

## HABLAMOS JUNTOS TERMINOLOGY AND CONCEPTS

One of the key objectives of demonstration models is replication. Central to this task is offering consistent explanations to help others understand what we are doing. Consistent explanations also help to develop concepts and language that can be commonly used to talk about language services. The following terminology and concepts are to be used in talking and writing about Hablamos Juntos and grantee efforts to improve language services.

Bilingual/Bilingualism – Bilingual/bilingualism involves the ability to use two different languages successfully. Bilingualism is a continuum going from uni-lingual to ambi-lingual. Most bilingual individuals in the U.S. are Heritage speakers, having learned Spanish in the home while receiving their formal education in English. There are many different levels of proficiency in bilingual individuals, and the range of bilingual ability can vary. Some individuals may be stronger in one language than the other, therefore the language proficiency would be different for each language. Few are ambi-lingual having equal mastery in both languages. Having bilingual ability does not inherently imply proficiency in interpreting, as language competency is only one of many skills necessary to interpret. Testing for language proficiency is required to determine the mastery of basic languages skills.

Bilingual/Bicultural – Bilingual/bicultural people are those individuals who are fluent in both the patient's language and culture (Jacobs, 2002). Bilingual/bicultural people or heritage speakers are frequently looked to as a natural source of interpreters. These individuals are “convenient” because they share the same culture and may be viewed as trustworthy by the patient. Bilingual/bicultural health care providers and health care professionals may also have knowledge of medical terminology. This does not necessarily mean that there is mastery of medical terminology in Spanish. Being bilingual/bicultural or having learned the primary language in the home does not inherently imply language proficiency. Moreover, not all people of an ethnic group are bilingual or bicultural. For example, the strength, familiarity, and understanding of Latino culture and Spanish may be attenuated with acculturation and multi-generational residency in the United States. Many Latinos in this country do not speak or understand Spanish. Also, bilingualism does not imply proficiency in interpreting, as language competency is only one of many skills necessary to interpret. Testing for language proficiency is required to determine the mastery of the primary language, and aptitude and interpreting skills are required to become a proficient interpreter.

Cultural Adaptation – This term refers to an acknowledgement that cultures are different and that what may be logical and appropriate in one culture may not be in another. Cultural adaptation can be applied to written materials as well as to the process of doing business. The emphasis of verbal and nonverbal communication is on transmitting the meaning and form of a message not only from one language to another but from one culture to another. This concept, when applied to written material, recognizes that any useful translation must use the normal forms of the target language, communicate the meaning of the original text as precisely as possible, and maintain the dynamics of the original language of the text so that the communicative event evokes the same response that an original text was meant to evoke. Furthermore, in order for written material to be useful to an individual, the prerequisite skills or underlying assumptions must resonate with and be consistent with an adopted “way of life” or worldview.

Culturally Relevant Context – Developing written materials to communicate across cultures must consider influences and factors that contribute to an adopted “way of life” or worldview. Irrespective of language, people absorb and understand verbal or written messages using a variety of filters. Many of these filters are embedded in culture, a dynamic phenomenon informed and shaped by a variety of formal and informal socialization processes and life experiences that are layered one upon another. The basic building blocks of culture are learned through social interactions and enculturation processes that occur as individuals learn about the world in families or through community and work settings or through training or educational programs. However, individuals incorporate and express these combined influences in individualized ways. Understanding how a target audience has incorporated a variety of influences is basic to developing materials in a culturally relevant context. Cultural adaptation of written material is an important element to evoke the same response that an original text was meant to evoke in particular when the objective of the communication is to promote a change in behavior. To elicit movement from a patient’s intent to change to an actual change in health behaviors requires that written material be congruent with the reader’s values, beliefs and view of the world or culturally relevant context.

