



2012

*A Three-Year Journey to
Credentialing Excellence*

A Message From CCHI's Founding Chair

In the three years since CCHI launched, we have accomplished an amazing amount. As the founding Chair of CCHI, I am both thrilled and awed with our progress. And we are all incredibly thankful for the participation of literally thousands of volunteers to ensure that our credentialing program was truly developed **by** interpreters and **for** interpreters. CCHI continues its commitment to administering a national, valid, credible and vendor-neutral certification program. All of our work complies with the national standards established for certification programs from the National Commission for Certifying Agencies (NCCA) and we are proud to have recently received NCCA Accreditation.



As the numbers of Limited English Proficiency (LEP) patients continue to grow, the demand for competent interpreting services increases. As these services become integrated into the delivery of culturally competent and patient-centered health care, the need to create formal systems for assessing the competence of interpreters to avoid medical harm, ensure effective communication, and provide truly patient-centered care is growing.

Providers, healthcare administrators, coordinators of interpreting services and other interested parties are now realizing the significant benefits of working with trained and qualified interpreters. Further, providing effective language services is required by federal law for virtually all healthcare providers. Over twenty years of efforts have been building to develop a national certification program for healthcare interpreters. The Certification Commission for Healthcare Interpreters (CCHI) was formed to create a national, valid, credible and vendor-neutral certification program in the U.S. that honors the twenty-plus years of conversations and movement towards certification.

We have been working with some of the most highly recognized experts in the certification industry. These companies have over 100 years of combined experience in developing certification examinations. CCHI has grown from our 13 original Commissioners to a community of thousands. The benefits of CCHI's national healthcare interpreter certification extend to patients, interpreters, healthcare providers, healthcare administrators, coordinators of interpreting services, educators, and language services companies.

We could not have achieved all of this without the involvement, support, feedback and encouragement of our stakeholders. We look forward to expanding the number of healthcare interpreters who receive a valid and credible credential that documents the knowledge, skills and abilities necessary to perform as a competent healthcare interpreter.

Mara Youdelman
Founding Chair
Certification Commission for Healthcare Interpreters



Robert Wood Johnson Foundation

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Table of Contents

CCHI Timeline – From Launch to National Accreditation	5
The Need for Qualified Healthcare Interpreters	6
History of Healthcare Interpreter Certification.....	8
CCHI's Mission	9
CCHI Commissioners.....	10
CCHI Advisors	14
Policy & Industry Stakeholder Advisory Panel	
Certification Program Expert Advisory Panel	
Consultants	
Certification Program Development	15
Job Task Analysis (JTA) Panel	
CCHI Examination Content	
CCHI Examination Development	
The CCHI Community.....	19
AHI™ Credential Recipients	
CHI™ Certification Recipients	
CCHI Website	
CCHI News and Updates	
Benefits of CCHI Certification.....	22
Supporters	24



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CCHI Certification Program...

*a national, valid, credible, vendor-neutral
certification program for healthcare interpreters*

Certified Healthcare Interpreter™ (CHI™)

The CHI™ credential is available for Arabic, Mandarin, and Spanish. A CHI™ has been tested on the most critical knowledge, skills and abilities required of a healthcare interpreter. A CHI™ must first complete the AHI™ examination, plus an oral performance examination testing the CHI's interpreting skills and abilities in consecutive and simultaneous interpreting, sight translation and translation.



Associate Healthcare Interpreter™ (AHI™)

An AHI™ has been tested on only a part of the knowledge, skills and abilities that are required of a healthcare interpreter. The AHI™ examination tests interpreters on the most critical knowledge related to: managing an interpreting encounter; healthcare terminology; interacting with other healthcare professionals; preparing for an interpreting encounter; and cultural responsiveness.



"I am really pleased that CCHI is undertaking the development of this certification process.

It will meet a critical need expressed often by our member hospitals. They need to know that the interpreters they use are competent – whether from an agency or on their staff."

ELLEN PRYGA
Director, Policy
American Hospital Association

CCHI Timeline... *from Launch to National Accreditation*

September 2009	CCHI launches with 13 Commissioners, 20 Advisors, and 40 supporting organizations
September 2009	The California Endowment provides CCHI a grant to conduct a National Job Task Analysis as the foundation for the certification program
October 2009	CCHI calls for volunteers to form the backbone and brainpower of CCHI
November 2009	CCHI forms its Job Task Analysis Panel that represents the individual, geographic and work demographics of the industry to define the healthcare interpreter profession and CCHI's certification programs and exams
January 2010	CCHI conducts a National Job Task Analysis with participation by nearly 2500 individuals representing 141 different languages
February 2010	CCHI launches a healthcare interpreter webinar series to educate interpreters, healthcare providers and others about CCHI's work and the benefits of certification
March 2010	CCHI completes its Certification Test Blueprint providing the overarching framework for CCHI's certification program
March 2010	CCHI selects Castle Worldwide Inc. to develop CCHI's credentialing program with the engagement of thousands of interpreters, interpreter trainers and supervisors, and other stakeholders
April 2010	The Department of Health and Human Services' Office of Minority Health provides CCHI a grant to develop certification examinations
May 2010	CCHI releases the Job Task Analysis Survey Overview and Conclusions defining the knowledge, skills, and abilities of healthcare interpreters
July 2010	CCHI launches the Associate Healthcare Interpreter™ (AHI™) examination for all interpreters regardless of the language in which they provide interpreting services
July 2010	CCHI launches the Certified Healthcare Interpreter™ (CHI™) examination for Spanish interpreters
July 2010	The California Endowment provides CCHI a grant to support the completion and launch of CCHI's first test for entry-level healthcare interpreters
January 2011	CCHI awards first CHI™ and AHI™ credentials to 235 healthcare interpreters in 31 states
April 2011	The Department of Health and Human Services' Office of Minority Health funds a CCHI project as part of a comprehensive effort to address differences in health for racial, ethnic, and other underserved communities
June 2011	The Robert Wood Johnson Foundation provides CCHI a grant to develop the CHI™ examination in two additional languages and conduct educational activities to help interpreters, trainers, supervisors and healthcare providers understand and use certification appropriately
July 2011	CCHI releases the Technical Report on the Development and Pilot Testing of the CCHI Examinations confirming the examination's validity
August 2011	Mandarin and Arabic are selected as the next two languages for the CHI™ oral performance examination
September 2011	CCHI develops education and outreach materials for healthcare providers, training organizations and interpreters
October 2011	CCHI launches the nation's first Professional Profile for Healthcare Interpreters, a national community through which interpreters can build and maintain their individual professional profile
December 2011	CCHI initiates the Languages of Lesser Diffusion Credentialing Task Force
January 2012	Applications for AHI™ and CHI™ credentials hit the 1000 mark
February 2012	CCHI launches a credential verification system that provides a searchable interpreter registry through which one can verify a healthcare interpreter's CCHI credential
March 2012	CCHI launches the CHI™ examination for Arabic and Mandarin interpreters
June 2012	CCHI receives accreditation for the CHI™ examination from the National Commission for Certifying Agencies (NCCA)

The Need for Qualified Healthcare Interpreters

A Spanish-speaking patient, presented at the hospital, complained of dizziness, nausea and vomiting. Her past medical history included kidney infection and chronic abdominal pain. Before the patient was treated, she went into cardiac arrest. As a result of untreated fluid in her brain, she suffered irreversible brain damage, became comatose and lapsed into a vegetative state. The emergency room physician wrote in the medical record *"Contact is the daughter, who speaks English and is translating tonight... by telephone."* No competent interpreter was used at any point during the medical encounter and the patient's family alleges the patient did not receive adequate medical care prior to cardiac arrest. The hospital and five physicians paid over \$2 million in damages to the family (Quan 2010).

Unfortunately, this woman and her family are not alone in needing an interpreter to navigate the healthcare system or suffering the consequences from ineffective interpreting.

