic]”. One participant said, “to save money.” Two participants indicated both quality of care and cost savings. One participant said “Because in United States live many people about diversity language [sic]”.

Results

Though the sample size was small, some significant changes in confidence and knowledge occurred. In the pre-survey 50% of participants said they could not or did not know if they could ask their doctor for an interpreter, while in the post-survey 91.6% of participants said they could ask their doctor for an interpreter. When asked “Can you refuse an interpreter?” in the pre-survey 33% of participants said yes. In the same post-survey question, 83% said yes. The importance of asking both questions is to address concerns of some policy makers, like California State Senator Abel Maldonado, who

feels that patients should have the option to use their children as an interpreter (Burke, 2005). Also, inquiry into a participant's action in terms of a personal right strengthens the data interpretation that change in confidence occurred. A participant first recognizes that she/he can access an interpreter, but also understands that the interpreter is a right and not an obligation and that they as a patient have the right to refuse interpreting services as well as utilize them.

Interestingly, in both the pre- and post-survey 11 of 12 participants answered "yes" to the question: Do you have a right to an interpreter? However, when asked "Does the United States government require clinics and hospitals to provide interpreters for everybody?" pre-survey results showed seven "yes" responses, one "no" and four "I don't know". Perhaps, there was a lack of transfer in understanding that one has a personal right and that the government enforces these rights. In the end, responses to the statement "Every person has the right to ask for an interpreter, free of charge, when he or she visits a clinic or hospital" varied from pre-survey results of 58% saying "always" to post-survey results of 91.6% saying "always".

Anecdotal

Overall, the comments I received from students was positive. Many said that the information provided was new and beneficial. Students were very participatory in the anticipatory set of the lesson plan and we could have had a much longer discussion about what makes a good student and differences between students' native educational systems and the system in the United States. At the end of the second survey I provided space for students to write additional comments and 50% did. In general four of the six comments

stated the information was “good,” “new” and/or “useful.” In fact, one of those four told me she was going to ask her doctor for an interpreter and then wrote this comment (with the help of the interpreter) on day two, “I have already made an appointment I made a call yesterday. I am going to see a doctor Dec. 22nd at 1:40 p.m. I was told I could have an interpreter for free.” One participant indicated that the United States government system was a good one. Lastly, one participant, who worked tirelessly on her surveys without an interpreter, wrote what I would classify as a reflection on our two day journey. I have provided this comment in her own words:

I think about their people: who work as interpreters: in different languages – very positive. Because patient – is sickness, sometimes don't understand about itself situation; needed interpreter, because Doctor not have time for patients. Interpreter more helps; between Doctor, and patient. And for explain: Prescriptions, and other things. Thanks you very much, when I can help: for all patients I am very happy.

As interpreted, the above results show that participants exhibited growth in understanding and confidence in their right to request an interpreter at a medical appointment.

In-Depth Interviews

In-depth interviews were conducted with the three participants from the surveys who had children currently in the school district. Interviews were conducted one-on-one, and I recorded and reviewed each participant's responses.

Demographics

Two females and one male were interviewed. Native languages were two-thirds French and one-third Russian. Two respondents were husband and wife but each was interviewed separately to determine a change in confidence for each. Their ages fell in the 30-49 range and their time in the United States was three months to five years. The three respondents all had one or more children in the school district. All three had at least one child that had been enrolled in ESL. Two-thirds had at least one child currently enrolled in ESL.

Results

All three respondents expressed an increase in confidence in their ability to request a medical interpreter. All three said that they felt more confident because before the project they did not know that it was possible to have an interpreter at a doctor's appointment. One participant said he/she would ask for an interpreter at his/her next doctor's appointment because the participant felt that the language barrier was too great to overcome without an interpreter. The other two participants felt their need for an interpreter would depend on the medical issue and one of those two indicated that her husband (English-speaking) could help her to understand her medical needs.

Of the interviewees two have had a family member visit the doctor since the two-day project. Differing from the literature which stated that 40% of children with LEP parents have acted as an interpreter (Faulstich Orellana, 2003), neither of the participants had their child/children interpret at the appointment. Neither of the participants used an interpreter. The interviewees expressed the same thought when asked why they did not use an interpreter: both said that they felt they could understand the doctor well enough for the type of appointment they had. They both felt that they could and would ask for an interpreter if they needed to address a more complex medical issue.

All three respondents said that one piece of information they learned from participating in the project was that having an interpreter for free was even possible at a medical appointment. In fact, when asked if the participant had other thoughts he/she would like to share one participant said that many people do not have this information and if we could find a way to tell more people (television, media) it would be good.

The participants very certainly expressed that the information given on medical interpreting was new and useful information. This contributes to the verification that a change in confidence in participants did occur.

