

SAN MATEO COUNTY  
HEALTH DEPARTMENT

Effective Date: October 1, 2008

HEALTH POLICY NO.: HS A-26

SUBJECT: No Use of Minors & Careful Use of Family for Interpretation Policy

SUPERCEDES: New Policy

PURPOSE:

To ensure that quality, complete, accurate, impartial, and confidential communication is provided to Limited English Proficient (LEP) clients.<sup>1</sup>

BACKGROUND:

In May 2004, under the leadership of the Board of Supervisors and with support from the San Mateo County Health Department (SMCHD), the community came together at the first *Healthy Communities Summit* to begin identifying local health disparities and developing a plan of action to reduce them. Community members recognized that differences in health care and health outcomes in populations are often a result of social and economic factors, and summit participants voiced a commitment to eliminating these differences. One of the issues prioritized for initial focus of the *Healthy Communities San Mateo: A Community Health Improvement Initiative to Eliminate Health Disparities* is improving access to healthcare services for LEP populations.<sup>2</sup>

The SMCHD serves a significant population of LEP clients. Using ad hoc interpreters (defined as family members, friends, untrained staff, or strangers) for interpretation in service delivery may lead to errors, breaches in confidentiality, incomplete client health information, and misdiagnoses with harmful consequences.<sup>3</sup> Specific miscommunication concerns in using friends or family members as interpreters include: the friend or family member may not be adequately proficient in both languages; they may not know specific terminology; they may have difficulty with words or phrases that have no direct translation; clients may not be as forthcoming about their concerns in the presence of friends or family; and the interpreter may withhold clinical information or edit a client's or provider's statements to protect the family or client. Such information could include domestic violence, substance use, suicide, sexual health, and mental illness.

Research has found that it is especially dangerous for children to interpret. Children are more likely to make interpretation errors with potential or actual clinical consequences. Although LEP clients, of necessity, at times rely on a family member for interpretation assistance, there is also evidence that LEP clients find it inappropriate and unethical to rely on children to translate private and personal information about their parents.<sup>4</sup> In addition, children, especially young children, do not have the knowledge or maturity to understand the terms or concepts involved, or to handle the potential stress of an interpretation encounter. As a result, an encounter in which a child is relied upon as an interpreter could be psychologically harmful to the child and impact the power and cultural dynamics in the family.

POLICY:

1) LEP clients shall have services provided to them in their primary language or have quality interpreter services provided to them during the delivery of essential Health Department services. For the purpose of this policy, essential services include, but are not limited to, obtaining informed consent, obtaining medical histories, explaining complex health situations or concerns, providing clinical and emergency services, discussing any mental health issues or concerns, explaining client's rights and responsibilities, discussing issues at client and family health education sessions, and obtaining financial and insurance information.

SMCHD staff will discourage LEP clients from using friends or family members and will not allow minors to interpret during the delivery of essential services unless it is an emergency situation and absolutely no other options are available. Even with consent from the client, the convenience of using family/friends must be weighed against the absence of privacy and possible misinformation.

2) If the client refuses or declines the language assistance services and requests the use of a family member or friend, the client may have that person (but not a minor) interpret and SMCHD staff shall document that that the client preferred to decline assistance. Each SMCHD Division will determine appropriate protocol and process for documenting refusal of language services.

Even if an LEP client elects to use a family member or friend, SMCHD staff shall suggest that a trained interpreter participate in the encounter to ensure accurate interpretation. The trained interpreter in this situation stays discreetly in the background and only speaks when interpretation services provided by the family member are inaccurate or incomplete.

San Mateo County Health Disparities Initiative Oversight Group, March 2008.

*References:*

<sup>1</sup> Limited English Proficient refers to those residents who speak English "not well" or "not at all." In San Mateo County, Spanish-speakers make up the majority of LEP individuals, followed by Chinese (Mandarin and Cantonese), Tagalog, Russian and Tongan speakers.

<sup>2</sup> *Healthy Communities San Mateo: A Community Health Improvement Initiative to Eliminate Health Disparities* (2004). Retrieved February 26, 2008, from San Mateo County Health Department Health Policy and Planning Web site: <http://www.smhealth.org/hpp>

<sup>3</sup> Office of Minority Health, DHHS, *Health Care Experiences of Limited English Proficient Individuals. Developed by the American Institutes for Research (AIR)*. (Rockville, MD: Office of Minority Health, Department of Health and Human Services, 2005),

<sup>4</sup> G. Flores and others, "Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters," *Pediatrics* 111, no. 1 (2003): 6-14.



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