



BEYOND MANDATES:

Language Access Services In Guam

Abstract

Language Access Services (LAS) makes practical sense in a multi-cultural community like Guam. Laws require it, organizations benefit from it, and individuals and families are better served through it. This paper outlines the challenges and strategies used to develop quality LAS for Guam. It is hoped that the information will serve as an impetus to root LAS in the system of services in Guam until LAS becomes a norm, a standard.

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A heartfelt “Sulang” is also extended to, and in memory of, Theodore M. Iyechad (Ted) who died on February 24, 2016. Ted, a retired associate professor of the University of Guam’s 4H and Fisheries programs was also a member of Project Kariñu’s Cultural and Linguistic Competence Work Group. It was Ted who prompted the Work Group’s prioritized focus on the issues of LAS on Guam.

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TABLE OF CONTENTS

INTRODUCTION.....4

BACKGROUND.....4

WHAT ARE LANGUAGE ACCESS SERVICES (LAS)?.....5

WHY PROVIDE LAS?.....6

CHALLENGES TO PROVIDING LAS.....11

STRATEGIES AND ACTIVITIES TO IMPROVE LAS ON GUAM.....13

 Agency-Specific Efforts13

 Strategy 1. Collaboration14

 Strategy 2. Advocacy through CLASP14

 Strategy 3. Workforce Development15

 Strategy 4. Policy Development.....16

 Strategy 5. CLC Training16

 Progress of CLASP Goals16

 Strategy 6. Language Access Products and Other Activities.....17

NEXT STEPS AND CONCLUSIONS18

REFERENCES.....19

CLASP EVENTS.....20

CULTURE AND LANGUAGE ACCESS PARTNERS (CLASP) INITIAL AND CURRENT MEMBERS.....22

APPENDIX.....23

 Federal Mandates and Initiatives.....24

 National CLAS Standards..... 26-27

 Timeline of LAS in Guam..... 28-29

 Information form for Language Access Service Providers30

PLEASE ASK US ABOUT FREE INTERPRETER SERVICE31

INTRODUCTION

The provision of Language Access Services (LAS) is not just about compliance with federal mandates and standards. The laws exist to reinforce the implementation of service delivery practices that are equitable and just. Beyond mandates, however, to pay attention to the language needs of others is to respect diverse cultures and languages of community members. When we provide interpreter and translation services, we reflect our own attitude and desire to understand and to be helpful, as well as to be understood ourselves. Often people think about LAS as benefitting the individual receiving the information, but LAS also benefits the individual providing information. To provide LAS is to recognize the important use of language in decision making and in communication and in ways that could be understood by all. It is about acknowledging the inherent potential for miscommunications when we ignore the variables that could distort, change or even contradict information being conveyed by, and/or received from others. The potential for communication problems increases when we deal with others from different cultures and with different languages. Communication barriers can result in poor service delivery and even in disastrous outcomes. Language barriers contributes to disparities in many arenas: health (physical and behavioral), education, legal, and occupational areas. LAS is a key strategy to address disparities in these and other areas as experienced by many who come from different cultures, speak different languages, or have literacy challenges.

It has not been an easy process to develop and provide quality LAS on the island of Guam. This paper attempts to describe and summarize the issues that surround the provision of LAS on Guam, as well as the efforts and strategies used thus far to address the challenges. It is hoped that this summary could be used as a resource to help flush out practical, concrete, and necessary next steps to effect better quality LAS for Guam.

BACKGROUND

Project Kariñu, Loving Our Babies is Guam's Early Childhood System of Care for young children from birth to age five. Project Kariñu works to prevent and address the social, emotional, and/or behavioral challenges of young children and their families and includes children who are "at risk" for developing difficulties in their young lives. Project Kariñu's service delivery approaches are anchored on key values of community-based, child-centered, family driven, and cultural and linguistic competence (CLC). On May 2012, Project Kariñu's CLC Workgroup completed a CLC Plan to enhance cultural and linguistic competence throughout the system of care. A key priority identified in the CLC Plan was the need to address the language needs of the children and families served by the program. In the behavioral health arena, the CLC Plan marked the initiative to problem-solve the disparate availability of LAS on island.

WHAT ARE LANGUAGE ACCESS SERVICES?

Language Access Services (LAS) refers to assistance provided to people who do not speak English very well or at all, or who may experience other barriers in communication as in those with hearing impairments or individuals who are not literate. With LAS, these individuals are still able to use and benefit from a wider range of services (NCCC, 2015). LAS includes all forms of interpreter services and translation services. Interpretation is the “oral” re-stating in one language to what has been said in another language. Translation is the conversion of written materials in another language (NCCC, 2015). To address literacy concerns, materials are translated in reader-friendly, easy to understand, yet accurate words that the consumer is able to comprehend. There are other tools and strategies that can be implemented to help

The U.S. Department of Health and Human Services Office of Civil Rights uses the term *Limited English Proficient (LEP)* to describe individuals who do not speak English as their primary language and who have limited abilities to read, write, speak or understand English (HHS.OCR, 2015).

those with lower literacy such as the use of pictorials, technology, DVDs and one-to-one communication. The same tools and principles can help to improve “content” literacy for the general population. In health, addressing health literacy means ensuring that

all members of the community have the capacity to access and understand the information they need to improve their health and health benefits” (HHS.DCH,2015). LAS includes

American Sign Language (ASL) which is defined as “visual-gestural language created by deaf people. It is not English. ASL has all the elements of any spoken language. Its grammar and conversational rules are very different from spoken English. But like all languages, it comprises a set of abstract symbols agreed by those who ‘speak’ it” (Stewart, et al., 2009).

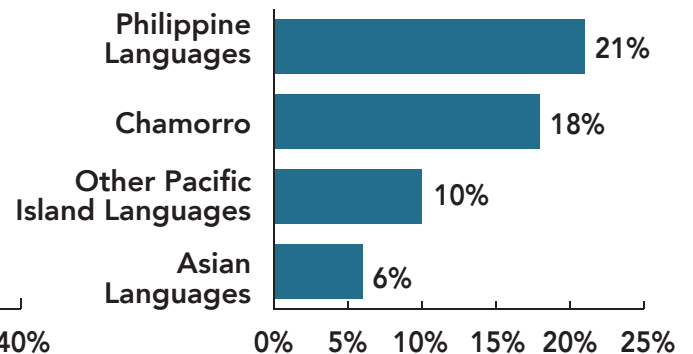
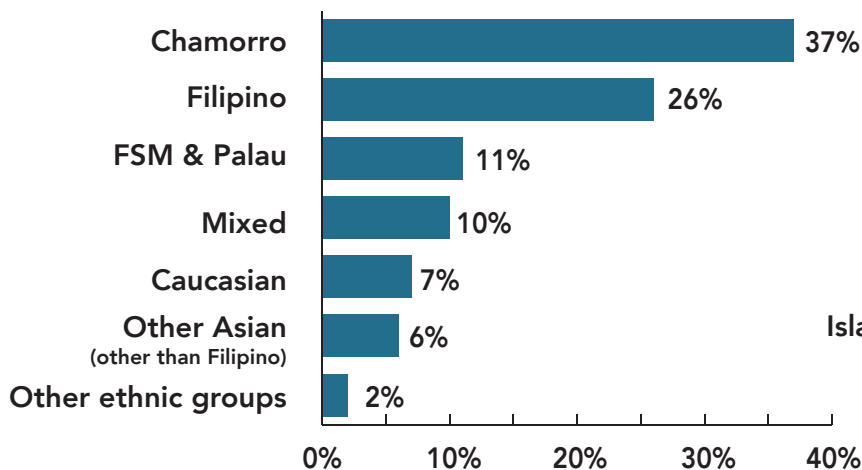


WHY PROVIDE LAS?

