

Overcoming Language Barriers to Reduce Community Risk in Clifton, NJ

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Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that the appropriate credit is given where I have used language, ideas, expressions, or writings of another.

A handwritten signature in black ink, appearing to be 'D. M. J.', written over a horizontal line.

Signed: _____

Date: May 27, 2015

Abstract

The city of Clifton, New Jersey has an extremely diverse population. This diversity has resulted in numerous occurrences in which first responders could not adequately communicate with customers and patients due to language barriers. The problem experienced by the Clifton Fire Department was that the department does not have a plan in place to address the barriers experienced when mitigating emergencies involving limited English proficiency (LEP) customers. The purpose of this research was to formulate methods to provide services while mitigating emergencies involving limited English proficiency (LEP) customers in Clifton, NJ. The action research method was used to answer the following research questions: What percentage of the population of Clifton, NJ is identified as speaking English not very well or none at all? How many languages are spoken in the City of Clifton? What do other fire departments in New Jersey and nationally do to overcome a language barrier when providing services to the limited English proficient community? And, what liability could be incurred by the Clifton Fire Department (CFD) when encountering a limited English proficient customer with whom we cannot effectively communicate? A survey, personal communications, and a review of relevant published data were used during research. The results of the research provided insight into an unnecessary gap in the operational effectiveness of the Clifton Fire Department. The recommendation of this applied research paper is to formulate and institute a policy for operational personnel to utilize when encountering a language barrier within the LEP community.

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Introduction

The United States of America has, since the time of the Founding Fathers, been a place where those seeking refuge from their homeland have come, and been welcomed. This Land of Opportunity has evolved into one of the most culturally diverse nations on Earth; a veritable melting pot of cultures, languages, dialects and customs harmonizing. It is when these foreign born members of society require emergency assistance that gaps in the Clifton Fire Department's (CFD) service delivery are discovered, sometimes with tragic results.

The problem is the Clifton Fire Department (CFD) does not have a plan in place to address the barriers experienced when mitigating emergencies involving limited English proficiency (LEP) customers. The purpose of this research is to formulate methods to provide services when mitigating emergencies involving limited English proficiency (LEP) customers in Clifton, NJ.

The action research method was used to answer the following research questions:

1. What percentage of the population of Clifton, NJ is identified as speaking limited English?
2. How many languages are spoken in the City of Clifton?
3. What do other fire departments in New Jersey and nationally do to overcome a language barrier when providing services to the limited English proficient community?
4. What liability could be incurred by the CFD when encountering a limited English proficient customer with whom we cannot effectively communicate?

In addition to a review of relevant published data, a survey and personal communications were utilized in order to answer the above research questions.

Background and Significance

The city of Clifton, New Jersey is located approximately thirteen miles west of New York City and is the sixth largest city in New Jersey by population. The city's geographic location, in the north east corner of New Jersey, a very densely populated urban environment, in proximity to the largest city in America results in a community of numerous ethnic and culturally diverse citizens. These cultures and ethnic backgrounds combine to make Clifton one of the most ethnically and racially diverse communities in New Jersey, yet despite this dynamic in the population, in 1999 the Clifton City Council voted unanimously, 6-0, in favor of making English the official language in Clifton. The vote mandated that "all documents and publications be printed only in English" (Parry, 1999, para. 2).

Like many communities throughout the country, Clifton has non-geographic boundaries within the city that separate it into distinct neighborhoods, each with its own ethnic and socio-economic markers that distinguishes it from the others. For example, the Upper Montclair section, in the south-western portion of the city, has expensive homes, manicured lawns, wealthy occupants, and mostly Caucasian inhabitants. Whereas Botany Village, which makes up the northern most border alongside the Passaic River, has three, four, and five story multiple dwellings; railroad flat tenements; and low income occupants made up of mostly minority and foreign born inhabitants. It is these foreign born inhabitants that the U.S. Census Bureau identifies as speaking English "less than very well." The federal government and other local governmental and non-governmental agencies use the term limited English proficiency (LEP) to describe inhabitants of a community that speak English less than very well. It is these inhabitants of Clifton that will be the focus of this applied research project due to the increased occurrence of operational gaps being identified during emergency responses. The Clifton Fire Department

has no formally trained and certified translators on staff. While there are several bilingual firefighters, the languages they speak are Spanish, Polish, and Ukrainian, a mere tip of the iceberg in regards to the number of languages spoken in Clifton.

This applied research project is significant to the Clifton Fire Department on account of the lack of a formal policy or procedure on how to address LEP customers and the language barriers experienced between those customers and operational units. This leads to gaps in the department's ability to adequately interact with LEP customers causing a significant liability to departmental members and City. These gaps also cause significant delays in dispatching operational units due to language barriers between callers and call takers and create safety concerns for members and the public.

