

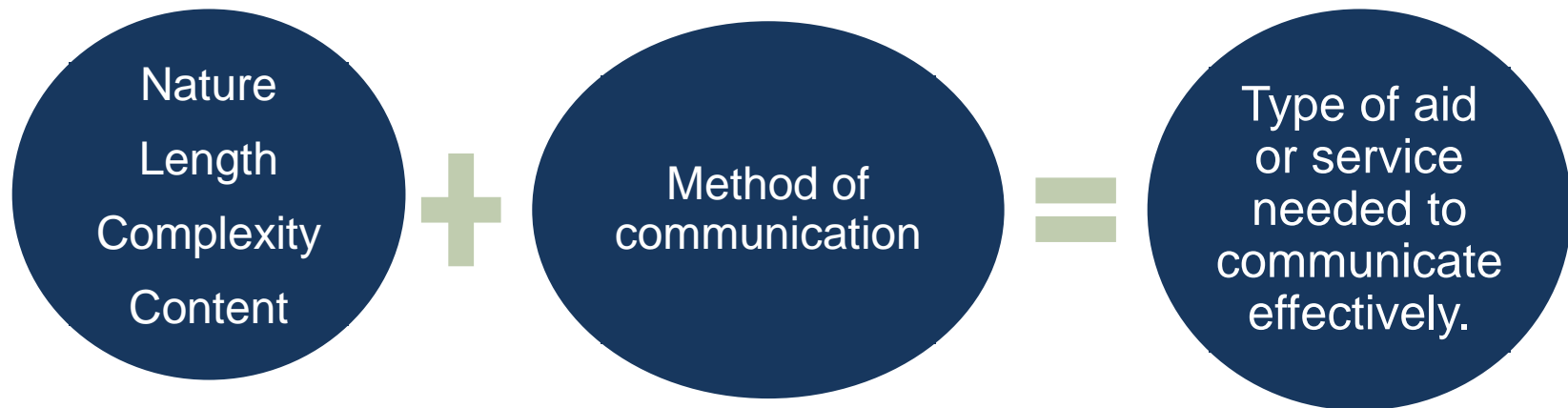
Communication Access Barriers to Health Care: Qualifications and Availability of Sign Language Interpreters in North Carolina

NCIOM Task Force on Health Services for
Individuals Who are Deaf and Hard of Hearing