In 2010, over 25 million individuals spoke English less than "very well", nearly 9% of the U.S. population (U.S. Census Bureau, American Community Survey 2010). Healthcare providers across the country are increasingly treating limited English proficient (LEP) patients:

- 80% of hospitals encounter LEP patients frequently: 63% encounter them daily or weekly, and 17% at least monthly (Hasnain-Wynia 2006).
- 81% of general internal physicians treat LEP patients frequently: 54% at least once a day or a few times a week, and 27% at least a few times per month (Ginsburg 2007).
- 84% of Federally Qualified Health Centers provide clinical services daily to LEP patients: 45% see more than ten patients a day, and 39% see from one to ten LEP patients a day (National Association of Community Health Centers 2008).

In addition to the high numbers of LEP patients treated by healthcare providers across the country, there is also growing recognition of the problems of using untrained and incompetent interpreters.

According to a 2010 study analyzing the claims from one malpractice carrier, researchers identified 2.5% of the carrier's claims involved issues related to language.



As in the example above, many of these cases resulted in patients suffering irreparable harm, and in some cases, death. In one case, a child was used to interpret before she suffered respiratory arrest, and in another case, a patient incorrectly had a leg amputated. The same study noted that in 32 of 35 cases identified as involving language barriers, the healthcare providers did not use competent interpreters. In twelve cases, family members or friends were used as interpreters, including minor children (Quan 2010).

Research documents that the lack of language services can both diminish the quality of health care and/or create significant barriers to care for limited English proficient individuals (see Flores et al. 2003, Gandhi et al. 2000, Pitkin & Baker 2000; Jacobs et al. 2003 contains an annotated bibliography).

In one study, over 25% of LEP patients who needed an interpreter, but did not get one, reported they did not understand their medication instructions. In comparison, in the same study, only two percent of those who did not need an interpreter and those who needed and received one did not understand medication instructions (Andrulis et al. 2002).

Language barriers also impact access to care: non-English speaking patients are less likely to use primary and preventive care and public health services and are more likely to use emergency rooms. Once at the emergency room, they receive far fewer services than do English speaking patients (e.g., Bernstein et al. 2002, Watt et al. 1993, and Fox & Stein 1991).

Further, the problems of using incompetent interpreters – particularly family members and friends but also bilingual staff who have not been assessed for their language proficiency, nor trained as interpreters – have been well documented. The use of untrained family members and friends to interpret for non-English-speaking patients has been associated with omissions, additions, substitutions, volunteered opinions, and semantic errors that can result in serious distortions of the content of physician and patient exchanges (Baker et al. 1996, Woloshin et al. 1995; see also Quan 2010).

One study noted that interpreting errors by “ad hoc” interpreters – including family members and friends – are significantly more likely to have potential clinical consequences than interpreting provided by hospital interpreters (Flores 2003).

As demographic trends continue to evolve, the prevalence, composition and geographic distribution of languages spoken will continue to be fluid and necessitate the ongoing assessment of language needs for LEP patients. Multilingualism is spreading rapidly, in rural states and counties as well as urban environments. Census data shows that between 1990 and 2000, fifteen states experienced more than 100% growth in their LEP populations – Arkansas, Colorado, Georgia, Idaho, Kansas, Kentucky, Minnesota, Nebraska, Nevada, North Carolina, Oregon, South Carolina, Tennessee, Utah and Washington. We are likely to see similar developments with the results of the 2010 Census.

Further, providing effective language services is required by federal law for virtually all healthcare providers. In 1964, Congress passed Title VI of the Civil Rights Act. This is a civil rights law that prohibits discrimination. Its purpose is to ensure that federal money is not used to support healthcare providers who discriminate on the basis of race, color, or national origin.

As the numbers of LEP patients continue to grow, the demand for interpreting services increases. As these services become integrated into the delivery of culturally competent and patient-centered health care, the need to create formal systems for assessing the competence of interpreters to avoid medical harm, ensure effective communication, and provide truly patient-centered care is growing.

Providers, healthcare administrators, coordinators of interpreting services and other interested parties are now realizing the significant benefits of working with trained and qualified interpreters. Some healthcare administrators have sought to establish or validate interpreter credentials through colleague references and referrals, as few universal, interpreter credentialing processes exist. However in neither case is competence actually measured. Since this system of interpreter references and referrals can be unreliable and is certainly inconsistent, there has been growing recognition of the need to develop national standards for training and nationwide certification for healthcare interpreters.

"For years medical interpreting organizations like MAMI (the Multicultural Association of Medical Interpreters) have been promoting the use of trained interpreters without being able to refer to a certification process. Now, at last, we have medical interpreter certification thanks to the professionalism of CCHI.

This independent commission, led by the best in the field, is establishing a National Certification process that will set the standard for medical interpreting and help ensure that the Profession is respected and appreciated as an integral part of the health care industry."

CORNELIA BROWN, PH.D.
Executive Director
Multicultural Association of Medical Interpreters
(MAMI)



History of Healthcare Interpreter Certification

The development of certification for healthcare interpreters has been the focus of discussions for over twenty years. Efforts at developing certification picked up steam after 2006. Throughout 2006 and 2007, the National Council on Interpreting in Health Care (NCIHC) held twelve national forums on certification. In May of 2007 and 2008, Language Line Services (LLS), a for-profit vendor of language services, held the first two National Medical Interpreter Certification Forums in Boston, Massachusetts and Portland, Oregon. Then, in June 2007, the Interpreting Stakeholder Group of Minnesota convened an Expert Panel on Community Interpreter Testing and Certification. The goal of the meeting was to further an ongoing national discussion of certification for healthcare interpreters.

The three goals of the meeting were to:

- Convene a group of people with experience and expertise regarding assessment of interpreter qualifications;
- Begin to assess what we know and what we need to do to build a fair and reliable certification process;
- Explore how state and national initiatives can work together for their mutual benefit.

In addition to ISG members, representatives from NCIHC, California Healthcare Interpreting Association (CHIA), and International Medical Interpreters Association (IMIA) attended. **The recommendations from the meeting were to move forward with certification by identifying a national organizing or coordinating group to take the lead.**

With the recommendations from ISG in hand, NCIHC secured funding from The California Endowment to advance national certification. NCIHC invited CHIA, IMIA, and the American Translators Association (ATA) to form a steering committee for a new coalition, the National Coalition on Health Care Interpreter Certification (NCC). This steering committee met throughout Fall 2007 to discuss how to create a representative body to develop certification.

In early 2008, through an open call for nominations, the NCC Steering Committee selected fourteen additional organizations to participate that represented five stakeholder groups – interpreter associations, purchasers/

users of interpreting services, language companies, educators and researchers, and government/accrediting organizations. The purpose statement of the NCC, agreed to by the eighteen original members, was as follows:

The National Coalition on Healthcare Interpreter Certification (NCC) is committed to developing standards for a valid, credible, inclusive, and transparent national process to ensure competency of healthcare interpreters and improve access and quality of care for patients with limited English proficiency in our culturally diverse communities.

In January 2009, one day prior to the third scheduled NCC in-person meeting, two NCC members – Language Line Services and IMIA – publicly announced their own efforts to develop national certification independent of the NCC. In March 2009, LLS and IMIA announced the formation of the National Board of Certification for Medical Interpreters. LLS and IMIA developed their certification program throughout 2009. In October, 2009, LLS and IMIA opened registration for its certification program at the same time the first members of its National Board of Certification for Medical Interpreters were named.

According to the NBCMI's by-laws, the Board shall have a minimum of seven members and IMIA and LLS will each hold one seat on the Board of Directors in perpetuity as founding organizations and will not be subject to an election process. The NBCMI did not develop its own examinations but licenses its oral examination from Language Line University (LLU, a division of Language Line Services) and its written examination from IMIA.

Further, as stated in NBCMI's by-laws, ***"The National Board does not have the authority to significantly alter the purpose of the certification program, create additional certification programs, or terminate certification programs without the approval of both founding organizations, the International Medical Interpreters Association (IMIA) and Language Line Services (LLS)."*** Further, NBCMI pays LLU \$125 for each oral examination administered and IMIA \$75 for each written exam administered.

In July 2009, seeking a more formal organizational and legal structure to develop certification, fifteen of the NCC's original members created and incorporated the Certification Commission for Healthcare Interpreters (CCHI) to continue the goals of the NCC to develop certification

through an inclusive process involving all stakeholders. CCHI's founders felt strongly about involving a broad array of stakeholders and thus formed advisory panels to bring together many of the healthcare provider associations, policymakers, and experts in certification to advise CCHI.