1

To be more responsive to Guam's demographic population.

The 2010 Census Report numbers Guam's total population at 159,358 with:



- 56% of the total population ages 5 years and older speak a language other than English in their homes.
- 46% of DOE students are enrolled in the English Learners Program (GDOE 2012 Annual Report). The total enrollment of children in DOE represents 21 different ethnicities and this mirrors the distribution of ethnicities reflected in Guam's census report.
- 22% of Guam residents live below the poverty level.
- 21% of Guam's adult residents and 15% of children under the age of 18 had no form of health coverage.
- 1.1 million Tourists from Japan, South Korea, Taiwan, Philippines, and the United States visit Guam.

Whether one is a resident or visitor, service interactions are far more effective and productive for everyone if cultural and language differences are addressed and LAS is readily available.

WHY PROVIDE LAS?

2 To address disparities.

Guam is rich in cultural, linguistic, and ethnic diversity. However, segments of Guam's population fall in the margins of our community because of those very differences (appearance, language, race, ethnicity, beliefs, customs, resources, lower economic status, levels of cognition, gender, religious affiliation, and disabilities). Some people are shortchanged or disadvantaged in attempts to obtain and acquire the same quality of services, supports, information, benefits and quality of life as those who have more options and/or resources. Among those who face greater challenges in these circumstances are individuals who have limited capacities to process, and understand basic information, as well as obtain and use services to make appropriate decisions. Challenges that are ignored and not addressed give rise to disparate and costly situations.

Multiple factors contribute to the existence of disparities. In 2013, the Office of Health Equity in California published *"Asian Pacific Island (API) Population Report: In Our Own Words,"* a report that describes the "California Reducing Disparities Project" focused on the API population in five regions in California. The report speaks about factors towards disparities as "barriers" and that "many of these barriers are interrelated, as one barrier frequently and consequently adds disparities to another." Some of the barriers identified by the API participants included: Lack of Access to Care and Support for Access to Care, Lack of Available Culturally Appropriate Services, Lack of Quality of Care, Language Barriers, Lack of Disaggregated Data and Culturally Appropriate Outcome Evaluation, Stigma and Lack of Awareness and Education on Mental Health Issues, and Workforce Shortage.

The Department of Health and Human Services (HHS) defines health disparities as "differences in health outcomes that are closely linked with social, economic, and environmental disadvantage often driven by the social conditions in which individuals live, learn, work and play." Substance Abuse and Mental Health Services Administration (SAMHSA) speaks of these disparities as "social justice concerns" requiring redress from our communities (CCAT, 2013). According to Healthy People 2020, "health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on race, or ethnic group; religion; socioeconomic status, age, gender, mental health, cognitive, sensory, or physical disabilities, sexual orientation or gender identity; geographic location; or characteristics historically linked to discrimination or exclusion" (HHS.ODPHP, 2015).

Clear linguistic disparities in health and health care access are reflected in the 2001 California Interview Survey done among older adults (ages 55 and older):

The Survey, examined whether health care access and health status vary among older adults who have limited English proficiency (LEP), who are proficient in English but also speak another language at home (EP), and who speak English only (EO). Analysis was conducted to examine the role of language ability on two aspects of access to care (not having a usual source of care, delays in getting care) and two indicators of health status (self-rated general health and emotional health).

The results of the survey show adults with LEP were significantly worse off than adults with EO in 3 of 4 measures of access to care and health status. Older adults with LEP had significantly worse access to care and health status than older adults with EP except delays in care.

Survey conclusions were that provision of language assistance services to patients and training of providers in cultural competence are two means by which health care systems could reduce linguistic barriers, improve access to care, and ultimately improve health status for these vulnerable populations (Ponce, et. al., 2006).

3

To improve the quality of services and outcomes for those served.

When unaddressed or unresolved, the factors or barriers that create difficulties for people to access and use resources and information result in poor or unsatisfactory outcomes for themselves, their children and their families. As service providers, it becomes our responsibility to offer “understandable” care and services whether that means interpreter services for those with LEP or using other methods to improve communication for those with limited literacy.

What follows is a list of anecdotal data, either observed by social work students or shared with this writer by individuals who live and work in Guam. The examples reflect how culture and language issues can impact on key areas of people’s lives:

- An individual of Asian descent did not understand the medication instructions and left the clinic reluctant to voice his questions with anyone.
- In similar fashion, an older Pacific Islander woman was bewildered by the medical terminology used by the clinician who was “impatient” with her. She went home and refused to go to her follow up appointments.
- The family of a young girl made repeated trips to the doctor’s office because the young girl continued to worsen even with the prescribed medications. She developed severe rash across her body, was lethargic, and was unable to eat anything. The family finally took her to the emergency room where she recovered dramatically after being taken off the medications. The child’s primary doctor prescribed the initial medication based on the assumption that her medical condition was because her family was from an outer Micronesian island where an outbreak of measles had occurred. In fact, the family had not traveled nor been back to their home island. Clarification took place only at the emergency room with a different physician.
- Another individual left a legal establishment frustrated because no one “explained” the legal documents to him. He was fearful and did not want to ask questions because he did not want to “risk” any more problems.
- A parent felt short-changed by the response and attitude of her child’s service provider. The

provider “assumed” that the parent understood the issues that have to do with the emotional/behavioral health of the child. The parent, in fact, wanted help to understand the complexities of the child’s condition without being made to feel that “she should know what to do” because she is bi-lingual and a professional.

- A University student from another Pacific island was pulled in to help interpret because she spoke English. However, the student felt inadequate over the need to explain many of the circumstances and protocols that were being raised.
- A detainee at Department of Corrections signed a Plea Agreement without fully understanding the impact of the Agreement which included a longer detention at the facility. There were no interpreter services offered to the detainee.
- As part of an educational outreach program, staff held weekly meetings with parents or family members of students in the program. The students’ behaviors and performances were discussed during the meetings and the parents and family members usually said very little and usually looked uncomfortable.
- The challenge to secure the services of a sign language interpreter in a timely manner did not help an individual with hearing impairment who was seen at the emergency room of the hospital. This person died before the services of an ASL interpreter could be arranged.

- Likewise, a behavioral health service provider reported using three days to find an “available” trained language interpreter for an Asian language.