Student Attendance Data

I collected attendance data for ELL students kindergarten through grade twelve from the school district. The data were collected for January 2008 and January 2009. ELL students were identified by their MARRS identification of LEP/yes. Within the MARRS system, students qualified for ESL service are identified by indicating “yes” in the LEP column of the database. The attendance data for kindergarten through grade five

is presented by the half-day; while grade six through twelve is presented on a per period basis. Initially data were collected for all LEP/yes students in January 2008 and January 2009; however, an overview of the data showed a difference in student population in 2008 and 2009. Data were then sorted on Microsoft Excel to compare only students who were in attendance in both 2008 and 2009.

Results

The data collected did show a change in attendance when comparing January 2008 and January 2009. The change reflects an increase in student absences in 2009. In both kindergarten through grade five and grade six through twelve students had a higher frequency of absences in 2009. For elementary the percent of absence in January 2008 was 1.7% while in January 2009 students were absent 2.1% of the time. In grades six through twelve the percent of absence in January 2008 was 7.9% while in 2009 the rate of absence was 17.2%. These percentages are based on a total number of absences and in no way reflect only absences for the purpose of medical interpreting. That level of detail was unavailable.

Summary

Chapter Four summarizes the data from the adult ESL student surveys, the in-depth interviews and the kindergarten through grade twelve attendance data. I systematically describe the information I collected and the themes that emerged. The data shows a change in participants' confidence in their ability to request and use an interpreter in a medical setting. Interrelationship connections were made between the data and the literature addressed in Chapter Two's literature review.

CHAPTER FIVE: CONCLUSION

Guiding Question

I studied adult ESL students' knowledge about their rights to professional medical interpreting because I wanted to find out how their confidence changed after education about laws mandating professional medical interpreting and the rights of LEP patients. I studied this topic to understand the effectiveness of knowledge of rights and its relationship to self advocacy.

Summary of Literature Review

From the literature review I found a general gap in research in the effects of small group instruction on patient confidence. While Vanessa Grubbs (2006) did research on the efficacy of California's statewide campaign to encourage non-English speakers to utilize interpretive services, and found the campaign ineffective, no one has specifically researched whether a short instructional period on patients' rights to interpretation results in an increased confidence to use interpreters.

It was clear from the literature I reviewed in Chapter Two that the federal government requires the use of interpretive services for LEP patients. Numerous studies also pointed out the negative impact of language barriers on medical condition and treatment. Many variables contribute to the under-utilization of trained medical interpreters including lack of training in the use of interpreters for medical professionals,

availability of interpreters, inadequate intake processes at medical facilities, and inadequate payment for services. Also from Chapter Two is evidence that supports that children are being used to interpret in medical situations; a practice that is regarded as unethical and potentially detrimental to patient care.

Major findings from this project were the positive change in knowledge and confidence of the adult ELL students in advocating for their right to a medical interpreter following a short lesson. I also found connections to the literature when collecting data on children as interpreters. More consistencies with literature were found in the lack of interpreting services offered to participants at their medical visits.

Implications of Project

One implication that can be drawn is that an effective way to increase ESL adult confidence in self advocacy is to provide them with information regarding their rights and to role play a situation where they can practice advocating for those rights. Even students who did not know if they would use an interpreter expressed pleasure in knowing the information. In both the post-survey and the in-depth interviews, participants expressed an increase in knowledge and confidence in their right to medical interpreting. In one instance a student told me that she was going to schedule a medical appointment and ask for an interpreter.

A second implication is the need for balance in ESL classes between language learning and introduction to United States culture and government. Minnesota state ESL standards largely focus on English language with little emphasis on life skills necessary to survive in the United States. This project highlights the positive effects of addressing

life skills within the classroom. Not only does use of interpreters increase the quality of care and patient satisfaction, but Flores' (2005) cost-benefit analysis shows a saving in spending on medical care. Based on the research that shows that medical facilities are not offering medical interpreters, one implication that can be drawn from this project is that LEP patients would be more likely to request interpretive services if they were provided with information and practice in making such a request.

Another implication is that medical interpreters would be more readily used in the medical system if small groups of people are given information that puts them in the position of power. This idea is consistent with community organizing principles. While the study of California's mass campaign to encourage the use of interpreters was found unsuccessful, perhaps working with LEP adults from the ground up could generate change in protocol and policy at their local clinics and hospitals. After presenting patients with the *Minnesota Medical Association's Physician's Guide to Language Interpreter Services*, a guide designed by doctors for doctors to describe the very information I presented to participants in the study, and practice in requesting an interpreter, I asked participants, "What do you think would happen if every one of you called to make a doctor's appointment and asked for an interpreter? Let's find out!" Students laughed and the sense of power and knowledge was palpable to us all.

A fourth implication is that K-12 ELL teachers may want to educate children and parents within their own school on their rights to medical interpreting. This may have a positive effect on student attendance and, as the project found a limited number of K-12 parents in adult ESL sample, would provide direct contact with K-12 parents. Survey 2

indicated clearly that one-third of participants had used their children to interpret in a medical setting, while the follow-up in-depth interviews found no subsequent use of children. There are many possible explanations for the varied results. Only three participants in the sample during the two-day project had children in the school district. Some participants had grown children and they may have been those who indicated the use of a child to interpret. It was clear that parents of children in the school system were not in the majority in this group. Perhaps parents of K-12 children, at least in this area, are not a population who attend our adult ESL classes or perhaps the extreme weather kept those parents home.