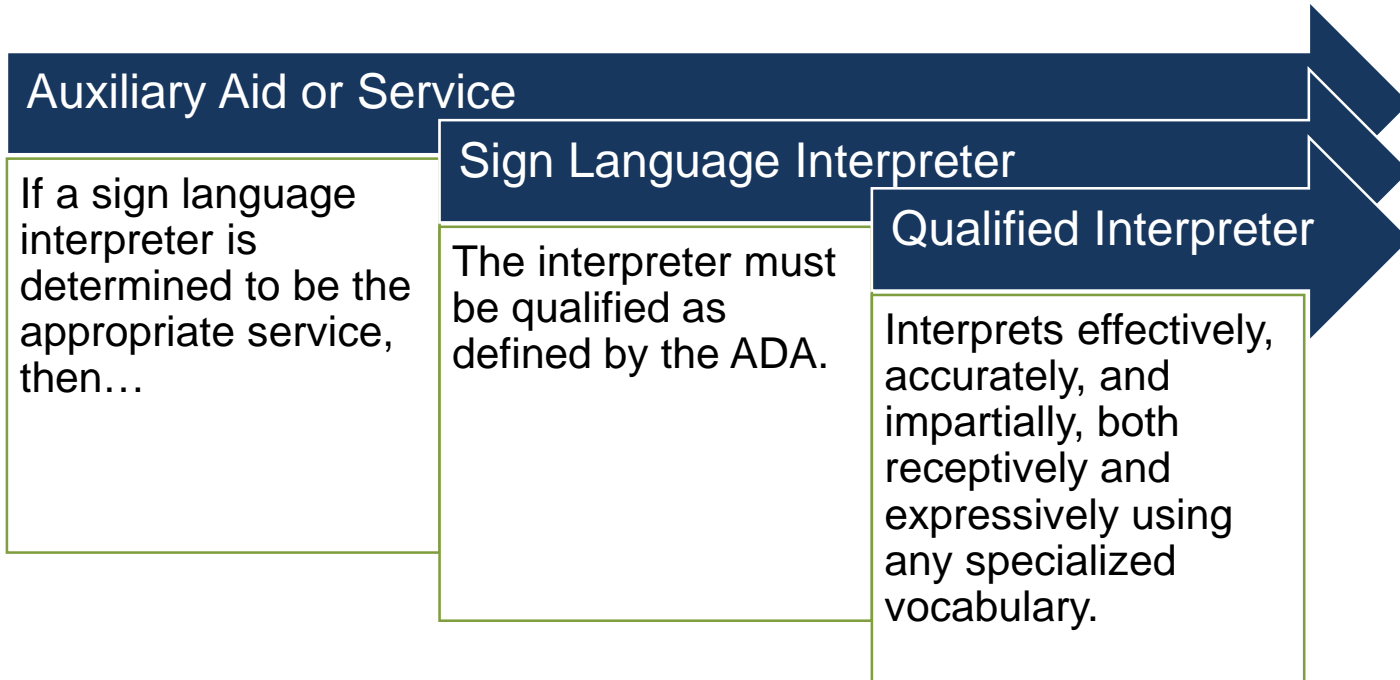
May 3, 2019

The Americans with Disabilities Act (ADA) and Communication Access

Effective Communication



Ensure No Individual with a Disability is Excluded



Spoken vs. Signed Language

ENGLISH

ASL



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Qualified interpreters for medical settings

According to the CATIE Center at St. Catherine University, a collaborative focused on education and research efforts to provide resources for interpreting in healthcare settings, interpreters considering entering the field of healthcare interpreting should have at least the following prerequisites:

- Have three years of recent interpreting experience in various settings
- Have B.A. or B.S. degree
- Have RID, NAD, or BEI certification
- Have documentation of current inoculations
- Comply with all security and background check requirements
- Complete 50 hours observing healthcare interpreting



Requirements for interpreter licensure in NC

Full Licensure

- Holds a valid National Association of the Deaf (NAD), level 4 or 5 certification.
or,
- Nationally certified by the Registry of Interpreters for the Deaf, Inc. (RID).
or,
- Holds a quality assurance North Carolina Interpreter Classification System (NCICS) level A or B classification in effect on January 1, 2000.

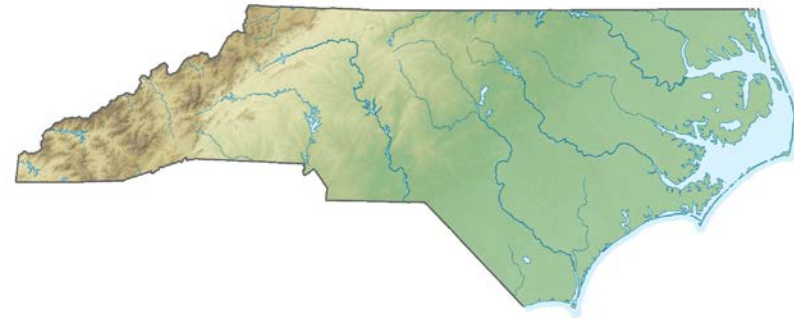
Provisional Licensure

- Holds a valid National Association of the Deaf (NAD) level 2 or 3 certification
or,
- Holds a quality assurance North Carolina Interpreter Classification System (NCICS) level C classification.
or,
- Holds a current Educational Interpreter Performance Assessment (EIPA) level 3 or above classification.
or,
- Holds at least a two-year interpreting degree from a regionally accredited institution.
or
- Has accumulated 200 hours per year in the provision of interpreting or transliterating services, in this State or another state, totaling 400 hours for the two years immediately preceding the date of application.