An area not often addressed, but familiar to Guam, is the need to be prepared to deal with Mass Care Emergency Assistance. Implications for language access services during these untimely events are clear. As a tourist destination and a major military outpost, Guam has had her share of mass emergency incidents which involved multiple cultures and languages. For example, on August 2, 1997, an international airline suffered a major air crash on the island of Guam. There were 254 victims amongst which were Koreans, Japanese, New Zealanders and Americans. Thirty (30) survivors (2 died enroute) were transported to hospitals requiring mass casualty operations and the need for translators (KAL 801, 1997). On September 26, 2013, a multi-national hotel in Guam suffered an explosion which impacted hotel guests from various nations including from Japan, Korea, China and Russia. While most hotels on Guam employ bi-lingual staff, many hotels also have employees that speak limited English and could benefit from interpreter services during emergency situations. Fortunately, during this particular incident, injuries were minimal with only two guests requiring medical attention at the hospital (Miculka, 2013). Immigration, law enforcement, and the travel industry are three other domains that are relatively untouched by current LAS discussions.

4 To comply with federal mandates and national CLAS Standards.

Like most current federal grant awards, Project Kariñu’s 2009 Cooperative Agreement with the Children’s Mental Health Initiative under the Substance Abuse and Mental Health Services Administration, requires the Project to ensure the delivery of culturally and linguistically competent

services to all who qualify. Through the Agreement, Project Kariñu commits to uphold and comply with Title VI of the 1964 Civil Rights Act. Section 2000d of the Civil Rights Act extends its protective arm to include all individuals in the United States (non-citizens included) who seek assistance from federally

funded programs. These individuals “shall not, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity that receives federal financial assistance.” Subsequent to the enactment of Title VI, numerous mandates, executive orders and initiatives were established to re-emphasize and/or strengthen the intent of Title VI, Section 2000d. Please see Appendix for a comprehensive list of the federal laws and initiatives which reinforce the intent of Title VI.

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care was developed by the Federal Office of Minority Health under the Department of Health and Human Services (HHS) “to advance health

equity, improve quality and help eliminate health care disparities.” CLAS, a blueprint for health and health care organizations, includes 15 standards of which four have to do with Communication and Language Assistance. The communication and Language Assistance standards are required by federal laws and most HHS grant awards. The four standards require organizations to provide LAS (oral and written) by competent and trained LAS providers to individuals with communication needs in a timely way and at no cost to the individuals who want or need these services (HHS.OMH, 2013). The Appendix of this document also includes a copy of the CLAS Standards.



CHALLENGES TO PROVIDING LANGUAGE ACCESS SERVICES

Various challenges plague efforts to develop and implement quality Language Access Services on Guam:

LAS Value and Need is Not Acknowledged.

Prior to the current initiative to promote cultural and linguistic competence, most agencies in Guam were, and to some degree still are, ill-prepared to provide LAS. Most agencies lacked knowledge on why LAS is needed or why it is important. Most agencies had little to no awareness of federal laws and health standards which require provision of LAS “free of cost to the consumer.” Most agencies overlook the role and positive impact that LAS can have on the outcomes for those served, and in shaping the quality of services and contributing to excellence in programs. In the health arena, the lack of LAS could very well mean the difference between recovery and health vs. deterioration and even death. In the judicial arena, not having qualified interpreters sometimes results in delay of due process, and/or misrepresentation of information creating unjust, sometimes, unsafe situations. The educational and disabilities arenas appear to be local areas where earlier federal initiatives resulted in attention and resources provided for those with disabilities and/or for those who come from backgrounds where English was not a primary language. The Timeline of LAS in Guam (Language Access Services on Guam) in the Appendix reflects the inception of efforts by Guam’s Department of Education to address the language needs of students since 1970 as well as the establishment of the Sign Language Training Program by the Guam Community College for Guam and the Micronesia region in 1997.

LAS Not Funded or Inadequately Funded

If agencies did provide LAS, very few had funds to compensate the interpreters and translators. Most agencies provided little to no compensation to LAS providers. Currently, there is no standard fee scale used to compensate LAS providers. Agencies that

pay for these services develop their own rates of payment. Some agencies compensate interpreters with gas coupons, while others use stipends as a method of payment for services. A few agencies have utilized contractual arrangements to address the LAS needs of their consumers. At the present time, the Judiciary may be the only agency with a bonafide budget to pay interpreters and translators. Of late, Guam Behavioral Health and Wellness Center (GBHWC) has been working to receive legislative appropriations to support LAS.

Lack of Agency Language Access Plans (LAPs) or CLC Policies and Procedures.

With the exception of the Judiciary (2007), few agencies had/have Language Access Plans or Cultural and Linguistic Competence (CLC) Policies and Procedures which spell out the language needs of the people they serve and how those needs would be met by their agency. Project Kariñu has drafted CLC Policies and Procedures on LAS that is aligned with national CLAS Standards (2013), and GBHWC began working on CLC Policies and Procedures in 2014 to help the organization meet accreditation goals.

Untrained Providers and Users of LAS.

Many agencies used untrained, bi-lingual staff to help translate or interpret. A common practice has been to ask family members to serve as interpreters, sometimes at the request and/or preference of the person being helped. Families themselves lack (and need) information on the benefits of being helped by trained interpreters. Besides not being trained on how to interpret or how to translate, many of the earlier “volunteer” interpreters lacked knowledge and training on the “content” pertinent to the organization they were servicing (i.e., legal, medical, educational, health or behavioral health content). Service providers need to be aware of the liabilities involved in using untrained interpreters so as to minimize errors and to improve outcomes. An area

still overlooked in attempts to train stakeholders on LAS is the need to train staff and other service providers on how to effectively use interpreter and translation services.

Employment and Function as Interpreters.

Agencies have discussed the idea of establishing job positions so that interpreters can be hired as employees. However, few organizations require a high volume of LAS, therefore, fulltime or even part-time hiring of interpreters can be impractical or problematic. It is common for LAS providers to be employed elsewhere so that their roles as LAS providers are usually secondary to their primary jobs. For these LAS providers, responding to requests to serve as interpreters in a timely way can be challenging. Even with recent efforts to compile lists of known and trained interpreters, it can take several hours or several days to identify, contact, and arrange for an available language interpreter which can compromise the immediate need to serve an individual or family. When bi-lingual staff are asked to provide LAS, this role may or may not, conflict with the execution of their primary roles (e.g., SPED one-to-one aides who serve as ASL interpreters have discussed the challenges of dual roles as they are not able to adequately provide input in meetings as one-to-one aides while at the same time serving as interpreters). It is actually good CLC practice to hire staff who are bi-lingual. However, policies should be developed to clarify and prevent conflicts in serving dual roles if bi-lingual staff are required to provide LAS services. Dual role staff should be trained and these services should be acknowledged and addressed in performance reviews.

No Local Entity to Train, Certify or Coordinate Community's Need for LAS.

At the present time, Guam does not have a local or national LAS organization that provides interpreter education, certification, and coordination of LAS across the island and across disciplines, environments, or languages. There is also no entity that certifies the linguistic proficiencies of those currently providing LAS in Guam. Finally, there is a general lack of supervision and evaluation available to help LAS providers.

Oral Tradition of Most Pacific Island Languages.