CCHI's by-laws call for a minimum of 13 members and no seats are provided to any founding member in perpetuity. After its official launch in September

2009, CCHI initiated development of its certification program and will retain full ownership and control over the examinations. No individual, organization, vendor or entity has any financial or other stake in CCHI's program or its administration.

This historical information is based on numerous documents and presentations that are available on CCHI's website at: <http://www.healthcareinterpretercertification.org/about-us/history.html>

"Ours is a place of hope and healing for a particularly diverse international population of patients and families who come to us for lifesaving care, and I believe we understand better than most the importance of making an institutional commitment to ensure competency in language interpretation.

We're absolutely delighted with the Certification Commission for Healthcare Interpreters, and we're pleased that our Senior Diversity Specialist, Elizabeth A. Nguyen, M.A., has been engaged in the formation of this important new organization and the commitment to competency in language interactions in healthcare settings."

RICHARD D. CORDOVA, FACHE, CEO
Children's Hospital Los Angeles

CCHI's Mission

The Certification Commission for Healthcare Interpreters (CCHI) is an independent certification agency and 501(c)(6) organization in compliance with requirements of the Internal Revenue Service (IRS) for certification commissions.

CCHI serves the current and future needs of healthcare interpreters and the stakeholders (healthcare providers and institutions, language services agencies, government agencies, and patients) who are counting on us to provide a trained, qualified, certified and competency-based population of healthcare interpreters. CCHI provides the leadership and the proper legal and operational structures that the entire field of healthcare interpreting needs, desires and deserves.

The vision and long-term goals of CCHI are clear and credible. CCHI commissioners brought together the necessary stakeholders through a non-profit organization whose main mission is to develop and administer a national, valid, credible, vendor-neutral certification program for healthcare interpreters.

NATIONAL..... A portable credential that follows an interpreter throughout their career.

VALID..... The certification test measures what it intends to measure and is based on the knowledge, skills and abilities needed to competently perform the job of healthcare interpreting.

CREDIBLE..... Created by interpreters and other stakeholders, for interpreters and the public good.

VENDOR-NEUTRAL..... Developed from the ground up and not reliant on any existing certification, training, testing or assessment developed or licensed by other organizations.

CCHI Commissioners

The commissioners of CCHI know healthcare interpreting to the depth and extent of their entire working lives in the industry and relationships with thousands of healthcare interpreters. CCHI's successes are a result of the dedication and commitment of its Commissioners.



CATHERINE ANDERSON, M.A.

Manager, Language & Cultural Services, Jewish Vocational Service, Kansas City, MO

Catherine Anderson manages language and cultural services for Jewish Vocational Service, a refugee resettlement agency and licensed provider of Bridging the Gap™. The Language and Cultural Services program offers interpreter services, interpreter training, and cultural competency training in Missouri and across the state of Kansas. Previously, Catherine worked in Boston for 22 years as a teacher, journalist and advocate for immigrant healthcare rights. She was the English editor of Sampan, a New England-wide bilingual newspaper serving the Asian community and located in Boston's Chinatown. Growing up with a brother with autism, Catherine has long been interested in language and healthcare rights and worked for Health Care For All, a Boston non-profit organization advocating healthcare reform. She has written articles on language access and has published two collections of poetry that weave together themes of culture and language. Catherine holds a master's degree from Syracuse University and a bachelor's degree from the University of Missouri.



SHIVA BIDAR-SIELAFF, M.A.

CCHI Treasurer, Spanish & French Interpreter; Director of Interpreter Services & Community Partnerships, University of Wisconsin Hospital & Clinics, Madison, WI

Shiva Bidar-Sielaff is a nationally renowned expert in the field of medical interpreting and published author, Shiva serves on the Board of the National Council on Interpreting in Health Care as the co-chair of the Standards, Training and Certification Committee. Working with other community healthcare partners, her leadership has been instrumental in the development of language access & cultural competency policies and practices in Dane County, Wisconsin. She is the vice-chair of the Dane County Latino Health Council and an Executive Committee member of the Latino Support Network. In April 2000, Shiva received the Dane County Public Health Leadership Award for Multicultural Health Care. She is the 2005 recipient of the Madison YWCA Woman of Distinction Award for her work in fighting inequality and eliminating racism. She obtained her B.A. from the School of Interpreters, University of Hainaut, in Mons, Belgium, and her M.A. from the Monterey Institute of International Studies in Monterey, California.



WAYNE BOATWRIGHT, MHA, CDM

Vice President of Cultural Diversity, Meridian Health

Wayne Boatwright leads diversity initiatives for six hospitals and Meridian Partner Companies for Meridian Health. He has over 20 years of experience partnering with senior management in ensuring the most productive use of human assets. Wayne's areas of focus include diversity management, employee relations, strategic planning, and fostering a culture that makes growth possible. He is a Board member of the Institute for Diversity in Health Management, the United Way of Monmouth County and the FoodBank of Monmouth and Ocean Counties. Wayne holds a master of health administration degree from the University of Phoenix and a bachelor's degree in political science from Francis Marion University.



FREDERICK BW'OMBONGI, M.H.A.

Swahili Interpreter; Manager, Translation and Interpreting Services, Spectrum Health, Grand Rapids, MI

Frederick Bw'Ombongi provides leadership and accountability for the development and implementation of system-wide translation and interpretation systems for Spectrum Health where he participates in trainings and efforts to educate providers and physicians as they relate to translation and interpretation services. Before coming to Spectrum Health, Frederick worked as a preventive health coordinator/case manager at Catholic Human Development Outreach for five years and helped resettle refugees from different parts of the world especially Sudanese, Vietnamese, Cubans, Bosnian, Iraqis, Burundians and Rwandese. He is also an adjunct faculty member at the University of Phoenix.



KATHLEEN K. DIAMOND, M.A.

Association of Language Companies, Washington, DC

Kathleen Diamond is an advocate, entrepreneur, and business leader in the language services industry. In 1979, she founded Language Learning Enterprises, Inc. (LLE®), a full-service language company based in Washington, D.C. Over the next 30 years, the company grew from a sole proprietorship to a dynamic, multimillion dollar corporation, serving a wide variety of clients, in both the private and public sectors, across the United States, and worldwide. In 2009, LLE was acquired by CyraCom International. Kathleen continues her work advocating for the importance and relevance of language services by representing the Association of Language Companies (ALC), being an active member of the Interagency Language Roundtable (ILR) and supporting the formation of an ASTM International Main Committee for Language Services and Products. She earned her M.A. and B.A. from the University of Florida. She is fluent in both Spanish and French.



JONATHAN LEVY, M.A.

Director of Language Services, CyraCom, Tucson, AZ

Jonathan Levy is an experienced educator involved in the testing, training, and provision of interpreters for over 10 years. Jonathan is the former assistant director of the University of Arizona's National Center for Interpretation where he oversaw the creation and implementation of multiple state and federal interpreter testing and training programs. He also co-directed the Professional Language Development Project, a highly successful program to train bilingual secondary students in interpretation and translation techniques. Jonathan holds a master's degree from the University of Arizona in cultural studies and comparative literature and a bachelor's degree from the University of Chicago in Asian and African history. He is a member of the Board of Directors of the California Healthcare Interpreting Association and is a member of the National Association of Judicial Interpreters and Translators, sitting on the Community Liaison Committee.



ALEJANDRO MALDONADO, B.A.

**Spanish Interpreter; Limited English Proficiency Coordinator,
Minnesota Department of Human Services, St. Paul, MN**

Alejandro Maldonado serves in different committees related to language access to reduce disparities to people with LEP and addresses disparity to access and services in healthcare and social services in the state of Minnesota. He has worked in and with government agencies to move Minnesota towards developing an interpreter registry and served on an executive committee that produced a report for the state legislature on access and interpreting services in the medical field. He also works with the Interpreting Stakeholder Group, is an active member of the Latino Advisory Committee providing advice to the Minneapolis Mayor's Office and City Council, and has been a well-recognized active professional interpreter by his colleagues in the medical field for almost two decades. In addition to the study of linguistics and interpreting, Alejandro founded Avante Enterprises and flies charitable missions for Angel Flight Central.