Availability of Qualified Interpreters (as of March, 2019)

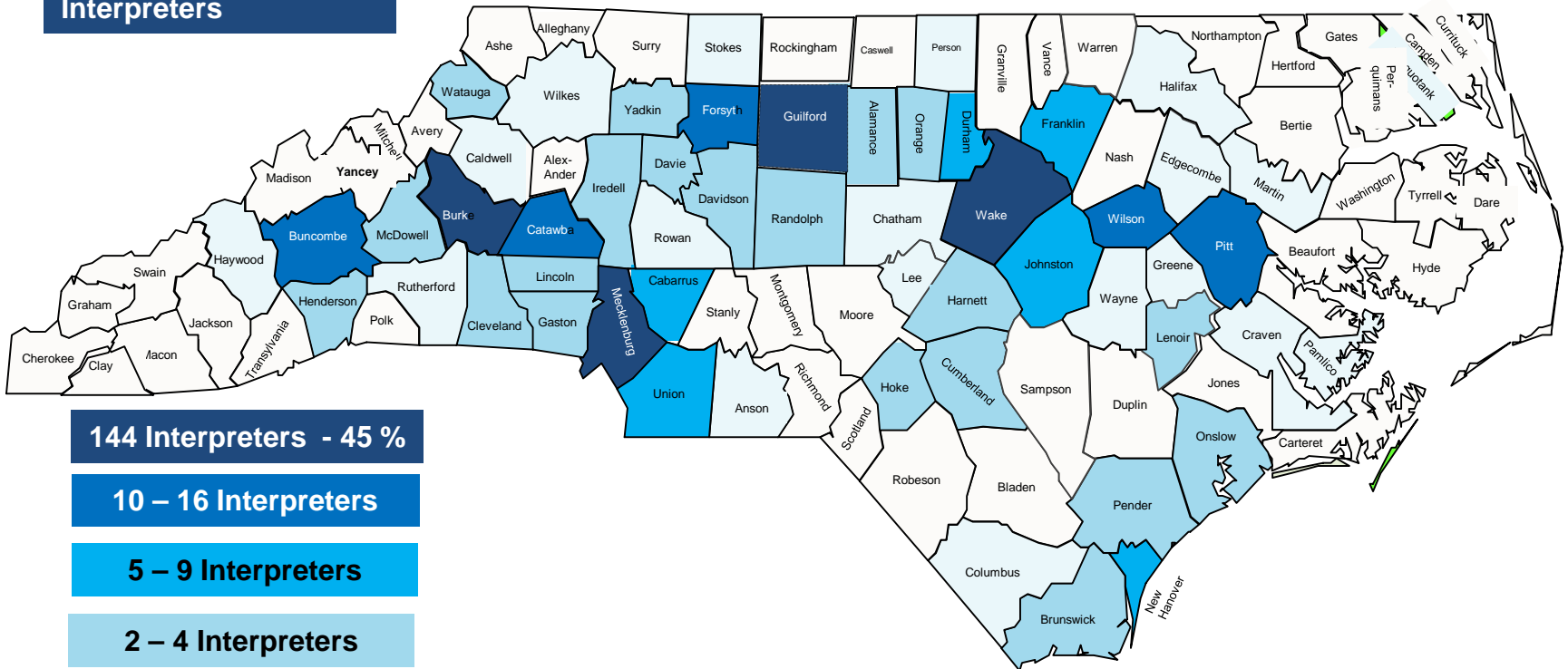
Geographic Distribution of Qualified Interpreters

- 325 Fully Licensed SL interpreters...
- 62% reside in 8 of the 100 NC counties;
- 45% reside in 4 counties - Wake, Mecklenburg, Guilford, and Burke
- 46% of NC's counties have none; and
- 31% of NC counties only have at least 1 or 2



Locations of Qualified Interpreters

325 Fully Licensed Interpreters



144 Interpreters - 45 %

10 – 16 Interpreters

5 – 9 Interpreters

2 – 4 Interpreters

1 Interpreter

0 Interpreters

Availability of Qualified Interpreters

Distribution of Qualified Interpreters

- Setting: healthcare, business/professional, legal, vocational training, government, post-secondary education, K-12 education, video remote interpreting (VRI), video relay services (VRS).
- Time: Part time workers, work in other professions, work as staff interpreters, not working at all. Most interpreters work as independent contractors.