A final implication from this research project is that local hospitals need to incorporate in their intake process a request for interpreter that is comprehensible for patients. A finding in my project was that medical professionals in the area are not offering interpretive services to LEP patients. The survey clearly shows that 100% of participants do not share a common language with their doctor and yet 83% said that no one in the medical system has offered the use of an interpreter. These findings are consistent with literature from Chapter Two that shows that medical facilities are under-utilizing trained interpreters.

Limitations

The limitations of this study include sample size, time restraints and scope of study. While the use of the Adult Learning Center's ESL classroom was an ideal setting for this study, a major limitation was inconsistent attendance. Students primarily attend the ESL classes on a voluntary basis and the classroom accommodates them on a day-to-

day basis with no required attendance. In addition, adult ESL is only offered Monday through Thursday from 9:00 a.m. to noon, so potential students who work daytime jobs are not able to attend. Also, weather was a huge factor in the size of the sample. The school district had missed school for weather the day preceding the project and low temperatures and wind chills may have kept some students from attending class on the day of the project.

A second limitation was time restraints. More in-depth data could have been found if a series of in-depth interviews could have occurred over several months. By limiting the in-depth interviews to a one time occurrence just two months after the research, a limited number of doctor visits occurred. Over the course of, for example, twelve months, a family may have had a wider variety of medical experiences to report on.

Lastly, the scope of the study was small. While the literature review offered pertinent information on language barriers in the medical system, a larger scale study could have surveyed local medical facilities or professionals to provide localized feedback on language barriers and better reflected a local perspective.

Future Research

Some recommendations for future research are to research best practices for providing interpretive services in areas with small LEP populations, to research and develop effective teaching methods for LEP self advocacy and track student use of advocacy over a longer period of time or to research the efficacy of training organizations with LEP clientele in LEP interpreting rights.

Presentation of Research

Prior to the commencement of the 2008-2009 school year I plan to return to the Adult Learning Center's ESL classroom to present the results of the study to students. Part of the presentation will be a call to action for any students interested in organizing to present to local medical professionals. If students are interested, I will help facilitate the development of an action plan.

In addition, I plan to present this research to the school district's ESL team, an instructor of Social Work at the University of Minnesota, Duluth, the Director of Organizational Learning and Development at St. Mary's Duluth Clinic (SMDC) Health System and possibly the Diversity Committee for SMDC Health System.

APPENDIX A: SAMPLE CONSENT LETTERS

December 16, 2008

Dear Participant:

I am completing a master's degree in English as a Second Language (ESL) at Hamline University. As part of my graduate work, I plan to conduct research. The purpose of my letter is to ask you to take part in my research. The final product will be a printed, bound capstone (thesis) that will be shelved in Hamline's Bush Library. I may also publish or use my findings in scholarly ways in the future.

My part of my research will be based on adult ESL students' responses to a written survey and interview questions. Participants will take a survey to collect data on their personal experiences with healthcare in the United States. These surveys will be available in English, Spanish, Chinese and Russian. In addition, interpreters speaking Spanish, Chinese, Russian and Hmong will be on-site to answer questions. Then participants will participate in a lesson designed to provide healthcare information, followed by a post-lesson survey. At a later date, students with children in our Duluth public school system may be asked to participate in a more in depth interview about their healthcare experiences. I want to find out if providing students with information about their patient rights changes their confidence in addressing language barrier issues in healthcare. The main benefit in obtaining this data is to provide information on ESL adults' understanding of their patient rights and its relationship to the use of interpreter services.

If you choose to participate in my research, your identity will be protected. No real names or identifying characteristics will be used. I will type all survey responses so that hand writing cannot be identified. All results will be confidential and anonymous. However, I will perform a detailed analysis of the survey results and I will report these findings in my capstone. You may decide not to participate at any time without any negative consequences. All participants completing the surveys and lesson will receive a \$10 gift certificate to Target. All participants completing the in-depth interview will receive an additional \$10 gift certificate to Target.

I have received permission to do this research from Mary Ann Rotondi, Director of Federal Programs for ISD 709 and from Ann Mabbot, Hamline University Graduate School of Education, SLTL MS A1790, 1536 Hewitt Avenue, St. Paul, MN 55104.

Thank you for your cooperation.

Stacey Achterhoff

December 16, 2008

Dear Ms. Achterhoff,

I have received and read your letter about conducting research in Carol Lyle's ESL classroom. I understand that the main benefit in obtaining this data is to provide information on ESL adults' understanding of their patient rights and its relationship to the use of interpreter services.

I agree to participate in your research project that is part of your graduate degree program. I understand that all results will be confidential and anonymous and that I may stop taking part at any time without negative consequences.