NATALYA MYTAREVA, CCHI Chair

Russian Interpreter; Communications Programs Director, International Institute of Akron, Inc., Akron, OH

Natalya Mytareva, a Russian interpreter/translator, started her career as instructor of various Russian/English interpretation and translation courses at Volgograd State University (Russia) in 1991. Since 2000, she has been with the International Institute of Akron, Inc. (IIA), responsible for coordinating the interpreting and translation services and interpreter and cultural competence training programs. Since 2003, Natalya has been teaching introductory courses to healthcare interpreters at various facilities in Ohio (including some of the Cleveland Clinic Foundation). She co-taught a graduate-level course Introduction to Health Care Interpreting at Kent State University (Fall 2005). Natalya is the author and instructor of a 60-hour course for interpreters of languages of lesser diffusion, Beyond-the-Basics Interpreter Terminology & Skills (BITS), which includes a 24-hour module, BITS for Health Care. The course has been offered at the IIA since 2008. Natalya has delivered a variety of presentations for healthcare and social service providers on cultural competence, working with interpreters and serving newly resettled refugee populations. She holds a degree from Volgograd State University (comparable to the U.S. M.A. degree) in philology & teaching English as a foreign language.

"CCHI exists to be the one voice, with one set of industry-formed and approved standards, working to achieve an assurance of competency and proper training for healthcare interpreters through an accredited vendor-neutral professional certification program."

SHIVE BIDAR-SIELAFF

CCHI Commissioner

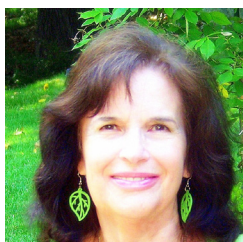
Director of Interpreter Services & Community Partnerships
University of Wisconsin Hospital & Clinics, Madison, WI



ELIZABETH NGUYEN, M.A., CCHI Secretary

Vietnamese and French Interpreter; Senior Diversity Specialist, Children's Hospital Los Angeles, Los Angeles, CA

Elizabeth Nguyen is responsible for the development and maintenance of cultural and linguistic educational programs. Originally from Saigon, Vietnam, she speaks French and Vietnamese, has a degree in French literature and philosophy, and a master's degree in applied linguistics. Elizabeth is the immediate past president of California Healthcare Interpreting Association (CHIA), the former co-chair of CHIA Standards and Certification Committee and Education Committee, and the co-author of "CHIA California Standards for Healthcare Interpreters." She contributed to the development of several interpreter-training programs such as "Connecting Worlds" funded by The California Endowment; is a "Connecting Worlds" trainer and a graduate of the American Society for Training and Development. Her passion for advancing the health interpreting profession and her commitment to equal access to care for limited English-proficient patients have led her through multiple arenas of activities that include interpreter training, curriculum development, cultural competency training, consumer advocacy and national speaking engagements.



VIRGINIA PÉREZ-SANTALLÁ, C.T.

Spanish/English Translator and Interpreter; Officer of the Board of Directors, American Translators Association, ATA Eng>Spa and Federally Certified, New Brunswick, NJ

Virginia Pérez-Santallá was born and raised in Cuba. She became a translator and received her American Translators Association certification in the early '80s. She then diversified into interpreting. She took the N.J. court interpreters examination in 1989 being classified as Master Interpreter. In 1993 Virginia passed the Federal Court Interpreters Examination. She is also a sought-after conference interpreter, experienced in many fields. Virginia became assistant administrator of the Spanish Language Division of the ATA from 2000 to 2004. As chairperson of the committee, she was instrumental in organizing the division's first three conferences. In 2003, Virginia was nominated as candidate for a Board of Directors position in the American Translators Association and was elected at the conference in Phoenix, AZ. In 2007, she was then nominated, unopposed, and elected to the position of ATA Board Secretary and member of the Executive Committee.



KARIN RUSCHKE, M.A., CCHI Vice-Chair, Certification

German Interpreter; President, International Language Services, Inc., Chicago, IL

Karin Ruschke heads her own full-service agency providing telephone, high definition video remote (VRI) and on-site interpreting, written translation services and training to clients nationwide. She has developed a comprehensive 65-hour training and professional internship program for interpreters in healthcare addressing the rigorous standards of accuracy, confidentiality, role boundaries and cultural-sensitivity, improving the effectiveness and professionalism of healthcare interpreting. Skill development training materials can be found on her website at www.ilschicago.com. Karin is actively involved in all aspects of developing the healthcare interpreting industry, playing an integral role in advancing the field of healthcare interpreting. She ended her service as a board member of the National Council on Interpreting in Health Care in May 2011 after co-chairing the Standards, Training and Certification Committee (STC) from 1999 to 2011, during which time the committee published the National Code of Ethics and Standards of Practice for Interpreters in Health Care, as well as National Standards for Healthcare Interpreter Training Programs. A technical advisor on The Joint Commission research project, Hospitals, Language and Culture: A Snapshot of the Nation, Karin was one of only 26 members on the expert advisory panel for the Commission's project, Developing Hospital Standards for Culturally Competent Patient-Centered Care: A Roadmap for Hospitals. Karin currently serves as CCHI's Vice-Chair, Certification. Karin is a nationally recognized speaker on topics such as healthcare interpreter assessment, training and mentoring, interpreter services issues relating to LEP patient care and other topics related to language access issues.



MARA YUDELMAN, J.D., LL.M.

Managing Attorney, National Health Law Program (NHeLP), Washington, DC

Mara Youdelman has worked at the National Health Law Program (NHeLP) since August 2000. Mara is co-author of *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities* and, for The Commonwealth Fund, three reports on promising practices for providing language services in healthcare settings, small healthcare provider settings and state and local benefit offices. Recognized as a national expert on language access, she has participated on expert advisory panels for the Robert Wood Johnson Foundation, the National Committee for Quality Assurance, the American Medical Association's Ethical Force Program, the National Quality Forum, and The Joint Commission. Prior to NHeLP, Mara completed a teaching fellowship at Georgetown University Law Center's Federal Legislation Clinic. Mara earned her J.D. from Boston University School of Law and her LL.M. in Advocacy from Georgetown University Law Center.

Former Commissioners:



FREDERICK D. HOBBY, M.A.

**President & CEO, Institute for Diversity in Health Management,
an affiliate of the American Hospital Association, Chicago, IL**

Frederick Hobby has developed tools and resources to enhance diversity in our nation's hospitals and helped healthcare organizations with diversity activities. Before joining the Institute, Fred spent 10 years with the Greenville Hospital System, a 1,086-bed acute care teaching hospital system. As administrator and chief diversity officer, he developed and implemented a system-wide diversity initiative that is nationally recognized for its comprehensiveness and success. Fred is a member of the American College of Healthcare Executives and founding president of the South Carolina Chapter, National Association of Health Services Executives, 1993-1996. Fred received a bachelor's degree in history/political science from Kentucky State University in Frankfort, KY and a master's degree in sociology from Washington University in St. Louis. Fred was listed as one of the "96 Most Powerful People in Healthcare" by *Modern Healthcare Magazine*.



MARIA MICHALCZYK, R.N., M.A.

President, Coram Specialty Infusion Services; AHA Training Center Coordinator, Portland, OR

Maria Michalczyk founded and directed the Healthcare Interpreter Training program at Portland Community College in Portland, Oregon. Maria has worked as a healthcare professional for over 38 years in critical care, utilization review services and general nursing duties. She has worked for the Oregon Health Sciences University as a medical interpreter manager and diversity training instructor, as an R.N. in Riyadh, Saudi Arabia, and was involved in the ASTM National Workgroup on setting national guidelines on medical interpretation. Maria has served on the Board of Directors of the National Council on Interpreting in Health Care since 2001, serving as co-chair of the Organizational Development Committee and co-chair of the Board. Maria has also served as the honorary chair for the Japanese Association for Healthcare Interpreting in Japan since 2006. In April of 2006, Maria was awarded the "Governor John Kitzhaber Public Health Leadership Award" granted by Multnomah County Health Department in Oregon. She holds a B.S. in general science and an M.A. in anthropology from Portland State University, and a degree in nursing from the University of Guam.