Besides the lack of interpreter educational programs locally, Guam also lacks an organization prepared to "systematically" train and certify LAS providers in the range of Pacific Island languages (Chamorro, Palauan, Chuukese, Kosraen, Yapese, Pohnapeian, Marshallese, and etc.). Pacific Island languages are characterized as "orally transmitted" languages. It has only been in recent decades, that attention and resources have been provided to revitalize, document, teach, and use in more enduring ways, these languages. Many of the Pacific Island languages like Chamorro, Yapese and Kosraen are undergoing changes from "old" styles of writing the language to "newer" written styles which makes accuracy checks on translations a challenge. Also, there are some "threshold" languages (languages frequently used in the community) that have several dialects and these require practical decisions on how to proceed with translation or interpretation services.

STRATEGIES AND ACTIVITIES TO IMPROVE LAS IN GUAM

Agency-Specific Efforts.

In the past decade, some agencies implemented training for language interpreters specific to their organizations. These organizations include the Judiciary of Guam, Guam Memorial Hospital Authority, Guam Behavioral Health and Wellness Center's Healing Hearts Treatment Program for sexual assault/abuse cases, and the University of Guam Center for Excellence in Developmental Disabilities Education, Research, and Services (UOG CEDDERS) on behalf of Project Kariñu. Guam Community College continues to train students under the American Sign Language Interpreter Program locally and in the Micronesia region since 1997. In 2007, the Judiciary adopted a Language Access Plan for the courts and hired a full-time LAS Coordinator in 2013 to help address the LAS needs specific to the courts. By 2010, Project Kariñu came into place and hired a CLC Coordinator to work on the CLC component for Project Kariñu. At that time, only one other government agency, Guam Department

of Education (GDOE), had an employee tasked to serve as a "Diversity Representative" to help address the diversity issues in the school settings. This role was secondary to the representative's responsibilities as a teacher and she later gave up the Diversity Representative duties. Please see the Timeline of LAS on Guam in the Appendix as the timeline reflects the implementation of GDOE's various language programs for students who speak languages "other than English." In 2010, the Guam DPHSS established the Guam Office of Minority Health (GOMH) to help eliminate health disparities on Guam. Since its creation, GOMH has been the lead agency in providing training to government and private organizations on Cultural and Linguistic Competence as well as on the federal mandates and CLAS Standards. In 2010, Guam Memorial Hospital entered into a contract with Helping Hands Hawaii for training and the provision of LAS which includes long-distance or remote telephonic interpreting. In 2013 GBHWC's Healing Hearts, Sexual Assault Program



began to train interpreters on the terminologies and concepts used in Sexual Assault cases. More recently, the Guam Coalition Against Family Violence (GCAFV) began to train interpreters on the topic of family violence. GBHWC's PEACE Council developed their 5 year PEACE Plan with CLAS Standards as a requirement and adopted the Culture and Language Access Service Partners (CLASP) as a subcommittee to the Council on 2013. GBHWC directed Transformation Transfer Initiative, a workforce development fund for training and conferences that support Guam's community of service providers. The Transformation Initiative also advocates to learn, share and plan more strategically what the island's needs are for CLAS adherence.

Strategy 1. Collaboration.

The landscape to provide quality LAS on Guam was rather barren when agencies began to work together in informal partnerships to figure out how to improve service equity for all who qualified. Agencies leaned on each other to co-sponsor events on CLC and CLAS as well as formal but limited training for interpreters. The informal partnerships

led to structured monthly meetings to problem solve the need for more trained interpreters on Guam. The formation of partnerships was a natural strategy that evolved from hearing about each other's efforts to address the language needs of each our organizations. On November 2013, the partnerships formed a coalition called Culture and Language Access Service Partners, CLASP. This group was undaunted by the issues and challenges to provide equitable services to those who speak other languages and/or who come from other cultures from the various Pacific Island and Asian communities.

Strategy 2. Advocacy through CLASP.

CLASP, as an organization of individuals representing various government, non-profit and private organizations, agreed to work together to "problem solve" the LAS needs of the community. Current CLASP member organizations include: the University of Guam (UOG) - Center for Excellence in Developmental Disabilities Education, Research, and Service (Guam CEDDERS) , School of Nursing, and Guam Early Hearing Detection And Intervention (GEHDI); Department of Public Health and Social

CLASP Vision: *"Guam will provide services that are respectful of and responsive to the cultural and linguistic needs of all persons."*

CLASP Mission: *"To promote and reinforce standards and best practices that support culturally and linguistically competent services for all individuals."*

CLASP Goals:

- a. Organize CLASP for improved functioning;
- b. Establish or identify a local entity to develop and implement a sustained education and certification program for interpreters;
- c. Develop job positions within the Government of Guam so as to facilitate the hiring of full-time LAS providers.

Services (DPHSS) - Project Kariñu, Loving Our Babies, and Guam Office of Minority Health (GOMH); Guam Behavioral Health and Wellness Center (GBHWC) - I Famagu'on-ta, Prevention and Training Branch, and the Governor's PEACE Council; Guam Department of Education (GDOE) - Division of Chamorro Studies and Special Education; Guam Community College (GCC); Judiciary of Guam; Guam Memorial Hospital Authority (GMHA); Island Cancer Center; Guam Surgi Center; Pacific Cancer Care Alliance; Guam Coalition Against Family Violence; Department of Youth Affairs (DYA); and Guam Galaide Professional Services, Incorporation (GGPSI), a private, non-profit veteran-owned business organization. Despite the challenges to provide qualified and trained interpreters and translators, members of CLASP understood the importance of providing accurate and quality information and services to all consumers so as to effect better outcomes for those served. CLASP was also propelled towards collective efforts because most of the organizations are federally funded and are required, through mandates and national service standards (CLAS), to provide Language Access Services to those who need this help, free of cost to the consumer. CLASP was established in November

2013 and sought legitimization as a Subcommittee of the Governor's PEACE Council under the leadership of the Guam Behavioral Health and Wellness Center. On January 2014, CLASP held its first, major Public Forum on Language Inequality. The goal of the forum was to raise awareness about LAS issues as well as to educate the community on the importance of LAS. The Forum was followed by two days of intensive training for interpreters on LAS and CLC. By March 2014, CLASP held its first Strategic Planning Session which resulted in an initial plan of action to support CLASP's mission and vision.

Strategy 3. Workforce Development.

Towards the vision, CLASP set out to work on three initial priorities. The first priority was to organize CLASP so as to function with more efficiency. The next two priorities, however, focused on activities to elevate the quality of LAS on Guam: a) Enhance the competencies of interpreters and translators through the provision of consistent interpreters' education and certification programs; and, b) Establish job descriptions for LAS providers within Government of Guam to improve employment opportunities for LAS providers.

CLASP Member Organizations



Strategy 4. Policy Development.

CLASP drafted an Executive Order for the Governor's signature that will require all agencies that receive federal monies to develop Language Access Plans (LAPs) and provide LAS to those served, free of cost to the consumers as required by federal law. Members of CLASP met with the Governor's representative twice to discuss the Executive Order. At this stage, CLASP needs to refine the language in the draft as well as address some of the feedback provided to the group (i.e., pursue legislative mandates to appropriate funds for agencies who develop LAPs; gather data about the extent of LAS needs among agencies; and clarify lead agency role to implement and monitor the Executive Order).