Signed,

(Participant's signature)

Date,

16 de diciembre de 2008

Apreciado participante:

Estoy terminando una maestría en inglés como segundo idioma (“ESL,” por sus siglas en inglés) en la Universidad de Hamline. Como parte de mi trabajo de posgrado, tengo planeado llevar a cabo una investigación. El propósito de esta carta es pedirle que forme parte de mi investigación. El producto final será un colofón (tesis) impreso y encuadernado que se archivará en la Biblioteca Bush de Hamline. Además, es posible que publique o utilice mis conclusiones para fines académicos en el futuro.

Mi parte de la investigación se basará en las respuestas de los estudiantes adultos de inglés como segundo idioma a las preguntas de una encuesta escrita y de una entrevista. Los participantes tomarán una encuesta para recolectar datos sobre sus experiencias personales con el sistema de salud en Estados Unidos. Dichas encuestas estarán disponibles en inglés, español, chino y ruso. Además, contaremos con la presencia de intérpretes de español, chino y ruso para contestar preguntas. Posteriormente, los participantes tomarán una lección diseñada para suministrar información sobre la atención en salud, seguida de una segunda encuesta. En una fecha más adelante, se les podrá pedir a los estudiantes que tengan hijos en nuestro sistema de escuelas públicas de Duluth que participen en una entrevista más detallada a cerca de sus experiencias con la atención en salud. Quiero averiguar si suministrar a los estudiantes información sobre sus derechos como pacientes cambia su nivel de confianza al abordar los problemas de la barrera lingüística en cuanto a la salud. El beneficio principal de obtener estos datos es proporcionar información sobre la comprensión que tienen los adultos de ESL sobre sus derechos como pacientes y la relación que existe entre ello y el uso de los servicios de interpretación.

Si decide participar en mi investigación, se protegerá su identidad. No se usarán nombres reales ni características identificativas. Yo escribiré a máquina todas las respuestas a la encuesta a fin de que la letra del participante no pueda ser identificada. Todos los resultados serán confidenciales y anónimos. Sin embargo, voy a realizar un análisis detallado de los resultados de la encuesta e informaré sobre dichas conclusiones en mi tesis. Usted puede decidir dejar de participar en cualquier momento sin ningún tipo de consecuencias negativas. Todos los participantes que completen las encuestas y la lección recibirán un certificado de regalo de \$10 de Target. Todos los participantes que completen la entrevista en profundidad recibirán un certificado de regalo adicional de \$10 de Target.

Para hacer esta investigación, cuento con la autorización de Mary Ann Rotondi, Directora de Programas Federales para el Distrito Escolar Independiente 709, y Ann Mabbot de la Universidad de Hamline, Facultad de Posgrados en Educación, 1536 Hewitt Ave., MS A1790, St. Paul, MN 55104.

Gracias por su colaboración.

Stacey Achterhoff

13 de octubre de 2008

Apreciada Señora Achterhoff,

He recibido y he leído su carta sobre la realización de una investigación en el salón de clases de Carol Lyle, de inglés como segundo idioma (“ESL,” por sus siglas en inglés). Entiendo que el beneficio principal de obtener estos datos es proporcionar información sobre la comprensión que tienen los adultos de ESL sobre sus derechos como pacientes y la relación entre ello y el uso de los servicios de un intérprete.

Acepto participar en su proyecto de investigación como parte de su programa de posgrado. Entiendo que todos los resultados serán confidenciales y anónimos y que yo podré dejar de participar en cualquier momento sin que haya consecuencias negativas.

Firmado,

(Firma del participante)

Fecha,

敬爱的参与者：

我是Hamline大学的硕士生, 专业是第二语言英语 (ESL). 作为学业的一部分,

我计划做一个研究课题. 这封信的目的就是请你参与我的研究.

最后的结果是影印装订成册的论文, 放置在Hamline大学Bush图书馆.

以后我也可能把调查结果用于其他学术方面.

这部分研究是基于成人ESL学生在书面调查和面试问题的回答. 参与者将回答关于他们在美国医疗保健经历的问题. 这个调查有英文版, 西班牙文版, 中文版, 俄文版以及Hmong文版.

另外, 以上语言的翻译也会在现场解答问题.

调查之后, 参与者将参加一堂提供医疗保健信息的课程. 课程结束后, 有一个课后调查.

在更晚的日期, 有孩子在Duluth公立学校上学的学生可能会参加一个更深层的关于他们医疗保健经历的面试问答.

我想了解的是, 提供给学生关于病人权力的信息后, 会不会使他们在看病时对语言障碍的信心有所改变.

统计这些数据的一项主要益处是提供有关ESL成人对病人权力的理解以及相关使用翻译服务的资料.

如果你愿意参与我的调查, 你的身份将会保密. 我们不会使用真实姓名或其他可识别特征.

所有调查答题都会打印出来, 没有真人笔迹.

所有结果都是保密的, 匿名的. 但是, 我会对调查结果做仔细分析,

在我的论文中报告分析结果. 在任何时候你都可以决定不再参与,

没有任何对你不利的后果. 所有调查和课程的参与者都将得到\$10 Target礼券.