"As a neutral party, CCHI now takes leadership in the national dialogue on certification of healthcare interpreters with its primary interest focused on assuring the well-being of those who need interpreting services."

KARIN RUSCHKE
CCHI Commissioner

President, International Language Services, Inc., Chicago IL

CCHI Advisors

Through its Advisory Committees, CCHI involved all key stakeholders in the field – interpreters, federal and state policymakers, healthcare providers and language services companies. CCHI also invited developers and owners of existing healthcare or interpreting certification programs to serve as advisors through the development process. The involvement of all stakeholders plus certification experts resulted in a well-conceived certification program that is respectful of the many cultural and linguistic groups represented in this profession while developing a system that is of rigorous technical quality.

Policy & Industry Stakeholder Advisory Panel

SUSAN S. ABRAMSON, M.H.S.

Director, Public Health Policy Center
American Public Health Association (APHA)

TRICIA BARRETT, M.A.

Vice President, Product Development
National Committee for Quality Assurance (NCQA)

IGNATIUS BAU

Health Policy Consultant

JEFF CABALLERO, M.P.H.

Executive Director, Association of Asian Pacific
Community Health Organizations (AAPCHO)

RITA CARREÓN

Deputy Director, Clinical Strategies & Health Care Equity
America's Health Insurance Plans (AHIP)

KATHLEEN A. CURRAN

Senior Director of Public Policy
Catholic Health Association (CHA)

CARLOS JAVIER GONZÁLEZ, B.A.

Director of Language Initiatives
Center for Immigrant Health, NYU School of Medicine

TANYA LOPEZ

Senior Research Associate, American Medical Association (AMA)

EDWARD L. MARTINEZ, M.S.

Senior Consultant, National Association of
Public Hospitals and Health Systems (NAPH)

ANN MORSE

Program Director, Immigrant Policy Project
National Conference of State Legislatures (NCSL)

GUADALUPE PACHECO, JR., M.S.W.

Special Assistant to the Director, Office of Minority Health
U.S. Department of Health and Human Services

ELLEN PRYGA

Director, Policy, American Hospital Association (AHA)

ELENA V. RIOS, M.D., M.S.P.H.

President & CEO, National Hispanic Medical Association (NHMA),
and President, National Hispanic Health Foundation (NHHF)

GAYLE TANG, M.S.N., R.N.

Senior Director, National Linguistic and Diversity Infrastructure
Management, National Diversity
Kaiser Permanente

HO TRAN, M.D., M.P.H.

President & CEO
National Council of Asian and Pacific Islander Physicians (NCAPIP)

LOIS WESSEL, R.N., C.F.N.P.

Associate Director for Programs
Association of Clinicians for the Underserved (ACU)

AMY WILSON-STRONKS

Independent Advocate, Consultant, and Researcher

ELLEN WU, M.P.H.

Executive Director, California Pan-Ethnic Health Network (CPEHN)

Certification Program Expert Advisory Panel

CAROLA E. GREEN

Coordinator for Court Interpreting Testing Services & Operations,
National Center for State Courts, Research Division

MICHAEL C. MARTIN

Credentialing Consultant, and Past-President,
Institute for Credentialing Excellence (formerly NOCA)

HOLLY MIKKELSON

Certified Spanish Interpreter & Translator
Associate Professor of Translation and Interpretation
Monterey Institute of International Studies

LAURIE SWABEY, PH.D.

Principal Investigator, Collaboration for the Advancement of
Teaching Interpreter Excellence (CATIE)

Consultants

JERALD A. JACOBS, ESQ.

Partner, Pillsbury Winthrop Shaw Pittman, LLP; and
Co-Author of *Certification and Accreditation Law Handbook*

GEORGIA PATRICK

President, The Communicators, Inc.

CHERYL L. WILD, PH.D., CQA

Author of *Improving Testing: Applying Process Tools and
Techniques to Assure Quality*

Certification Program Development

The Certification Commission for Healthcare Interpreters (CCHI) believes that any effort to develop national certification and standards for pre-qualifications, training and continuing education must be a collaborative, consensus-driven process in which all stakeholders have the opportunity to participate.

The development of a national certification process goes beyond the creation of a test. Certification is a complex process in any field but especially so in a field in which the content is steeped in difficult linguistic and cultural issues. CCHI wholeheartedly agrees with the need for scientifically rigorous assessment methodologies but also wanted to create an equitable and fair process that will allow all competent interpreters, regardless of background, to be able to demonstrate the knowledge and skills they possess as interpreters. CCHI does not want high numbers of good interpreters failing simply because of a certification tool's inability to adequately assess knowledge and skills across cultural and linguistic differences.

Job Task Analysis (JTA) Panel

CCHI began the development of a national certification program by conducting the job task analysis (JTA) that created a current definition of the healthcare interpreting profession through an unbiased, scientific study. CCHI gathered ten healthcare interpreting professionals who represent the individual, geographic and work demographics of the industry.

Distinguished members of this Job Task Analysis Panel included the following healthcare interpreters:

SONIA BOWE-GUTMAN

Health Partners/Regions, Minneapolis, MN

AJDIN CAMAGA

Spectrum Health, Grand Rapids, MI

ABDIWELI FARAH

Jewish Vocational Service, Kansas City, MO

JEANNE FARROW

University of Wisconsin Medical Center, Seattle, WA

MARÍA ELENA GAITÁN

Office of Diversity & Cultural Competency-
Los Angeles County, Los Angeles, CA

JEANETTE HIGGINS

JMH International LLC, Columbia, MD

MARIA LARA

Greenville Hospital System, Greenville, NC

LIEN HUYNH

International Language Services, Chicago, IL

JASBEER RATTY

Harborview Medical Center, Seattle, WA

DI WU

Midwest Association of Translators and Interpreters,
Kokomo, IN

The JTA is the primary mechanism for establishing the job-relatedness of decisions concerning standards for professional certification and for supporting arguments of content validity for examinations.

The process started with the JTA panel defining the tasks performed by healthcare interpreters and the knowledge, skill and ability (KSA) believed to be important for competent performance of those tasks. This panel of experts came to consensus on the characteristics of individuals for whom CCHI's first certification is designed – the entry level healthcare interpreter:

A person who is able to perform the functions of an entry level healthcare interpreter competently and independently in a healthcare setting with the knowledge, skill and ability required to relay messages accurately from a source language to a target language in a culturally competent manner and in accordance with established ethical standards.

Next, a nationwide survey was conducted to gather information on the KSAs identified by the JTA panel. All members of the interpreting field were invited to participate so that CCHI could hear their voice and develop a certification program that reflects their needs. The survey was open for two weeks and 2,479 interpreters, supervisors of interpreters, and trainers responded representing healthcare interpreting services in 141 languages.

This represented an excellent response rate and well exceeded the minimum required for statistically reliable results for the study. The distribution of the demographic characteristics of the respondent population was reviewed by subject matter experts and is representative of the breadth of the profession.

The Job Task Analysis provided the framework for CCHI's national, valid, credible, vendor-neutral certification program for healthcare interpreters. CCHI uses this sentence in every piece of collateral because these four adjectives define CCHI's approach, guide the process, and are the critical elements that differentiate CCHI interpreters and the stakeholders who are counting on CCHI to provide a trained, qualified, and certified population of healthcare interpreters.

CCHI Examination Content

CCHI's Job Task Analysis (JTA) provided the overarching framework – **the test blueprint** – for CCHI's certification examination. The test blueprint reflects the intent of the knowledge, skills and abilities defined through the JTA

process as being important for competent performance of the job of healthcare interpreters and how the knowledge, skills and abilities should be grouped and weighted to produce a valid and reliable examination.

The analysis of the data collected through this Job Task Analysis study confirms that the study appropriately and accurately identified the tasks performed by entry level healthcare interpreters and the KSAs required to perform those tasks. Therefore, CCHI had what it needed in an examination specification document to achieve a valid, fair and legally defensible certification examination.

CCHI's Job Task Analysis resulted in tasks and KSAs that differed in the manner in which they may be tested. Those KSAs that can be tested through selected response items (such as written multiple-choice items) were grouped separately from those KSAs that must be tested through a performance-based testing format requiring oral responses.