Video Remote Interpreting Solution (?)



- **High speed internet-based video connection to provide visual access to an interpreter who is in a different physical location than the patient and provider.**

VRI from the Provider's Perspective

Easier access to an interpreter and time saved by not having to wait for an on-site interpreter to arrive.

Potential for cost savings.

Potential to provide informed, life-saving care to the patient shortly upon their arrival for health care.



VRI from the Patient's Perspective

Only an interim solution when on-site interpreting is not immediately available.

Inaccessible for deaf patients with vision loss; cognitive, psychiatric, or linguistic difficulties; in certain physical positions, or under medication or fatigue.

Other limitations: technology, training, availability/effectiveness for certain types of assignments.



VRI from the DOJ's Perspective

Final revised ADA regulations established in 2010 give covered entities the choice of using VRI or on-site interpreters in situations where they could be effective. If VRI is chosen, *all* of the following specific performance standards must be met:

Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication.

A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the face, arms, hands, and fingers of the person using sign language, regardless of his or her body position.

A clear, audible transmission of voices and adequate staff training to ensure quick set-up and proper operation.

VRI from the NAD's Perspective

The most controversial use of VRI has been in the medical setting, where use of VRI has exploded without input from the deaf and hard of hearing community and without meaningful regulation of how VRI technology is used in this setting.

The use of on-site qualified sign language interpreters should always be the first approach with deaf and hard of hearing patients and companions who use sign language.

When VRI is used in the absence of any available on-site interpreter, it must be used properly in terms of policy, procedure, and technology.

Failure to conform to these standards is not only a failure to ensure effective communication under federal law but also creates unnecessary risks to the medical welfare and health care of deaf and hard of hearing individuals.

VRI Recommendations

Currently, VRI vendors and the entities that contract with them are defining the level of quality of services that are provided, with little or no input from the Deaf community or the field of sign language professionals.*

Providers must give primary consideration to the communication requests of the deaf or hard of hearing individual.*

Network and connectivity standards that ensure uninterrupted and continuous video transmission.*

Standardized training modules on VRI use must be regularly provided to staff.

Specific standards governing the qualifications of interpreters.*

*Minimum standards for Video Remote Interpreting Services in Medical Settings: www.nad.org

Pathways to the interpreting profession

- Interpreter Education Programs
 - 4 year programs
 - UNC-Greensboro
 - Gardner-Webb University (Interpreting Minor)
 - 2 year programs
 - Wilson Community College
 - Cape Fear Community College
 - Central Piedmont Community College
 - Western Piedmont Community College
 - Blue Ridge Community College

Pathways to the interpreting profession

- **Interpreter Education Program Graduates:**
 - Typically do not demonstrate fluency in ASL.
 - Are limited in the range of populations and settings in which they can begin to gain work experience.
 - Have no formal, supervised pathway available to continue skill development.
 - Often find employment within one year of graduation in K-12 settings.
 - Need mentoring!

Cogen, Cathy, and Dennis Cokely. "Preparing interpreters for tomorrow: Report on a study of emerging trends in interpreting and implications for interpreter education." *Boston, Massachusetts: National Interpreter Education center* (2015).

Untapped pathways to the interpreting profession

Recruitment of:

- Already-fluent signers (children, siblings, and other family members of signing Deaf adults)
- Deaf people to become Deaf interpreters
- High school graduates who have taken ASL classes as a foreign language (Currently very few districts offer ASL in NC)