Strategy 5. CLC Training.

This is an abbreviated list of training activities facilitated by CLASP member organizations to promote CLC and/or LAS:

- Cultural and Linguistic Competence, Federal mandates and CLAS Standards facilitated by the local and national Offices of Minority Health;
- Interpreters training on various domains: Judicial, Medical, Behavioral Health, Hearing Impairment, Sexual Abuse, Sexual Assault and Family Violence, including training from national trainers, Dr. Dj Ida and Janet Soohoo from the Mental Health Interpreter's Project sponsored by the National Latino Behavioral Health Association (NLNHA) and the National Asian American Pacific Islander Mental Health Association (NAAPIMHA);

PROGRESS OF CLASP GOALS AND NEXT STEPS:

A. CLASP Organization.

In 2014, CLASP opted to defer the formation of a non-profit entity to coordinate LAS in Guam and focused its efforts on developing specific protocols to conduct and record monthly meetings as well as implement key roles and responsibilities (i.e., Meeting Facilitators, Recorders, Membership Coordinator and a Historian). Current discussions include the readiness of CLASP to seek incorporation to sustain efforts to champion LAS and to serve as the entity to coordinate LAS on Guam.

B. Localize an Education/Certification Program for Interpreters on Guam.

At this writing, Guam Community College (GCC) supported by Area Health Education Center (AHEC) funds sent two faculty staff to attend a "training of trainers" held in July 2015 in Seattle, Washington. In the meantime, organizations like the Judiciary, the GOMH and the Coalition Against Family Violence (GCAFV) continue to plan for and implement training as needed and as funds allow. The process to certify LAS providers has yet to be developed.

C. Develop Job positions that can be used within the Government for employment of LAS providers.

Committee members reviewed templates of existing job descriptions as well as sample contracts from organizations who have been able to secure LAS through contractual processes. A more coherent proposal is needed that would describe different options for securing LAS besides employment of an LAS provider because employment may not be feasible for most agencies who instead use stipends and contracts. A proposal for universal compensation rates is very much needed to guide agencies in fair and just payment for services whether they employ LAS providers, or provide payment for services through stipends, contracts or other means.

- Technical assistance and training on “Addressing Disparities through Organizational Cultural and Linguistic Competence” provided by Tawara Goode, M.A. and Vivian Jackson, M.S.W., from the National Center for Cultural Competence (NCCC) and the Georgetown University Center for Child and Human Development (GUCCHD).
- Developed and distributed GBHWC’s Prevention and Training Branch of a prevention resource brochure translated into the Chuukese language/ dialect (2014).
- Supported the implementation of the “*First Annual Behavioral Health in Micronesia Conference in Guam*” (2014).

Strategy 6. Language Access Products and other activities.

Through joint sponsorships, these activities were implemented or developed to help address various language access needs:

- Developed and included a List of Interpreters’ page in the “*Nene Directory*” since 2012 to current annual updates as well as a one-page “Tips on Using Interpreters.”
- Facilitated “*Cultural Conversations in Behavioral Health*” to generate and document discussions, insights and understandings about key early childhood concepts such as “parenting, nurturing, playing, family, and etc.,” (2013).
- Drafted a template for CLC Organizational Self-assessment (2013) and participated in a piloted national implementation of BHSS360, a behavioral health and social services organizational self-assessment for learned lessons (2014).
- Developed CLC Policies and Procedures for Project Kariñu (2014-2015).
- Supported the annual NASW Conference focused on “Celebrating Diversity in Micronesia: Empowering and Developing Communities Together” in Guam (2015).
- Developed a multi-lingual poster to distribute and promote awareness of the “Rights to Free LAS Services” (2015).

CLASP is the mainstay for Guam’s LAS initiative. Through CLASP, member organizations have co-sponsored and contributed resources (in-kind and funds) to support different activities to heighten awareness of the need for LAS. It will be through CLASP that advocacy for CLC and for LAS is continued or sustained.

NEXT STEPS AND CONCLUSIONS.

Much still needs to be completed in order to ensure quality LAS regardless of the lifespan of various grant awards that fund current efforts. Focus needs to remain on a multi-pronged, multi-level approach with key strategies begun by CLASP: collaboration, advocacy, policy development, and training with a focus on workforce development. The ideas listed in this section were generated from current efforts and CLASP discussions proposed for consideration for those who wish to continue the work to develop quality LAS on Guam:

- Finalize and implement the Executive Order on Language Access Plans supported by a legislative mandate to fund and authorize agencies to comply with the Executive Order;
- Develop a proposal for universal fees for fair and just compensation for all interpreters that could be included in the Legislation to fund LAS;
- Develop and implement a LAS Survey to determine the LAS needs of the island community and to help determine if agencies are meeting the LAS needs of those served;
- Support Guam Community College's commitment to establish a regular, on-going LAS Education program to help meet the LAS needs of Guam;
- Support the goal to establish an entity that would take the lead role to coordinate, train, and certify LAS on Guam:
 - Clarify the role of, and the interface with the PEACE Council, GBHWC
 - Form a non-profit organization whose purpose is to coordinate, train and certify LAS providers;
- In the interim, support the development of mechanisms to certify LAS providers:
 - Develop an improved island-wide directory/registry of trained interpreters including

ASL interpreters that makes use of an information form reflecting background training and experience (see Appendix for sample Information Form for LAS Providers);

- Identify entities that can provide English and Second Language(s) proficiency tests and explore options to implement these tests;
- Develop Community of Practice forums to provide support, supervision and further development of skills and knowledge for LAS providers.

POSTSCRIPT ON TRAINING OF INTERPRETERS ON GUAM (August 24, 2015):

Two Guam Community College employees, Sarah Leon Guerrero and Dorothy Manglona, were recently trained in *The Community Interpreter's Training of Trainers* facilitated by Marjory Bancroft, M.A., the Founder and Director of *Cross-Cultural Communications* and an international leader in community interpreting. Sarah and Dorothy are Guam's first "licensed" trainers of interpreters. August 24-28, 2015 marked the first cohort on Guam to be trained by GCC to become Community Interpreters. Nineteen participants, representing eight languages, finished the first segment of the program. In November, a second segment will be held, whereby, those who complete the required hours and successfully pass a written exam will receive a certificate of completion and will be qualified to serve as community interpreters.

This training was jointly sponsored by the Guam Community College, Department of Public Health and Social Services' Guam Office of Minority Health, and Area Health Education Center (AHEC). GCC's ability to train LAS providers is a major milestone for the LAS initiative on Guam!

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Group pushes for local language equality

Forum calls for interpreter curriculum tailored to languages spoken on Guam

By Michelle Conerly

Pacific Daily News
mconerly@guampdn.com

A round of applause stirred the room at The Westin Resort Guam Tuesday as Judge Pro Tem Elizabeth Barrett-Anderson held the microphone in her hand, declaring Guam take a stand in providing training in language access services.

"This is our region, our language, and our home," she said. "We should set the standards."