This separation resulted in a test blueprint that includes a two-part examination summarized below:

AHI™ Examination

MANAGING HEALTHCARE INTERPRETER FUNCTIONS

Manage an Interpreting Encounter.....30% – 35%

- Manage the healthcare encounter
- Maintain ethical standards in the encounter
- Establish ground rules for the healthcare encounter with all participants
- Explain rules of confidentiality to the patient
- Introduce yourself to the patient according to protocols
- Position yourself relative to other participants to manage room dynamics and support communication

Understand Healthcare Terminology22% – 25%

Interact with Other Healthcare Professionals20% – 24%

- Advocate for the patient (e.g., take action on behalf of the patient that goes beyond communication)
- Assist patients in navigating the healthcare system (i.e., structure, procedures, protocols, regulations)
- Debrief with other interpreters or clinicians
- Instruct healthcare providers in how to work with interpreters and patients with limited English proficiency
- Participate in community outreach efforts
- Interpret during patient check-out process (e.g., assisting with prescriptions, appointments, financial)
- Determine interpreting needs of inpatients

Prepare for an Interpreting Encounter16% – 20%

- Determine interpreting mode to be used
- Confirm dialect or regional language issues
- Assess need for personal protective gear and/or universal precautions
- Determine your ability to interpret a healthcare encounter (i.e., an interpreting session)

Demonstrate Cultural Responsiveness3% – 6%

- Perform cultural brokering (e.g., determine, convey and mediate patient's cultural values)

CHI™ Examination

INTERPRETING IN A HEALTHCARE SETTING

Interpret Consecutively.....75% – 80%

Interpret Simultaneously.....10% – 15%

Sight Translate/Translate Healthcare Documents.....10% – 15%

- Sight Translation of Healthcare Documents
- Written Translation of Healthcare Documents

CCHI Examination Development

With the test blueprint in hand, CCHI contracted with Castle Worldwide, Inc., to develop and deploy a psychometrically sound, legally defensible certification exam that is customized to the specific practices of healthcare interpreters. And then in 2011, CCHI contracted with McCann Associates to administer the existing CCHI's examinations and develop certification in the Arabic and Mandarin languages. Of paramount importance in all phases of work related to the CCHI examination program was the plan to acquire accreditation through the National Commission for Certifying Agencies (NCCA). NCCA requirements concerning psychometrics, which concerns how items are developed and validated, how tests are designed and assembled, how standards are set, how tests are scored and how forms of a test are equated, provided direction throughout test design, development, administration, scoring, and equating of the examination.

CCHI Certification and Credentials

A credential is something that shows a person has attained a specific goal or objective. CCHI developed two different types of credentials, a certification and a certificate of accomplishment.

Certification provides a specific type of credential – one that attests that a person has exhibited the minimum knowledge or skills needed to practice in a particular field. In order to offer certification, a program and its examination(s) must cover the body of knowledge required to practice in a given field.

Based on CCHI's Job Task Analysis for healthcare interpreters, the body of knowledge has been divided into two areas:

- Basic knowledge of healthcare interpreting; and
- Oral performance of interpreting knowledge, skills and abilities includes a demonstration of interpreting skills in both consecutive and simultaneous interpreting, sight translation and translation.

The written exam, the Associate Healthcare Interpreter™ (AHI™) examination, focuses on the basics of healthcare interpreting for interpreters who interpret in all languages.

The oral/performance exam, the Certified Healthcare Interpreter™ (CHI™) examination, focuses on consecutive and simultaneous interpreting plus sight translation in a specific language.

The Associate Healthcare Interpreter™ (AHI™) examination consists of 100 four-option, multiple-choice items and measures knowledge that is essential to competence in managing the functions of healthcare interpreters. The examination is entirely in English and the Examination Blueprint detailed the content validated for the role and the number of examination questions for each domain and task.

The Certified Healthcare Interpreter™ (CHI™) examination includes a number of vignettes that assess interpretation for spoken communication and translation for written communication, skills that are essential to competence. The examination is administered by computer in secure, proctored settings, with oral responses stored immediately as they are given on offsite servers. The CHI™ examination was initially developed to test Spanish interpreters and is now available for Arabic and Mandarin interpreters.

Item Writing

Six panels of subject matter experts (SMEs) were selected to write test items, review test items, and determine the cut score for CCHI's AHI™ and CHI™ (English and Spanish) examinations. These SMEs interpret in different languages, including languages of broad, moderate and limited diffusion and collectively, these individuals have over 300 years of interpreting experience. They also represent a mix of native, heritage and non-native English speakers from all parts of the country, have experience in face-to-face and telephonic interpreting, and work in a variety of healthcare settings including hospitals, small private practices, health plans, outpatient clinics, and in health education.

While the majority of the original CHI™ examination SMEs were Spanish interpreters, CCHI also involved interpreters who interpret in other languages since an English template of the CHI™ examination was first developed to use for all CHI™ examinations. That template was then trans-adapted into Spanish during this phase of test development. And in 2011-2012, three panels of Arabic and three panels of Mandarin SMEs developed the CHI™ examinations in these two new languages based on the same template.

Pilot Testing

Test items were compiled into two examination forms for each examination and CCHI recruited qualified individuals to participate in a pilot test of the AHI™ (fall of 2010) and CHI™ examinations (fall of 2010 for Spanish, spring of 2012 for Arabic and Mandarin). Individuals participating in the pilot testing met CCHI's eligibility criteria and represented 26 languages, including languages of major and lesser diffusion. Item responses were analyzed and reviewed by the test development company and then presented to the Cut Score Panel.

Accreditation standards for certification examinations indicate that the method used to determine the level of performance required to pass an examination be consistent with the design and purpose of the examination. CCHI employed the Angoff Modified Technique, which is thought to be the most widely used procedure for establishing criterion-referenced passing points. A standard setting study was conducted and the pass/fail standard for the examinations was established.

Through this process CCHI developed two valid and reliable credentials for healthcare interpreters:

Certified Healthcare Interpreter™ (CHI™)

A CHI™ has been tested on the most critical knowledge, skills and abilities required of a healthcare interpreter. A CHI™ must first complete the AHI™ examination plus an oral performance examination testing the CHI™'s interpreting skills and abilities in consecutive and simultaneous interpreting, sight translation and translation. The CHI™ credential is currently available for Spanish, Arabic, and Mandarin interpreters.



Associate Healthcare Interpreter™ (AHI™)

An AHI™ has been tested on only a part of the knowledge, skills and abilities that are required of a healthcare interpreter. Since the AHI™ examination covers only part of the knowledge, skills and abilities required of healthcare interpreters and does not test an individual's actual interpreting skills and abilities, a certification is not awarded to those who pass this test. Rather, the AHI™ credential (a certificate indicating that the individual has passed the first step in becoming a CHI™ and has shown that he/she has the knowledge required of a certified healthcare interpreter) is available for all interpreters who interpret in a language other than Spanish, Arabic, or Mandarin.

An AHI™ has been tested on the most critical knowledge related to managing an interpreting encounter; healthcare terminology; interacting with other healthcare professionals; preparing for an interpreting encounter; and cultural responsiveness required of a healthcare interpreter but is not tested on the skills and abilities of interpreting. AHI™ is a credential but it is not equivalent to certification.



On behalf of the National Council on Interpreting in Health Care (NCIHC), I applaud the development of CCHI. Its existence is heartening to those of us who remain committed to a single national certification process which will be transparent and which will, in the end, prove to be of greatest benefit to ensuring language access in quality health care. Bravo!

JOY CONNELL, CHAIR
National Council on Interpreting in Health Care

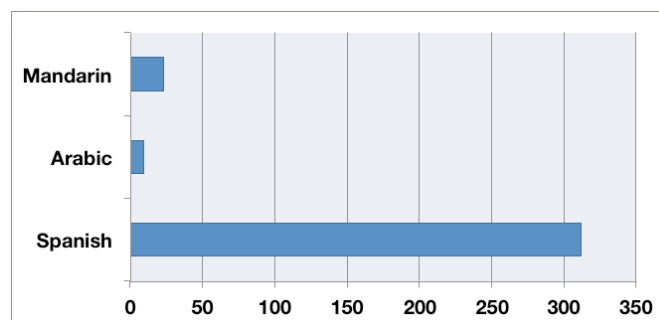
The CCHI Community

The CCHI Community is 4,000 strong and growing. It is hard to believe all this has happened in such a short time. CCHI has grown from 13 original Commissioners to a community of thousands and is proud to be working side by side with the thousands of healthcare interpreters and other stakeholders who have made national credentials for healthcare interpreters a reality.