参与深层面试的人将得到另外\$10 Target礼券.

Mary Ann Rotondi (联邦项目ISD 709 的主管)和Ann Mabbot

Hamline大学教育学院均允许我进行这个研究项目SLTL MS A1790, 1536 Hewitt Avenue,

St. Paul, MN 55104.

感谢你的合作.

Stacey Achterhoff

敬爱的Achterhoff小姐:

在Carol

Lyle的ESL课上,我收到并阅读了你有关研究的信.我了解统计这些数据的一项主要益处是提供有关ESL成人对病人权力的理解以及相关使用翻译服务的资料.

我同意参与你的研究项目,作为你硕士学位课程的一部分.

我明白所有结果都是保密的,匿名的.在什么时候我都可以决定不再参与,没有任何对我不利的后果.

签名

(参与者签名)

日期

Уважаемый участник (ца)!

Я работаю над дипломом Магистра по специальности Английский как Второй Язык (ESL) в университете Хэмлин. Частью моего дипломного проекта является исследование. Целью этого письма является просьба пригласить Вас принять участие в этом исследовании. В законченном виде мой проект будет опубликован, переплетен и помещен в библиотеку Буш Хэмлин. Возможно я использую данные этого исследования для дальнейших научных публикаций.

Моя часть исследования будет основана на ответах взрослых студентов, изучающих английский как второй язык, на вопросы анкеты и письменного интервью. Участники ответят на вопросы анкеты для того, чтобы я могла собрать информацию о том, какие услуги им были оказаны в медицинских учреждениях США. Анкеты будут на английском языке, а также переведены на испанский, китайский, русский и монг. В дополнение к этому, переводчики вышеназванных языков будут отвечать на Ваши вопросы. После этого участникам будет прочитана небольшая лекция о медицинском обслуживании, после которой участники снова заполнят анкету. По прошествии некоторого времени взрослые студенты, у которых есть дети, учащиеся в общеобразовательных школах города Дулус, будут приглашены на более детальное интервью на тему медицинского обслуживания. Я хочу узнать, придает ли моим студентам уверенности, чтобы попросить переводчика их информированность на предмет прав пациента. Полезность получения этой информации заключается в том, чтобы узнать есть ли связь между пониманием прав пациента и использованием услугами переводчика среди людей, у которых английский язык – неродной.

Если вы захотите участвовать в моем исследовательском проекте, Ваше участие будет анонимным. Ваше имя и другие признаки, указывающие на вашу персону, не будут использоваться. Я перепечатаю все ответы на анкеты, так что Ваш почерк останется неузнанным. Все результаты опроса останутся конфиденциальными и анонимными. Но я проведу детальный анализ Ваших ответов на вопросы анкеты и опишу результаты в моем проекте. В любой момент вы можете отказаться от участия без каких-либо отрицательных последствий. Все участники, ответившие на вопросы анкет и прослушавшие лекцию, получают сертификат в Target на 10.00 долларов. Все участники, которые ответят на более детальные вопросы интервью, получают дополнительно еще один сертификат в Target на 10.00 долларов.

Я получила разрешение на проведение данного исследовательского проекта от Мэри Энн Ротонди, директора федеральных программ независимого школьного округа №709, а также от Университета Хэмлин, отделения по образованию. Ann Mabbot, Hamline University Graduate School of Education, SLTL MS A1790, 1536 Hewitt Avenue, St. Paul, MN 55104.

Благодарю Вас за сотрудничество.

Стейси Актерхоф

December 16, 2008

Уважаемая г-жа Актерхоф!

Я получил(а) и прочитал(а) Ваше письмо о проведении исследовательского проэкта в классе по изучению аглийского языка (ESL) Кэрол Лайл. Я понимаю, что собранная информация поможет в предоставлении информации о правах пациента людям, изучающим английский язык, а также проследит связь между вышеназванным фактором и использованием услуг переводчика.

Я согласен(на) участвовать в Вашем исследовательском проэкте, который является частью Вашей дипломной работы. Я понимаю, что вся, полученная от меня информация, будет конфиденциальной и анонимной, и то я могу прекратить свое участие в любой момент без каких-либо отрицательных последствий.

Подпись,

(подпись учасника)

Дата,

APPENDIX B: LESSON PLAN

Title: Patients' rights to medical interpreting.		
Goal 1: Students will understand the implication of attendance on grades.		
	Objective 1: Students' will understand the correlation between attendance and grades. (Assessed through discussion)	
Goal 2: Students will understand their rights to a medical interpreter.		
	Objective 1: Students' will be able to articulate the basic principles of the Civil Rights Act of 1964. (Assessed through in-class discussion)	
	Objective 2: Students' will be able to articulate how to request an interpreter. (Assessed through role play)	
	Objective 3: Students' will be able to articulate who pays for medical interpreters. (Assessed in survey)	
	Objective 4: Students' will be able to articulate their right to an interpreter in a medical setting. (Assessed in survey)	
Materials:		
	Flip Chart Paper	
	Markers	
	Note cards	
	Handouts: <i>Transcript of the Civil Rights Act (1964)</i>	
	<i>Minnesota Medical Association, A Physician's Guide to Language Interpreter Services</i>	
	<i>Cartoon on visiting a doctor</i>	
Anticipatory Set:	Passed around cartoon about going to the doctor and not understanding.	
	Discussed why parents would use children to interpret and talk about my experience as a teacher.	
	Begin with anticipation activity that pulls students knowledge of actions that make a "good" student. I do this with a series of statements that students can verbally	