Barrett-Anderson along with Guam Community College President Mary Okada told the audience at the Access to Language Equality Public Forum hosted by the Culture, Language, Access Service Partners that instead of adopting another state's curriculum in training interpreters and translators, Guam should set its own standard with its own curriculum tailored to the languages spoken in the region.

CLASP is a coalition composed of government agencies and non-profit organizations with a mission to address disparity and support equity through cultural and language competency. The coalition is part of the governor's Prevention, Education and Community Empowerment, a project of the Guam Behavioral Health and Wellness Center.

In 2012, the Judicial Council approved a registry program that collects dependable, qualified interpreters for court hearings, and discussed a new pay scale for registered interpreters.

"You miss a word, you miss a thought," said Leah Beth Naholowaa, a Tagalog interpreter who went through the court's training program. "You think it's easy to interpret or translate. It's not. It's hard."

But other government agencies,

like the Department of Public Health and Social Services and the Department of Education, are in need of trained interpreters and translators versed in the jargon specific to their clients.

June Perez, with the Guam Memorial Hospital administration, said language services for the hospital are contracted out of Hawaii, where doctors and patients can get immediate services over the phone when needed.

But she also stressed the need for local interpreters to help balance the load.

Pedro Leon Guerrero, with Guam Customs and Quarantine, said language services in Russian are necessary for the influx of new tourists who do not speak English.

Al Silverio from the Guam Office of Minority Health, said efforts shouldn't stop at interpreting and translating.

Those he referred to as language brokers — people who understand the culture as well as the language — are needed to make sure residents feel comfortable and are given access to materials they need with the right context behind it.

Currently, CLASP is looking to evaluate its resources and hopes to collaborate with GCC to create a certification program for those on Guam interested in joining the field of interpreting and translating.

In many organizations, there isn't a clear-cut interpreter or translator job classification, so those providing the services hold other paid positions within the company, said Mariles Benavente, cultural and linguistic competence coordinator for Project Karino.

One of the goals of CLASP is to define the interpreter and translator services from other positions to help support the on-island demand.

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Pacific Daily News, Saturday, January 25, 2014
guampdn.com

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- ⇒ Mwichen Aeochoono Wewefengen non Fos
- ⇒ Teten e me non ewe Annukun an Aramas Puung
- ⇒ Sinenapai Eoreni
- ⇒ Angangfengen me don Chiaku
- ⇒ Sinei met mei Epeti ach sipwe Weweti Fos
- ⇒ Pwan e Ranin Kaeo an Ekkewe Chok Ir Ra Chon Chichiaku (EPWE PUSIN WOR NOUR TAROPWE)

To register, contact GBHWC-PEACE office at 477-9079 thru 9083.

Registration Deadline: Jan. 15, 2014

**TUMUNU EKKEI
PWININ MARAM**

SPINA

Funded by: DPHSS, GBHWC, GCC, and Guam CEDDERS
In collaboration with: Culture, Language Access Services (CLAS) Partners and the Prevention Education and Community Empowerment (PEACE) Council
The Judiciary of Guam
Department of Public Health and Social Services (Project Karino, Office of Minority Health)
Guam CEDDERS
Guam Memorial Hospital
Department of Education
Guam Community College
Guam Behavioral Health and Wellness Center (I'Famaguan'ta, PEACE office, Healing Hearts)
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TO LANGUAGE
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- ⇒ Panel on Language Equity
- ⇒ Title VI Civil Rights Act
- ⇒ Cultural Competency
- ⇒ Working with Interpreters
- ⇒ Building a Language Access Plan
- ⇒ Understanding Language Barriers
- ⇒ PLUS: 1-Day Intermediate Interpreter Training (BY INVITATION ONLY)

To register, contact GBHWC-PEACE office at 477-9079 thru 9083.

Registration Deadline: Jan. 15, 2014

SAVE THE DATE

SPINA

Funded by: DPHSS, GBHWC, GCC, and Guam CEDDERS
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The Judiciary of Guam
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Guam Memorial Hospital
Department of Education
Guam Community College
Guam Behavioral Health and Wellness Center (I'Famaguan'ta, PEACE office, Healing Hearts)
HHCC SAARCA

CLASP EVENTS



SAVE THE DATES

Addressing Disparities Through Organizational Cultural and Linguistic Competence

Monday, January 26, 2015 at 8:00am - 4:00pm
Wednesday, January 28, 2015 at 8:00am - 12:00pm

PRESENTERS:

Tawara Goode, M.A., Director for the National Center for Cultural Competence (NCCC) and the Associate Director for Georgetown University Center for Child and Human Development (GUCCHD). Ms. Goode has "long-standing" work experience in early intervention, public health and the offices of minority health or health equity and hence, is prepared to "speak to achieving cultural and linguistic competence not only within SAMHSA-funded programs, but across other systems;" and,

Vivian Jackson, MSW, Senior Policy Associate, and Assistant Professor for NCCC and GUCCHD. Ms. Jackson provides technical assistance and consultation related to CLC for the SAMHSA Children's Mental Health Initiative and HRSA Maternal and Child Health Grant Programs. She also serves as a member of the faculty teams for first year medical students in the Social and Cultural Issues in Health course. Ms. Jackson serves in key NASW Committees on Diversity as she is a seasoned clinician rooted in the social work profession.

TARGET AUDIENCE:

Cultural and Language Access Service Partners (CLASP) member organizations and Sponsoring Agencies (Limited seating)

TOPICS:

January 26, 2015 – A Cultural Competence Framework for Developing A CLC Vision and Action Plan.

January 28, 2015 – "Linguistic Competence Beyond Language Access: Addressing Health Literacy, Literacy, & Communication with Individuals Who Have Disabilities; and, Developing Language Access Plans according to Title VI Guidance and CLAS Standards."

REGISTRATION:

Registration forms with specific times and venue are forthcoming



This activity is supported by the Department of Public Health & Social Services (DPHSS), Project Karihu, Guam Office of Minority Health (GOMH); Guam Department of Behavioral Health and Wellness Center (GBHWC), I Famagu'on-ta, and Icareguam, and facilitated by the University of Guam Center for Excellence in Developmental Disabilities: Education, Research, & Service (Guam CEDDERS).