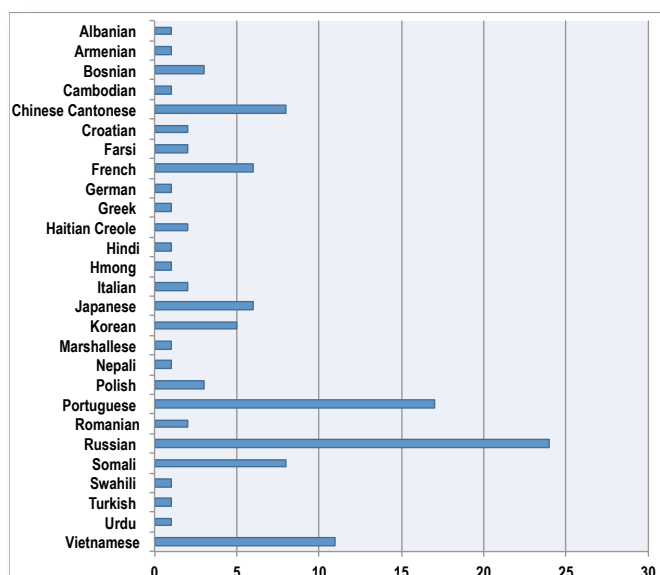
CCHI is leading the national dialogue on healthcare interpreter certification. We would not have achieved all of this without your involvement, support, feedback and encouragement. CCHI looks forward to many more strong years together, to continued participation in CCHI's work, and to expanding the numbers of healthcare interpreters who receive a valid and credible credential that documents the knowledge, skills and abilities necessary to perform as a competent healthcare interpreter.

- 1,664 healthcare interpreters created a CCHI professional profile
- 1,254 healthcare interpreters submitted an application for CCHI's credential program
- 772 healthcare interpreters have taken the AHI™ Exam
- 536 healthcare interpreters have taken the CHI™ Exam
- 165 AHI™ credentials have been awarded representing 29 languages
- 344 CHI™ certifications have been awarded to Spanish, Arabic, and Mandarin interpreters

CHI Certification Recipients



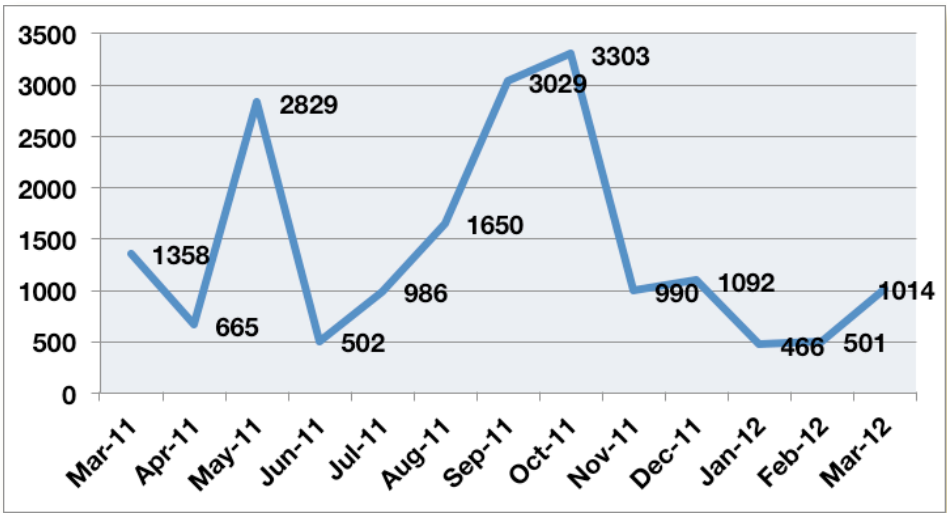
AHI Credential Recipients



CCHI Website

CCHI’s website is leading the dialogue on the healthcare interpreter profession and is visited by hundreds of stakeholders each month. The website tracks unique visitors, unduplicated (counted only once) visitors, to our website each month to ensure that the CCHI Community is engaged and informed.

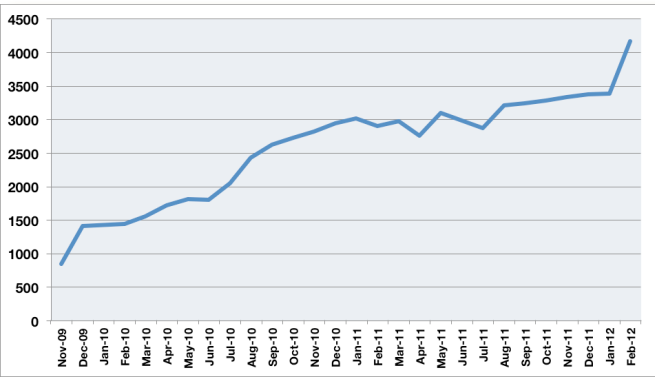
Unique Website Visitors by Month



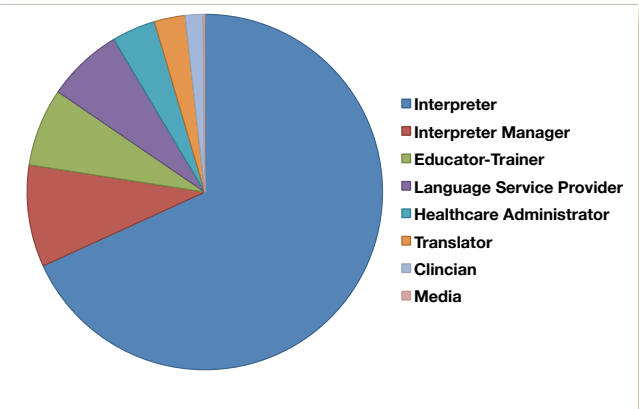
CCHI News & Update

CCHI’s monthly newsletter keeps the CCHI Community informed and in touch. As the only certification body created by interpreters, for interpreters and the public good, thousands of interpreters and users of interpreter services have joined CCHI to define their future and the credentials by which they will be known and respected.