	<p>respond to as “agree” or “disagree.” For example, “The student does homework.” These statements will include reference to attendance.</p> <p>This activity is less about defining “good” vs. “bad” and more about building rapport, generating discussion, and getting students thinking about what is required of students.</p>
Step-by-step procedures:	<ol style="list-style-type: none"> 1. Discuss my reason for doing this project. 2. Do anticipatory set with students. Discuss responses without forcing people to call out their responses. Discuss the implications of each statement. 3. Explain my experience with how attendance and grades are correlated, based on real data from my high school. 4. Present and describe the Civil Rights Act of 1964. How does that relate to our lives today in healthcare? Make the connection. 5. Use Action English storyboard to draw out students’ knowledge of “doctor’s visit vocabulary.” What do they already know? How easy/difficult is it to come up with the words to describe? See if students have a personal story to share. Discuss the best time to request an interpreter. (At the doctor’s visit vs. before) 6. Have students help generate a dialogue of how to call for a doctor appointment and request an interpreter (teacher written). 7. Using this dialogue, role play with the students how to make an appointment and request an interpreter. 8. If time, allow students to practice independently.

APPENDIX C: DEMOGRAPHICS SURVEY

I talk easily with doctors.	Always	Sometimes	Never
My doctor has an interpreter available.	Always	Sometimes	Never
I have interpreted for someone at a doctor's appointment.	Always	Sometimes	Never

Información demográfica

Primer nombre: _____

Sexo: Masculino Femenino

Edad: _____

Idioma materno: _____

Número de años en Estados Unidos: _____

¿Qué tan bien usa el inglés? (Encierre uno en un círculo)

Muy bien Bien No tan bien No lo usa

¿Tiene seguro médico? Sí No

¿Quién ha sido su intérprete en sus citas médicas? (Marque todas las que sean verdad)

_____ Nunca he tenido intérprete.

_____ Alguien de mi familia.

_____ Mis hijos.

_____ Un profesional.

_____ Un amigo.

_____ Un voluntario (que yo no conocía).

_____ Otro _____

¿Alguna vez ha interpretado usted en una cita médica o en el hospital? Sí No

¿Ve usted a un médico regular (el mismo) en cada cita? Sí No

Si no es así, ¿por qué no?

¿Por qué escogió a su médico o clínica?

¿Su médico o alguien del consultorio habla su idioma materno? Sí No

¿Alguna vez le ha pedido intérprete a su médico o clínica? Sí No

¿Su médico o clínica alguna vez le ha ofrecido conseguirle intérprete? Sí No

Encierre uno en un círculo

Voy al mismo médico.

Siempre Algunas veces Nunca

Mi médico habla mi idioma.

Siempre Algunas veces Nunca

Número de identificación del participante,
aquí.

Hablo fácilmente con los médicos.	Siempre	Algunas veces	Nunca
Mi médico tiene un intérprete disponible.	Siempre	Algunas veces	Nunca
Yo le he interpretado a alguien en una cita médica.	Siempre	Algunas veces	Nunca

参与者号码放在此处.

统计资料

名字(不用姓): _____

性别: 男 女

年龄: _____

母语: _____

在美国的时间(几年): _____

你的英文程度? (选一)

很好 好 不好 一点不懂

是否有医疗保险? 是 否

看医生时, 有谁做过你的翻译? (可多选)

____ 从没有过翻译.

____ 我的家人.

____ 我的孩子.

____ 专业翻译.

____ 朋友.

____ 志愿人员 (我不认识的人).

____ 其他 _____

你在医生那里或医院当过翻译吗? 有 没有

每次看病都是同一个医生吗? 是 否

如果不是, 理由是什么?

你为什么选择了你的医生或诊所?

你的医生或医生办公室的任何人会讲你的母语吗? 会 不会

你是否要求过你的医生或诊所提供翻译? 是 否

你的医生或诊所是否给你提供过翻译? 是 否

选一个

我看同一个医生.
我的医生讲我的母语.
我和医生交谈很容易.
我的医生提供翻译.
别人看医生时, 我做过翻译.

总是
总是
总是
总是
总是

有时候
有时候
有时候
有时候
有时候

从没有过
从没有过
从没有过
从没有过
从没有过

Демографическая информация

Имя: _____

Пол: муж. жен.