CULTURE AND LANGUAGE ACCESS PARTNERS (CLASP) INITIAL AND CURRENT MEMBERS

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Albert T. Yanger	GPSI Guam
Alesia Ogo	GMHA
Alex Silverio	DPHSS
Alyssa Uncangco	DPHSS
Annie Unpingco	GBHWC – I Famagu'on-ta
Bobbie Benavente	GBHWC – PEACE
Caroline Ichin	Interpreter
Cindy L. Chugrad	DPHSS
Corrine Beundicho	DYA
Cynthia Cabot	Guam Coalition
Doris Bukikosa	PCIV – GDOE
Dorothy Manglona	Nursing, Allied Health & AHEC- GCC;
Dr. Ellen Bez	HHCC –SAARCA
Dr. Lili Perez	Project Kariñu
Dr. Margaret Hattori-Uchima	Nursing & Health Science, UOG
Elizabeth Barrett-Anderson	Office of Attorney General
Helen Quintanilla	I Famagu'on-ta - GBHWC
Hentrick Eveluck	GBHWC - PEACE
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Maksever K. Kepwe	Community Representative
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Renee Veksler	GMHA
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Sara D. Harrell	GBHWC - PEACE
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Sister Trinie Pangelinan	GCASAFV
Terry Aguon	Project Kariñu
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PROJECT KARIÑU CLC and Ad Hoc Workgroup Members

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Elizabeth Ignacio, BOSSA-DPHSS	Nancy Naruhn, Community Representative	
Faye Kaible, GDOE		

APPENDIX

FEDERAL MANDATES AND INITIATIVES

Title VI of the 1964 Civil Rights Act, Section 2000d extends its protective arm to include all individuals in the United States (non-citizens included) who seek assistance from federally funded programs. These individuals “shall not, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity that receives federal financial assistance.” Subsequent to the enactment of Title VI, numerous mandates, executive orders and initiatives were established, to re-emphasize and/or strengthen the intent of Title VI, Section 2000d.

Rehabilitation Act of 1973 (reauthorized in 1992 and 1998), Section 504 ensures protection from exclusion and discriminatory treatment towards individuals with disabilities. No otherwise qualified individual with disabilities in the United States shall, solely by reason of the disability, be excluded from participation in, be denied the benefits of, or subjected to discrimination under any program or activity for which the Provider/Contractor receives Federal/State financial assistance from the Department. Specifically, providers shall develop clear, written communication policies, procedures and plans; and provide, document, and train staff to communicate meaningfully with applicants/clients and/or family members who are deaf, or have hearing impairments to include late onset, speech impairments and/or are nonverbal. The Provider will provide visible or tactile alarms for safety and privacy, and/or assistive listening devices (ALDs) when necessary and train staff in the use of appropriate adaptive equipment. The Provider shall obtain the services of a qualified, licensed sign language interpreter or other adaptive service (i.e., CAET or C-Print) at no expense to the applicant/client or family members.

Title II. Americans with Disabilities Act (ADA) of 1990 (amended in 2008) protects persons from discrimination on the basis of their disability, in the provision of benefits or services, or in the conduct of programs or activities that receive Federal financial assistance. Title II of ADA covers all of the services, programs and activities as well as licensing conducted by public entities (state and local governments, departments agencies, etc.). The ADA is the first comprehensive declaration of equality for people with disabilities. The ADA protects the civil rights of people with disabilities in all aspects of employment, in access to public services such as transportation, and guarantees access, through accommodations, to public places such as restaurants, stores, hotels

and other types of buildings others can access. For students with disabilities, the ADA prohibits discrimination and extends the right of access to ALL educational programs and services whether or not the school receives federal funding. The amended 2008 ADA included an improved definition of disability and additions to the list of “major life activities” and “accommodations to those regarded as having a disability.”

Assistive Technology Act of 1998 (reauthorized in 2004, 2010 and 2014) is an Act to support the programs of grants to States to address the assistive technology needs of individuals with disabilities and for other purposes. Assistive Technology can greatly improve the access and function of people with disabilities in school, work, home, and community. The Assistive Technology Acts are intended to ensure that people with disabilities have access to assistive technology devices and services. The 2004 amendments supported State efforts to improve the provision of assistive technology for individuals with disabilities of all ages through comprehensive statewide programs of technology-related assistance. In 2014, the Workforce Innovation and Opportunity Act (P.L.113—128) moved administration of the AT Act programs from RSA in the Department of Education to the Administration for Community Living (ACL) in the Department of Health and Human Services. Throughout all authorizations, State AT Programs have been required to serve all people with all types of disabilities, of all ages, in all environments (early intervention, K-12, post-secondary, vocational rehabilitation, community living, aging services, etc.) and address and include all types of assistive technology along with mainstream accessible information and communication technologies.

Individuals with Disabilities Education Act (IDEA) of 1975 (reauthorized 1990, 1997 and 2004) is the nation’s special education law which guides states, school districts, and public agencies on how to provide early intervention, special education and related services to more than 6.5million eligible infants, toddlers, children and youth with disabilities. The reauthorized versions in 1990 & 1997 “focused on access to general curriculum” while the 2004 mandate focused on “early screening and intervention for all.” The implications for AT as part of special education services are inherent within the basic premises of IDEA: “All students with disabilities are entitled to a free and appropriate public education (FAPE) appropriate to their needs” (IDEA, 2004, 300.17; Ohio Department of Education, 2008).

NCLB-No Child Left Behind Act of 2001, Public Law (PL) 107-110 reauthorized the Elementary and Secondary Education Act (ESEA) which included Title 1 provisions applying to disadvantaged students and brought sweeping changes to the education systems.

Every Student Succeeds Act (ESSA) of 2015, Public Law (PL) 114-95 replaced the NCLB Act that governs the United States K-12 public education policy. This law modified but did not eliminate provisions relating to the periodic standardized testings given to students.

Affordable Care Act of 2011 is a landmark law signed by President Obama that was to bring insurance coverage to more than 30 million people. The Affordable Care Act includes provisions related broadly to health insurance coverage, health insurance reform and access to care, but also provisions related to disparities reduction, data collection and reports, quality improvement and prevention. The Affordable Care Act also aims to reduce health disparities through a focus on prevention and wellness, as well as individual and family control over their own care (HHAP, 2011).

Presidential Executive Order 12250 (1980) provided for consistent and effective implementation of various laws that prohibit discriminatory practices on the basis of race, color, national origin, sex, disability or religion in programs and activities that receive federal financial assistance. The Office of the Attorney General is responsible for implementing this Executive Order. The Federal Coordination and Compliance Section carries out this responsibility on a day to day basis.

Presidential Executive Order 13166 (August 11, 2000) recommitments the federal government to improve the accessibility of government funded services to individuals with Limited English Proficiency (LEP). EO 13166 specifically requires each federal agency to develop and implement guidance to ensure meaningful access for these individuals without undue burden to the fundamental nature of each department or program.

The US Justice Department was empowered under EO #13166 to enforce, investigate, and sanction agencies that engage in national origin discrimination in federally funded programs. The Department promulgated LEP Guidance (U.S. DOJ 2002b) to assist federal agencies and federally funded recipients to establish and implement LAPs that are in compliance with federal standards, EO #13166 and Title VI.

The US Department of Health and Human Services (HHS) developed and disseminated "The Department of Health and Human Services Language Access Strategic Plan 2013" to provide guidance to health service organizations to comply with EO #13166 and U.S. DOJ 2002b.

The US Department of Labor - Office of Employment Policy provides information and tip sheets on their website that outlines suggestions on communicating with persons with disabilities "<http://www.dol.gov/odep/pubs/fact/comucate.htm>."

Guam Office of Minority Health was established in 2010 under the Bureau of Community Health Services, Department of Public Health and Social Services to help eliminate health disparities on Guam through promotion of CLC and provision of government-wide training on Federal mandates and CLAS Standards (GOMH, 2012).