Monthly Newsletter Distribution



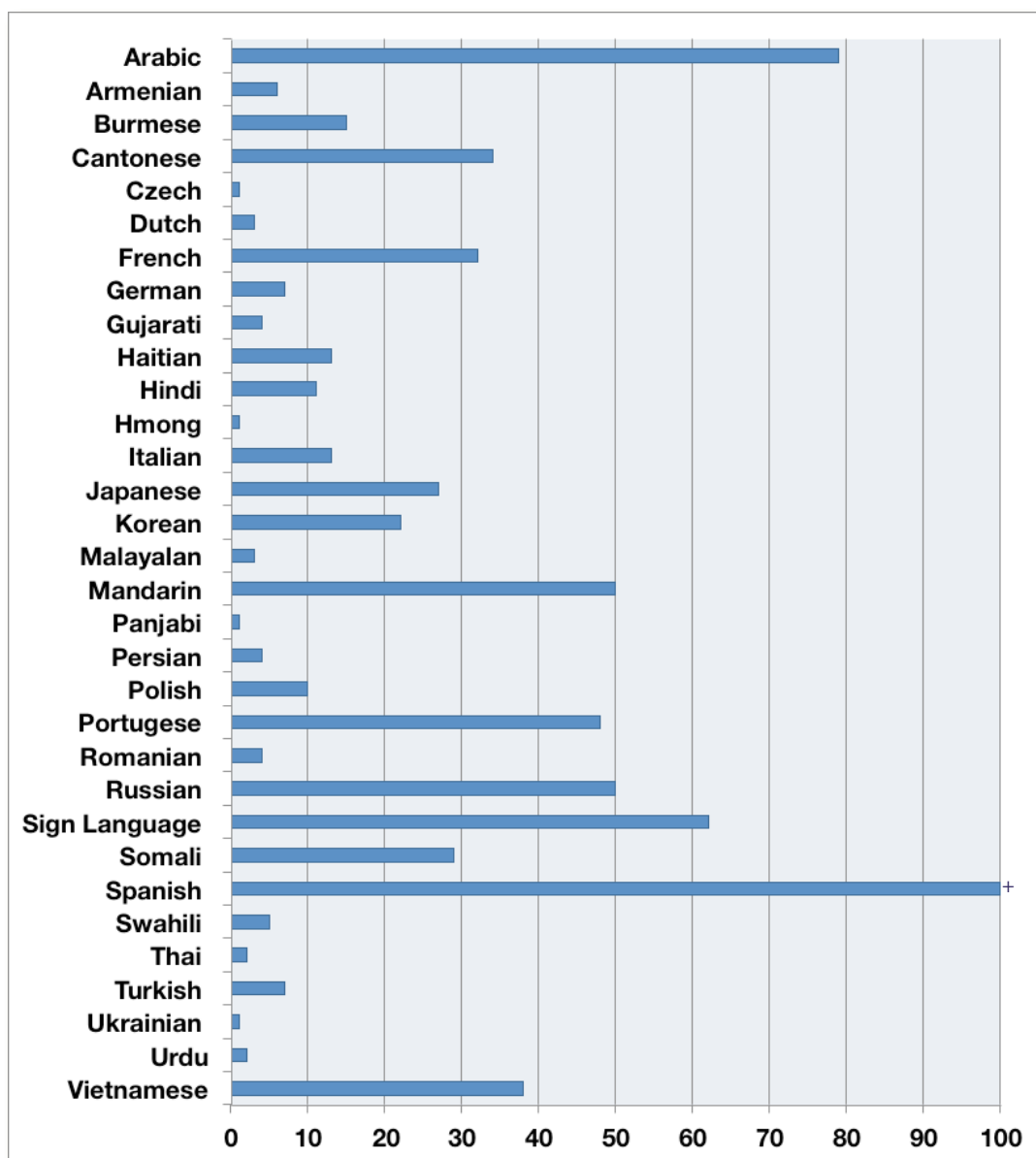
Identified Roles of Newsletter Subscribers



"As our members continue to provide health care for patients from diverse cultural and ethnic backgrounds, CCHI will allow them to enrich the level of culturally and linguistically competent health care service delivery for all patients."

TANYA LOPEZ
Senior Research Associate
American Medical Association

Languages Spoken by Newsletter Subscribers



Benefits of CCHI Certification

The ultimate success of CCHI's certification programs will be defined by the healthcare providers and institutions, language agencies, government agencies, and customers who need a qualified, certified and competency-based population of healthcare interpreters to ensure effective communication and access to high-quality healthcare, and by the healthcare interpreters who participate in CCHI's certification programs.

The benefits of CCHI's national healthcare interpreter certification extend to patients, interpreters, healthcare providers, healthcare administrators, coordinators of interpreting services, educators, and language services companies.

For Patients

Effective communication between patients and healthcare providers is essential to ensure accurate diagnosis and treatment, obtain informed consent and prevent medical errors. CCHI's certification will ensure that interpreters meet specific demonstrable skills to ensure effective communication between patients and healthcare providers. Patients will be able to focus on their healthcare concerns rather than communication concerns.



For Interpreters

Healthcare Interpreters make a difference one word at a time! Professional healthcare interpreters provide the assurance of safety, accuracy, respect of boundaries, and transparency required in a healthcare setting. When it comes to facilitating communication in a clinical encounter between parties that don't speak the same language, there is a large difference between bilingual individuals and professional healthcare interpreters. Trained healthcare interpreters understand medical terminology in both languages and employ professional techniques to handle the complexities that arise with patients, families, and healthcare providers. Healthcare interpreting is a profession filled with variety and flexibility.

For Healthcare Providers



The healthcare interpreting profession has changed dramatically over the years. Heightened public awareness, demographic shifts, technology, national standards, new regulations, and financial pressure have affected the way healthcare providers ensure language access for their patients. New Joint Commission standards require that providers ensure that those providing interpreting services are competent to do so. This growing trend for accountability has created an insistence on certifying the skills and knowledge of prospective and current healthcare interpreters. It is in response to this progression that CCHI developed and operates a portable credentialing program for healthcare interpreters to provide an assurance of competency.

For Language Companies

Today, in a field without a recognized professional standard for healthcare interpreters, language services agencies provide "trainings" that range from two-hour orientations to 60+ hours of training and internships. Healthcare providers oftentimes do not have the resources or capability to evaluate whether or not agency interpreters have the essential knowledge and skills to function competently as healthcare interpreters. A national certification will therefore significantly benefit agencies dedicated to investing in comprehensive professional training and development as healthcare providers begin expressing a preference for certified interpreters.

As more providers and governmental entities recognize the benefits of working with trained and qualified interpreters, they may begin requiring language companies to demonstrate the competency of their employees and independent contractors.

For Training Providers

Interpreter training providers play a key role in ensuring that a skilled healthcare interpreter workforce can meet the growing demands of the nation's limited English proficient populations. A credentialed healthcare interpreter is not merely bilingual, but someone who can demonstrate the knowledge, skills and ability to interpret in a healthcare setting and can prove this expertise by successfully passing the Commission for Healthcare Interpreter Certification's AHI™ and/or CHI™ exam.

Community Colleges and other training providers are well positioned to respond to emerging educational and job force development needs by offering quality training and career guidance that taps the highest potential of local communities, including speakers of other languages.

For the Healthcare Industry

Providers, healthcare administrators, coordinators of interpreting services and other interested parties are realizing the significant benefits of working with trained and qualified interpreters. These include a positive impact on risk management, better cost controls, and higher patient compliance and satisfaction. Legal and regulatory guidance on language access specify the provision of "qualified" interpreters and many state laws ban the use of children as interpreters.

Hospital and interpreting services administrators increasingly face an urgent challenge: How can they assess the competency of interpreters in a wide variety of languages in a valid, consistent and reliable way? In the past, administrators have sought to establish or validate interpreter credentials through colleague references and referrals, as few universal interpreter credentialing processes exist. However in neither case is competence actually measured.



VALIDITY, RELIABILITY, AND CREDIBILITY

These are the three keystones for any national certification program. The Certification Commission for Healthcare Interpreters combines the technical expertise, the inclusive process, and the ethical standing to successfully develop and implement a certification process that meets these three criteria. For medical interpreters, I have no doubt at all that the CCHI certification will become the gold standard by which the skills of all healthcare interpreters are measured.

CYNTHIA E. ROAT, M.P.H.
Consultant



CCHI Supporters...

CCHI's goals, objectives and approach have earned the support of professionals and organizations throughout the nation and CCHI is honored to have their support

3iCorp.com

American Hospital Association

American Public Health Association

American Translation Partners

American Translators Association

Asian and Pacific Islander American Health Forum

Association of Clinicians for the Underserved

Atlas Language Services, Inc.

California Pan-Ethnic Health Network

Catholic Health Association of the United States

Center for Immigrant Health

Certified Languages International

Children's Hospital Los Angeles

Choice Translating

CLIMB Center for Advancement

Cross Cultural Communication Systems, Inc.

Crowell Moring

Cyram

Gundersen Lutheran

Health Link Interpreters

Institute for Credentialing Excellence

Institute for Diversity in Health Management

International Institute of Akron

International Language Services

Interpreters and Translators Inc.

Jewish Vocational Service

Language Services Associates

Lionbridge

Massachusetts Area Health Education Center

M Hayes

Multicultural Association of Medical Interpreters

National Association of Public Hospitals and Health Systems

National Committee for Quality Assurance

National Council on Interpreting in Health Care

National Health Law Program

National Hispanic Medical Association

New Jersey Hospital Association

North Carolina Professional Interpreting Association

Northwest Interpreters, Inc.

NYU Langone Medical Center

Pacific Interpreters

Portland Community College

Propio Language Services

Robert Wood Johnson Foundation

Telelanguage

The California Endowment

The Interpreting Stakeholder Group

University of Wisconsin Hospital and Clinics

U.S. Department of Health and Human Services,

Office of Minority Health



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