The author attended the EACRR course in January 2015 and during his time there concluded that the chosen subject had a direct correlation to the components of the Community Risk Reduction model, the National Fallen Firefighters Foundation's 16 Life Safety Initiatives, and the published goals of the U.S. Fire Administration (USFA).

The research was in line with the first three components of the Community Risk Reduction Model, which according to the EACRR Student Manual, are getting ready, risk assessment, and building support (FEMA, 2013 p. SM 1-7).

The research was simultaneously in line with the third and fourteenth life safety initiatives. The third initiative states, "Focus greater attention on the integration of risk management with incident management at all levels, including strategic, tactical, and planning responsibilities" (National Fallen Firefighters Foundation). The fourteenth initiative states, "Public education must receive more resources and be championed as a critical fire and life safety program" (National fallen Firefighters Foundation).

The research was also consistent with several of the USFA goals listed in the student manual. The first goal is to reduce risk at the local level through prevention and mitigation. This is accomplished through training and buy-in of community stakeholders to communicate the inherent risks associated with the LEP community. Another goal was to improve fire and emergency services' professional status. Procuring a proactive methodology to risk prevention and mitigation, opening a dialogue between the LEP community and the CFD, and implementing the knowledge gained from the EACRR course improved the level of professionalism within the CFD. A third goal was to lead the Nation's fire and emergency services by establishing and sustaining the USFA as a dynamic organization. The third goal was achieved by directly implementing the course goals at the local level, reducing risk, and improving the professional status of the fire department (FEMA, 2013, p. SM 1-7).

Literature Review

Beginning in 1890, the U.S. Census Bureau started inquiring about the languages that people spoke, and with some interruptions in the middle of the twentieth century, similar questions continue to this day (Ryan, 2011, p. 1). In 1980, 23.1 million people spoke a language other than English at home, compared with 59.5 million people in 2010 (a 158 percent increase, during which time the population grew 38 percent) (Ryan, 2011, p. 5).

In an article titled "The Faces of Immigration in Mercer County", published by the New Jersey Policy Perspective, a public policy organization that conducts research on public policy issues in New Jersey, Passaic County, in which the City of Clifton is located, ranks 4th out of New Jersey's 21 counties in foreign born population (Mann, 2008, p. 5). In the preface to that same policy brief, Paul Starr, President of the Sandra Starr Foundation, notes that between the

years 2000 and 2006 “the number of immigrants in New Jersey as a whole increased by 14 percent” (Starr, 2008, p. 1).

A review of the U.S. Census Bureau’s website was conducted to mine collected data to the local level in order to quantify the research. The American FactFinder page of the U.S. Census Bureau website “provides access to data about the United States, Puerto Rico and the Island Areas. The data in American FactFinder comes from several censuses and surveys accumulated over the years” (U.S. Census Bureau).

The U.S. Census Bureau collects data on languages spoken at home during their decennial surveys and defines *language other than English spoken at home* as:

Persons were asked to report whether they sometimes or always spoke a language other than English at home. People who knew languages other than English but did not use them at home, who only used them elsewhere, or whose usage was limited to a few expressions or slang were excluded (U.S. Census Bureau).

During a conversation with a classmate at the Command Post Pub on the grounds of the National Fire Academy, the author learned that local school boards of education would have information relevant to research question number two, how many languages are spoken in Clifton, NJ. An internet based search of the New Jersey Board of Education website, as well as the Clifton, NJ public schools website was conducted to vet this information.

Title VI, 42 U.S.C. § 2000d et seq. was enacted as part of the landmark Civil Rights Act of 1964. It prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance (Civil Rights Act). In 1980 the Department of Health and Human Services (HSS) expounded on Title VI by issuing a notice stating “No person may be subjected to discrimination on the basis of national origin in health and human services

programs because they have a primary language other than English” (Hm Chen, Youdelman, & Brooks, 2007, p. 363).

On August 11, 2000, President Clinton signed Executive Order 13166, *Improving Access to Services for Persons with Limited English Proficiency*. The Executive Order requires:

Federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them. (Exec. Order No. 13166, 2000)

That same day, the United States Department of Justice (DOJ) issued a general guidance document setting forth principles for agencies to apply in developing guidance pursuant to the Executive Order (United States Department of Justice, 2000). This document provides consistency among the various departments of the Federal government pursuant to the legislation, particularly in how it affects the LEP community. The DOJ document goes on to explain that “recipients of Federal financial assistance are required to provide meaningful access to LEP persons” (United States Department of Justice, 2000, p. 2)

According to the United States Department of Interior’s (DOI) website, Federal financial assistance “includes grants, cooperative agreements, training, use of equipment,” etc. Under the list of recipients that receive DOI assistance are “state and local government agencies” (*LEP Guidance*, 2000, p. 4). Interestingly, the document also states “some recipients operate in jurisdictions in which English has been declared the official language. Nonetheless, these recipients continue to be subject to Federal non-discrimination requirements” (*LEP Guidance*, 2000, p. 7).