Возраст: _____

Родной язык: _____

Сколько лет в США: _____

Насколько хорошо вы владеете английским языком (очертите одно выражение)

Очень хорошо Хорошо Не очень хорошо Не владею

У вас есть медицинская страховка? Есть Нет

Кто был вашим переводчиком во время визитов к врачу? (отметьте все, что вас касается)

_____ У меня никогда не было переводчика.

_____ Кто-то из моей семьи.

_____ Мои дети.

_____ Профессиональный переводчик.

_____ Друг.

_____ Волонтер (не мой знакомый).

_____ Другое _____

Вы когда-либо переводили в больнице?

Да

Нет

У вас есть один врач, корога у которого вы бываете регулярно

Да

Нет

Если нет, то почему?

Почему вы выбрали этого врача или эту клинику?

Говорит ли ваш врач или кто-то в вашей клинике на вашем родном языке?

Да

Нет

Вы когда-либо просили вашего врача или клинику об услугах переводчика?

Да

Нет

Ваш врач или клиника когда-либо предлагали вам услуги переводчика?

Да

Нет

Обведите одно слово в каждой строке

Я посещаю одного врача

Всегда

Временами

Никогда

Мой врач говорит на моем языке

Всегда

Временами

Никогда

Я с легкостью говорю с врачами	Всегда	Временами	Никогда
У моего врача есть переводчик	Всегда	Временами	Никогда
Я переводил(а) для кого-то во время визита к врачу	Всегда	Временами	Никогда

APPENDIX D: STUDENT SURVEY ONE

Survey #1

Can you ask your doctor or clinic for an interpreter?

Participant ID Number to be placed here.

Is your doctor required to have an interpreter for you?

Do you have to pay for an interpreter?

Can you refuse an interpreter?

Do you understand what the doctor says to you in English?

Would you understand your health better if you could get information in your language?

Do you have a right to an interpreter when you visit a clinic or hospital?

Does the United States government require clinics and hospitals to provide interpreters for everybody?

Who pays for medical interpreters?

I can get an interpreter for a doctor appointment.	Always	Sometimes	Never
I get medical information in my native language.	Always	Sometimes	Never
I want to get medical information in my native language.	Always	Sometimes	Never
I want to have an interpreter at my doctor appointments.	Always	Sometimes	Never
Every person in the United States has the right to ask for an interpreter, free of charge, when he or she visits a clinic or hospital.	Always	Sometimes	Never

Encuesta #1

¿Puede pedirle a su médico o clínica un intérprete?

¿Se le exige a su médico tener un intérprete para usted?

¿Paga usted un intérprete?

¿Puede usted rechazar un intérprete?

¿Entiende usted lo que el médico le dice en inglés?

¿Entendería usted mejor su salud si pudiera obtener información en su idioma?

¿Tiene usted derecho a un intérprete cuando visita una clínica u hospital?

¿El gobierno de los Estados Unidos les exige a las clínicas y hospitales proporcionar intérpretes a todo el mundo?

Número de identificación del participante, aquí.

¿Quién les paga a los intérpretes médicos?

Puedo conseguir un intérprete para una cita médica.	Siempre	Algunas veces	Nunca
Puedo conseguir información médica en mi idioma materno.	Siempre	Algunas veces	Nunca
Quiero conseguir información médica en mi idioma materno.	Siempre	Algunas veces	Nunca
Quiero tener intérprete en mis citas médicas.	Siempre	Algunas veces	Nunca
Toda persona en Estados Unidos tiene derecho a pedir un intérprete, sin costo, al visitar una clínica u hospital.	Siempre	Algunas veces	Nunca

调查问题 #1

你可否要求你的医生或诊所提供翻译?

参与者号码放在此处.

你的医生是否必须给你提供翻译?

你是否需要支付翻译费用?

你是否可以拒绝翻译?

医生讲的英文你是否听得懂?

如果用你的母语提供给你信息, 你是否会更了解你的身体状况?

你去医院或诊所时, 是否有权力要求翻译?

美国政府是否要求诊所和医院为每个人提供翻译?

谁支付医疗翻译的费用?

我去看医生时可以找到翻译.	总是	有时候	从没有过
我得到的医疗信息是用我的母语写的.	总是	有时候	从没有过
我希望得到用母语写的医疗信息.	总是	有时候	从没有过
我希望看医生时有翻译.	总是	有时候	从没有过
在美国, 每个人去诊所或医院时, 都有权力要求免费的翻译服务.	总是	有时候	从没有过

Анкета №1

Можете ли вы попросить вашего врача или клинику предоставить вам услуги переводчика?

ID номер участника поместить здесь.

Должен ли ваш врач или клиника предоставить вам переводчика?

Должны ли вы оплачивать услуги переводчика?

Есть ли у вас право отказаться от услуг переводчика?

Вы понимаете что говорит вам врач по-английски?

Если бы у вас был переводчик, это помогло бы вам понять лучше информацию о состоянии вашего здоровья?

Есть ли у вас право на услуги переводчика во время визита к врачу?

Обязывает ли правительство США клиники и больницы предоставлять услуги переводчика негражданам?