Demonstration Site/Model – Hablamos Juntos is funding ten projects across the country to implement projects that will serve as models for improved language access for LEP individuals. The term “demonstration site” describes the grant-receiving organization along with the partners in the local health delivery system, the community, the project service area, state, etc. The term connotes a physical location and also various locations - there may be multiple clinics, centers, etc. which are all part of the demonstration site, though not all are the “grantee”. The demonstration model refers to the project that is implemented at each site.

Dual Role Interpreters – The term used to describe heritage speakers or bilingual persons employed to perform a specific function that are also asked to serve as interpreters on an *ad hoc* basis. Most dual role interpreters are untrained.

Dynamic equivalence – Refers to the set of procedures by means of which ‘the message of the original text [will be] so transported into the receptor language that the response of the receptor is essentially like that of the original receptors’ (Nida and Taber, 1969, 200). This may be compared with what Nida calls formal equivalence: an orientation to translation which ‘focuses attention on the message itself, in both form and content’ (1964, 159). Procedures include: substituting more appropriate target-language cultural material for less accessible source-language items; making references which are implicit in the source text linguistically explicit in the target language; and regulating redundancy in order to facilitate comprehension (emphasis in the original).”

Future Health Professional Training – This training may include activities to enhance the curriculum of existing health science career programs to include training on communication issues related to working with LEP populations and working effectively with interpreters. This training may also include formal training programs for interpreters that may lead to a certificate or college degree in interpreting or translation or a recognized health or allied health profession as a medical interpreter.

Grantee– Used when referring most directly to the group that is funded by Hablamos Juntos. Grantees attend meetings and interact most closely with the National Program Office. Note that there is a distinction between grantees and demonstration sites. Grantees are the primary



organization named on the grant proposal, while demonstration sites includes other community partners.

Heritage Speakers – Heritage speakers are bilingual/bicultural people who learned English as a second language who grew up in a household where their primary language was spoken in the home. For purposes of Hablamos Juntos, heritage speakers will usually refer to people who learned Spanish in the home.

Interpretation – Interpretation is “the practice of understanding and analyzing a spoken message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account<sup>1</sup>.” Elsewhere, the term has further been described as “the process of conveying thoughts and ideas produced in one language into another language while maintaining the same meaning and dynamic equivalence. The languages in question are spoken, but the defining characteristic is the live and immediate transmission of meaning, and this meaning is dependent upon the participants, the situation, and the communicative intent of the speakers. Interpretation requires bilingual fluency and bicultural knowledge and sensibilities, as the interpreter must capture and convey nuances of both language and culture. Interpretation requires sustained powers of concentration, versatility in dealing with a variety of people and content areas, fast thinking, and excellent communication skills in the respective languages.”<sup>2</sup>

Interpreters – Interpreters in health care settings are often thought of as either being *trained* or *untrained*. Interpreters may be employed or contracted to work as interpreters or may be dual role interpreters when they are hired for a specific job assignment, serving as an *ad hoc* interpreter. When Hablamos Juntos uses the word “interpreter” we are referring to trained interpreters who are bilingual in the English (source) and Spanish (target) language. The program standards for testing of language proficiency, training for interpreters, and testing for interpreter proficiency will be established by the National Program Office for the demonstration models.

Interpreter Training– This refers to training programs to develop interpreter skills. These programs can be accredited or unaccredited. Since there is no standard for training to become a professional interpreter, current interpreter training programs range from several hours to several semesters in duration. Interpreter training includes topics such as interpreter roles, terminology, ethics, communication skills, and cultural issues and may include practicum experience through shadowing, role-playing and mentoring programs.

Interpreter Usage Training – This term refers to training (in-service) designed for health care providers and members of the health care system on how to work with interpreters effectively. This training may include basic skills or levels of knowledge that health care staff/professionals should have to be considered competent to work with an interpreter (e.g., the “do’s and don’ts” of working with interpreters). Training that provides workers with instructions on how to access or arrange for an interpreter are also referred to as interpreter usage training.