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. CLAS was developed by the Federal Office of Minority Health under HHS "to advance health equity, improve quality and help eliminate health care disparities." CLAS, a blueprint for health and health care organizations, includes 15 standards of which four have to do with *Communication and Language Assistance*. The communication and Language Assistance standards are required by federal laws and most HHS grant awards. The four standards require organizations to provide LAS (oral and written) by competent and trained LAS providers to individuals with communication needs in a timely way and at no cost to the individuals who want or need these services (HHH.OMH, 2013).

Maternal and Child Health Bureau, and Healthy People Year 2000/2010 Objectives includes an emphasis on cultural competency as an integral component of health service delivery.

National Health Promotion and Disease Prevention Objectives emphasizes cultural competence as an integral component of the delivery of health and nutrition services.

Office of Behavioral Health Equity (OBHE) was established by SAMHSA in 2014 and legislated by the Patient Protection and Affordable Care Act. OBHEC's mission is to help "reduce the impact of substance abuse and mental illness on populations that experience behavioral health disparities through improvement of access to quality services and supports that enable individuals and families to thrive, participate in, and contribute to healthy communities" (Huang, 2012).

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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Language Access

1970's

- Department of Education's (DOE) LAMP (Language And Math Program)

1980's

- TESOL

1993

- DOE's PFOP (result of Compact Impact (I/Ts available)

1995

- DOE's Language English
- TESOL is rep

2000's

- Court Interpreters Training

2007

- Adoption of Judiciary's Language Access Plan

2008

- 1st Interpreters' Training by Court & UOG/UH

2009

2012

- 1st Interpreter Training in Behavioral Health by Kariñu / CEDDERS (Jan)
- CEDDERS/Kariñu Training on CLAS for Continuing Ed., Web-based Rn Training. AHEC & American Pac. Nurse Leaders Council (April)
- Judiciary LA Coordinator position established (Jul)
- GMH establishes CLAS Action Team (Sept 12)
- Guam EDHI Training for Interpreters in Hearing Impairment content by CEDDERS (Dec)

2013

- CIRP Training (Mar-Nov)
- Judiciary's LA Plan amended (Mar)
- Judiciary LA Coordinator's position filled (Jul)
- 2nd Interpreter's Training in Behavioral Health by Kariñu /CEDDERS (Jun)
- "Cultural Conversations" by Kariñu / CEDDERS (Jun)
- 1st CLASP Meeting (Nov)
- PEACE Council adopts CLASP as Subcommittee (Dec)
- 5 Year PEACE Plan with CLAS Standards as Requirement
- GOMH CLAS Trainings begun agency-wide

2014

- 1st Public Forum ("Access to Language Equality") by CLASP & Training for Interpreters (Jan)
- GCC Advisory Committee on LAS (Feb)
- CLASP Strategic Planning (Mar)



Project
Kariñu
Loving Our Babies



Funding for this publication was provided by the Child Mental Health Initiative, Health Services Administration/Center for Mental Health Services and the

Services on Guam

1997

Page Other Than
Placed by ESL/LOTE

- Guam Community College (GCC) Creates Sign Language Interpreter Program locally and regionally

1999

- DOE & University of Guam (UOG) establish Micronesian Language Institute (MLI) Training Program

2010

- Establishment of Project Kariñu with CLC Coordinator
- Establishment of GDOE's English as a Second Language Program (ESL)
- GMH contracts Helping Hands Hawaii for training and services

2011

- GOMH established at DPHSS
- 1st CLAS Training conducted by GOMH for DPHSS
- Kariñu's CLC Plan developed (May)
- GMH implements Language Proficiency Pre-Screening through NVAHEC and Testing of bi-lingual GMHA staff candidates (June)

2015

- Draft Executive Order on LAPs (Jan)
- NCCC Training on "Organizational CLC" (Jan)
- First licensed GCC Trainers of Interpreters (Aug)
- First cohort of trainees for GCC's Training for Interpreters (Aug)



ative (CMHI) Cooperative Agreement # 5U79SM059022-04 between the U.S. Department of Health and Human Services/Substance Abuse and Mental
Guam Department of Public Health and Social Services. The University of Guam is an Equal Opportunity Provider and Employer.



INFORMATION FORM FOR CULTURE AND LANGUAGE REPRESENTATIVES

(PLEASE TYPE OR PRINT LEGIBLY)

1. NAME: _____
2. MAILING ADDRESS: _____
3. EMAIL ADDRESS: _____ TELEPHONE NUMBER(S): _____
4. WORK ADDRESS AND TELEPHONE NUMBER: _____
5. NEXT OF KIN (OR OTHER WAYS TO CONTACT YOU): _____
6. ETHNICITY OR CULTURE YOU REPRESENT: _____
7. LANGUAGE(S) YOU ARE PROFICIENT IN SPEAKING: _____
8. LANGUAGE(S) YOU ARE PROFICIENT IN WRITING: _____
9. INDICATE LEVEL OF ENGLISH PROFICIENCY: ☐ High ☐ Medium ☐ Fair
10. Mark if interested in any or all of the following:
 - ☐ Serve as a participant in forums representing your culture
 - ☐ Serve as an interpreter (oral transmission of language)
 - ☐ Serve as a translator (written transmission of language)
 - ☐ Receive training to be an interpreter or translator
11. IF Applicable, mark all area(s) that you are willing and able to provide Language Access Services:
 - ☐ Medical ☐ Education ☐ Legal ☐ Substance Abuse ☐ Behavioral Health
 - ☐ Public Health ☐ Sexual Abuse ☐ Labor ☐ Other: _____
12. LIST ALL COMPLETED TRAINING IN LAS OR PROVIDE COPIES OF TRAINING CERTIFICATES (Indicate if none):

13. LIST OTHER TRAINING IN RELATED AREAS OR PROVIDE COPIES OF TRAINING CERTIFICATES:

14. EDUCATIONAL INFORMATION (DIPLOMAS, DEGREES, ETC):

15. LIST EXPERIENCES SERVING AS AN INTERPRETER OR TRANSLATOR (Indicate if none):

*PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY TO DESCRIBE EXPERIENCE AND TRAINING IN LAS AND OR PROVIDE A COPY OF YOUR RESUME.

Please ask us about free interpreter services!



Famaisen pot i Dibâtde na Setbision Intetpiti!



Libre po ang tagasalin para sa inyo!



Kose mochen kapaseis ngeni kich fan iten ekewe aninis ren fosun fonuomw!



Osr leng ku kasru ke lungasyen kas Kosrae suc kom ku in siyuk ke kasru ac tia moul nu sum (tia enenu in moul-free).



Ñe kwoj aikuj riukook, jouj im kajitok bwe ejelok wonen.



A mousbech a ngeseu e ng nga er ngii a chad el sebechel ngosukau el oiuid a tekoi el diak el ocheraol.



Soun kawehwe me sohte anahne pweipwei kak sawas, komw menlau peidek ni saledek.



Siro, mu fith marangean e ma'afweg thin ya dariy pulwon.



Co dich vu thong dich mien phi!



無料通訳サービスについてお問い合わせください！



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BEYOND MANDATES:

Language Access Services In Guam