Кто платит за услуги переводчика?

Я могу воспользоваться услугами переводчика
во время визита к врачу

Всегда

Временами

Никогда

Я могу получить информацию на моем родном языке

Всегда

Временами

Никогда

Я хотел(а) бы получить медицинскую информацию
на моем родном языке

Всегда

Временами

Никогда

Я хотел(а) бы иметь переводчика во время моих
визитов к врачу

Всегда

Временами

Никогда

Каждый человек в США имеет право попросить
переводчика во время визита к врачу, без оплаты

Всегда

Временами

Никогда

APPENDIX E: STUDENT SURVEY TWO

Survey #2

Can you ask your doctor or clinic for an interpreter?

Is your doctor required to have an interpreter for you?

Can you refuse an interpreter?

Do you have to pay for an interpreter?

Would you understand your health better if you could get information in your language?

Do you have a right to an interpreter when you visit a clinic or hospital?

Does the United States government require clinics and hospitals to provide interpreters for people who are not citizens?

Who pays for medical interpreters?

Why do you think the United States government wants non-English speaking patients to have an interpreter?

I can get an interpreter for a doctor appointment.	Always	Sometimes	Never
I want to get medical information in my native language.	Always	Sometimes	Never
I want to have an interpreter at my doctor appointments.	Always	Sometimes	Never
Every person who in the United States has the right to ask for an interpreter, free of charge, when he or she visits a clinic or hospital.	Always	Sometimes	Never

Please use this space for any other comments you have: _____

Encuesta #2

¿Puede pedirle a su médico o clínica un intérprete?

¿Se le exige a su médico tener un intérprete para usted?

¿Puede usted rechazar un intérprete?

¿Tiene usted que pagarle al intérprete?

¿Entendería usted mejor su salud si pudiera obtener información en su idioma?

¿Tiene usted derecho a un intérprete al visitar una clínica u hospital?

¿El gobierno de los Estados Unidos les exige a las clínicas y hospitales proporcionar intérpretes para personas que no son ciudadanas?

¿Quién les paga a los intérpretes médicos?

¿Por qué cree usted que el gobierno de Estados Unidos quiere que los pacientes que no hablan inglés tengan intérprete?

Puedo conseguir un intérprete para una cita médica.	Siempre	Algunas veces	Nunca
---	---------	---------------	-------

Quiero conseguir información médica en mi idioma materno.	Siempre	Algunas veces	Nunca
---	---------	---------------	-------

Quiero tener intérprete en mis citas médicas.	Siempre	Algunas veces	Nunca
---	---------	---------------	-------

Toda persona que está en Estados Unidos tiene derecho a pedir un intérprete, sin costo, al visitar una clínica u hospital.	Siempre	Algunas veces	Nunca
--	---------	---------------	-------

Sírvase usar este espacio para cualquier otro comentario que tenga: _____

调查问题 #2

你可否要求你的医生或诊所提供翻译?

你的医生是否必须给你提供翻译?

你是否可以拒绝翻译?

你是否需要支付翻译费用?

如果用你的母语提供给你信息, 你是否会更了解你的身体状况?

你去医院或诊所时, 是否有权力要求翻译?

美国政府是否要求诊所和医院为不是公民的病人提供翻译?

谁支付医疗翻译的费用?

你认为, 为什么美国政府希望不讲英文的病人有翻译?

我去看医生时可以找到翻译.	总是	有时候	从没有过
我希望得到用母语写的医疗信息.	总是	有时候	从没有过
我希望看医生时有翻译.	总是	有时候	从没有过
在美国, 每个人去诊所或医院时, 都有权力要求免费的翻译服务.	总是	有时候	从没有过

有什么想法, 请写下来:

Анкета №2

Можете ли вы попросить вашего врача или вашу клинику предоставить вам услуги переводчика?

Обязан ли ваш врач или клиника предоставлять вам услуги переводчика?

Есть ли у вас право отказаться от услуг переводчика?

Нужно ли вам платить за услуги переводчика?

Если бы у вас был переводчик, это помогло бы вам понять лучше информацию о состоянии вашего здоровья?

Есть ли у вас право на услуги переводчика во время визита к врачу?

Обязывает ли правительство США клиники и больницы предоставлять услуги переводчика негражданам?

Кто платит за услуги переводчика?

Как вы считаете, почему правительство США заинтересовано в том, чтобы пациенты, не говорящие по-английски могли пользоваться услугами переводчика?

Я могу воспользоваться услугами переводчика во время визита к врачу	Всегда	Временами	Никогда
Я хотел(а) бы получить медицинскую информацию на моем родном языке	Всегда	Временами	Никогда
Я хотел(а) бы иметь переводчика во время моих визитов к врачу	Всегда	Временами	Никогда
Каждый человек в США имеет право попросить переводчика во время визита к врачу, без оплаты	Всегда	Временами	Никогда

Пожалуйста, напишите дополнительные комментарии здесь: _____

APPENDIX F: MMA GUIDE FOR PHYSICIANS

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