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<sup>1</sup> National Council Interpreters in Health Care, “The Terminology of Health Care Interpreting: A Glossary of Terms.” Available at <http://www.ncihc.org/terminology.pdf>

<sup>2</sup> University of New Hampshire at Manchester. “What is Interpretation?” Accessed January 6, 2003 from <http://www.unhm.unh.edu/course-catalog/sli/interpretation.html>

Language Capacity – A common assumption is that having more interpreters will reduce language barriers between Spanish-speaking patients and English-speaking providers. As a result, a great deal of focus in the field of language access has been centered on training interpreters. This is an important first step, but overall, it is insufficient for reaching the goal of affordable language services to improve the quality of health care for LEP patients. The *language capacity* concept replaces earlier references to “testing and training”, in order to discourage casting solutions to language barriers too narrowly; language capacity can include efforts to increase the language capacity of providers and other health care workers as well as of practicing interpreters and LEP patients.

This change signals a conscious effort to shift our focus to the broader mission of enhancing language capacity in the demonstration environments. This is a task that requires local communities to join our demonstration site leaders in promoting the development of second language capacity in their communities broadly. HJ demonstration sites are expected to demonstrate creative ways that combine human resources and technology to grow language capacity in health care organizations at common access points including the following opportunities: a) when patients first identify a need for care and seek a provider; b) as patients check in and are moved along the administrative process from the front desk into an exam room, and afterward, through the discharge process; c) during the patient-provider clinical, diagnostic, or treatment encounter; and, d) through many other contact points where information is collected or provided or services are obtained by patients.

Language Development– This term is used to describe efforts to improve existing Spanish language ability or the acquisition of job/situation-specific Spanish. This may include programs to improve the language proficiency of bilingual individuals, bilingual/bicultural individuals, and heritage speakers to perform their assisted jobs in both English and Spanish. The term may also be used to refer to programs that teach Spanish words and phrases to health care workers in order to enhance their language capacity and ability to work with LEP Latinos.

Language Services – The goal of Hablamos Juntos is to develop affordable models of providing language services in health care settings to improve the quality of health care for Latinos with limited English proficiency (LEP). The core components of demonstration models include (but are not limited to) a) strategies to enhance Spanish language capacity in demonstration site environments including the development and use of interpreter services, b) written materials developed in Spanish or translated from English, and c) signage. The term *language services* is used broadly to describe the collection of core components required for Hablamos Juntos demonstration models organized to improve communication between patients and providers at an organization or community health system level. The term may also be used to refer to one of the core components of the demonstration model that includes a variety of oral language services to enable effective communication across languages. To be affordable, language services must go beyond a focus on interpreters to approaches that are consistent with our organizational name “We speak together.”

Latinos – This is the term to be used for purposes of the Hablamos Juntos program. We recognize that other terms such as “Hispanic” and “Chicano” may be more familiar; however, the term “Latino” is broader and encompasses more sub-populations. This term should always be capitalized.



Limited English Proficiency (LEP) – The U.S. Department of Health and Human Services (HHS) classifies individuals as LEP if they cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies. The Hablamos Juntos target population should be referred to as “Latinos with Limited English Proficiency (LEP)”. This group may also be referred to as LEP Latinos, LEP patients, or LEP populations.

Literal Interpretation/Translation – To interpret/translate literally means to convey the primary surface meaning of the source word while preserving the word order and parts of speech of the source language. This means that context plays no role in providing cues to what an utterance means or how it should be interpreted/translated. It also means that the word order of the source language is imposed upon the target language. Finally, meaning embedded in idioms, for example, is completely lost, unless the target language has exactly the same idiom with the same word order. A literal interpretation/translation is so bound by the source language that renderings in the target language will often be completely unintelligible, not to mention unfaithful to the source language. Lawyers and judges sometimes ask for a literal interpretation without realizing what they would get. An accurate, or “proper interpretation” should be requested.

Multi-Level Interpreter Readiness Training – This concept is under development but refers to the assessment of interpreter readiness and training to establish language proficiency of dual-role interpreters and currently employed interpreters. This is not interpreter training but is intended for qualified candidates and would provide a basic orientation to interpreting skills, enabling participants to function within proscribed levels of difficulty or for defined scopes of practice. For example, interpreters may be trained to interpret for administrative processes but not processes to receive care (e.g. need for a diagnostic test, how to measure blood pressure or sugar levels, etc).

Proper Interpretation/Translation – To interpret/translate properly means to convey the real meaning of the source language communication, preserving all aspects of meaning, with the natural grammar of the target language. To interpret/translate properly, one has no concern for literal meanings or following the word order (or even the number of words) of the source language. The goal is to enable the recipient of the interpretation/translation to hear ... the source message as if it had been communicated in the recipient's language in the first place.

Signage – For the purposes of Hablamos Juntos, the term “signage” refers to signs, symbols, pictograms, and other way finding systems (such as maps) that do not require literacy in order to be understood. Symbols used should be understandable to people regardless of their country of origin, primary language, education, socioeconomic status, etc. The use of effective signage in health care settings across the continuum of service delivery points is another means through which HJ grantees will improve the quality of health care for LEP patients.

Substitution – This method of translation may sound very much like word-for-word translation. But it is actually a serious approach to translation, based on principles of linguistic analysis. The difference is that the concept of substitution recognizes equivalence at various levels: the word, the phrase, the sentence, etc., and equivalence of various kinds: equivalent ways of highlighting new information, cultural equivalence with respect to level of politeness, intimacy, propriety, or explicitness.

Testing – Testing refers to the assessment of language proficiency and an interpreter’s skills. Hablamos Juntos maintains that all bilingual individuals, bilingual/bicultural people, and heritage speakers should be tested for language proficiency in both English and Spanish and that individuals hired to work as dedicated interpreters should be tested to determine interpreting skills and proficiency.

Trained Interpreters – Are interpreters that may have received formal education on topics such as ethics, interpreter roles, medical terminology, and cultural issues. Numerous curricula exist to train interpreters, and training varies extensively even amongst interpreters that are certified. Some, but not many, training programs conclude with a certification or licensing process. None<sup>3</sup> of the fifty states in the nation require interpreters to be certified, and efforts to maintain quality standards differ from state to state<sup>3</sup>. Thus, a “trained interpreter” does not mean the same thing universally, since there are no universal standards. Ideally, the skills of a trained interpreter should be tested for proficiency in interpreting and language proficiency in both English and the target language.

Training – Hablamos Juntos supports well-developed, community-based solutions for enhancing language capacity and institutionalizing training to improve the quality of interpreter services offered in the demonstration environments. This includes programs to enhance language development and to develop interpreter skills and the ability to work through interpreters. Training programs can be for credit, counting towards a recognized degree or certificate or not for credit (e.g. continuing education; in-service). Orientation programs to educate health care workers on how to arrange for or work with interpreters may also be included.

Translation – Generally, translated materials are developed because health care providers or other professionals such as administrators or health professionals seek to communicate to clients (patients and their families) in writing. Translated material implies beginning with text written for English-speaking patients or clients and translated to reach patients or clients who speak other languages. The goal of translated materials is to provide accurate information (meaning a true representation of the original document) and to promote health-oriented decisions that lead to improved health outcomes. In a good translation, the content and factual information contained in an original document is least likely to be changed, although even this may sometimes need to be adapted for a particular audience. Seen from this perspective, the idea of maintaining the wording or phrasing of the original text is generally of little importance.

Before material prepared for an English audience is translated, the English material must be assessed for a) the application of the material to the target audience; b) whether the purposes of communication or the strategies for fulfilling the communicative purpose are similar or different from those of the original text; and, c) whether the cultural context necessary to achieve the communicative purpose can be successfully developed. In addition, materials used in health care

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<sup>3</sup> There are no states that REQUIRE health care interpreters to be certified. Washington State requires interpreters to be certified IF the provider wants the state to pay for the interpreter and if the interpreter speaks one of seven certifiable languages. Interpreters speaking other languages are "qualified." If the state is not paying, there is no requirement for certification or "qualification." Oregon has passed a law setting up a workgroup to establish a certification process for health care interpreters, but the law does not actually say that it will require interpreters to be certified. Massachusetts has passed a law requiring "competent" interpreters in psychiatric evaluations and emergency room visits. The Massachusetts Medical Interpreters Association is currently piloting a certification program, but only in Spanish. California requires legal interpreters working in workers' compensation cases to be certified under the Office of Personnel's "Medical Interpreter" exam. This test does not evaluate clinical interpreting skills. The Office of Personnel will not certify clinical interpreters because they contend that there is no legal requirement to do so.

settings may have different purposes and may require lesser or greater cultural context to convey accurate meaning. Translation of different types of material with different communicative functions requires different considerations.

Untrained interpreters – These are often heritage speakers who function as interpreters on an *ad hoc* basis or as dedicated interpreters. This may also include bilingual employees as well as patients' friends and family members. While these interpreters are assumed to be proficient in two languages (although language proficiency is rarely tested among these interpreters), they may not have the skills to serve as an interpreter or necessarily have a medical background or know medical terminology. Numerous problems arise when friends and family are used as interpreters, including issues of privacy and accuracy of interpretation.

Verbatim Interpretation/Translation – To interpret/translate verbatim means to convey the real meaning of the source while preserving the word order of the source language. While lexical meaning is accurately preserved, meaning that is embedded in grammar may interfere with the interpretation/translation. Verbatim interpretation/translation is a significant improvement over the literal approach because lexical and contextual meanings are preserved. However, since the word order of the source language is being imposed on the natural grammar of the target language, it may sound stilted, awkward, and may from time to time introduce confusion or even misunderstanding. Instead of asking for a verbatim interpretation, judges and lawyers should request a "proper interpretation" that is complete, i.e., leaves nothing out.

Word-for-word Translation – What one gets by looking up words in a bilingual lexicon or word list and simply replacing each word with the matching word (or one of the matching words) on the list. Literal or word-for-word translation fails with respect to both accuracy of meaning and naturalness of style. Yet there are uses of literalness in translation (for example, when the purpose is to show how meanings are expressed in another language) and there are occasions when it is desirable for the translation to be as literal as possible.

Written Materials or Useful Written Materials – This term will be used by Hablamos Juntos to emphasize a focus on the communicative function of written materials and to encourage an examination of how cross-cultural communication can best be achieved. The concept is based on the premise that the preparation of written material must be guided by a communicative purpose and a strategy for fulfilling that purpose and be prepared for a known or imagined audience with reading ability.

Written communication differs from oral communication in that it is most often one-way rather than interactive. Written materials for Spanish speakers in the United States must skillfully convey messages across societal, regional, and subpopulation language use differences. The principal challenge is to create a "culturally relevant context" to communicate effectively with a Spanish reader across culture and language. For written material to be "useful", the communicative function as well as the target audience must be considered to determine 1) whether the written material prepared for an English reading audience will meet the communication objectives for a Spanish reading audience if simply "translated"; 2) whether new material needs to be developed and originated in Spanish to create the cultural context necessary for good communication; and, 3) whether written materials will be useful and achieve the communication objective desired.



## National Program Office Guidelines for Grantee Communication

The focus on useful written materials also suggests that cross-cultural communication may require strategies that may not be achieved through written material alone. Just as the cultural context must be relevant for a Spanish reader, the health care experience may also need to be adapted to incorporate cultural contexts to support improved provider-patient communication.

For other important terms, please refer to Glossary of Terms in the Resources Section of this binder or the National Council on Interpreting in Health Care website at <http://www.ncihc.org/terminology.pdf>