On September 21, 2004, the U.S. Department of Justice's Civil Rights Division issued a LEP resource document titled *Tools and Tips from the Field*. The document is specific to public safety organizations, public safety answering points (PSAPs) and other areas of public safety communication in regard to the LEP community. 9-1-1 is the three digit telephone number designated nationwide for emergencies, according to the *Tools and Tips from the Field* document, "The number enables fast and easy access to a centralized public safety answering point that can dispatch emergency services including police, fire department, and emergency medical services."(U.S. Department of Justice [DOJ], 2004, p. 21). Issues, however, arise when "a caller has a limited ability to speak or understand English" (DOJ, 2004, p. 21).

An article in the *Emergency Number Professional Magazine* titled "Bridging the Cultural Divide: Cultural Competence in Public Safety" points out that awareness is the answer to bridging these cultural barriers. "In order to work effectively with foreign-born and LEP populations, it is helpful to understand the cultural and linguistic composition of the specific geographic area served" (Kelly, Willett, & Bancroft, 2006, p. 62).

In 2005, Hurricane Katrina, the most devastating natural disaster in American history, exposed gaps in local, state, and Federal agency response. As a result Congress passed the Post-Katrina Emergency Management Reform Act of 2006. This act, among other things, "requires FEMA to ensure that disaster-related information is made available in understandable formats for population groups with limited English proficiency and for individuals with special needs" (Post-Katrina Emergency Management Reform Act, 2006). In accordance with Section 616 of the Post-Katrina Emergency Management Reform Act (PKEMRA), the U.S Department of Homeland Security (DHS) has identified 22 different languages as those most frequently encountered during and after response to a natural disaster (*Draft language plan*, 2014, p. 7).

Jeffrey Passel, a demographer at the Pew Hispanic Center in Washington, D.C, estimated that, as of 2004, approximately 350,000 undocumented persons resided in New Jersey. One year later that number was 358,000, the ninth highest in the country (Passel, 2005). On March 26, 2015 Mr. Passel testified before the U.S. Senate Committee on Homeland Security and Governmental Affairs Hearing on: *Securing the Border: Defining the Current Population Living in the Shadows and Addressing Future Flows*. While his testimony revealed the overall population of unauthorized immigrants within the United States has seen a decline over recent years, the overall unauthorized immigrant population in New Jersey makes up 5.8% of the total population, or 518,519 persons, a 44% increase in a decade (*Securing The Border*, 2015).

In a study published in the medical journal *Prehospital Emergency Care* Meischke, Chavez, Bradley, Rea and Eisenberg (2010) found that of the 150 9-1-1 telecommunicators surveyed, 70% reported they encounter LEP callers daily and 78% reported a communication difficulty as a result (p. 265). A study published in the *Journal of General Internal Medicine* for the Joint Commission on Health Care Organizations describes a “triple threat” that impedes effective communication with limited-English-proficiency (LEP) populations: (1) Language differences, (2) Cultural differences, and (3) Low health literacy (Schyve, 2007, p. 361). Meischke et al concluded that “with the increasing number of individuals who do not speak English well in the U.S. population, the importance of LEP prehospital care will likely continue to grow” (Meischke et al., 2010, p. 265).

In another healthcare study published in the journal *Nursing Management*, Sedney and Wisotzkey concluded “language barriers have a direct impact on patient communication, which also directly impacts health outcomes” (Sedney & Wisotzkey, 2013, p. 19). While Collins, Gullette, and Schnepf (2004) in their study “Break Through Language Barriers”, summarize

“language impairment in patients causes, amongst other things, a greater likelihood of hospital admission and frequent misdiagnosis or inappropriate treatment” (p. 20). Nearly 20 years ago, researcher Sondra Thiederman, PhD concluded her article “Improving Communication in a Diverse Healthcare Environment” by stating “diversity in the workplace is a growing phenomenon that affects all businesses including the healthcare industry; however, it frequently is accompanied by confusion and conflict resulting largely from failure in communication” (Thiederman, 1996, p. 72).

“Provider-patient language discordance is related to worse quality care for limited English proficient (LEP) patients who speak Spanish” provided the premise for a study published in the *Journal of General Internal Medicine*. The study “Providing High-Quality Care for Limited English Proficient Patients: The Importance of Language Concordance and Interpreter Use” provided compelling research that stipulated “patients with hypertension and diabetes reported better health outcomes when their physician spoke their native language” despite the fact that “language barriers are associated with less health education, worse interpersonal care, and lower patient satisfaction” (Ngo-Metzger et al., 2007, p. 324).

A study that encompassed a large health maintenance organization (HMO) in New England found that professional interpreter services can increase delivery of health care to limited-English-speaking patients (Jacobs et al., 2001, p. 468).

Ngo-Metzger et al. found similar results “in language-discordant visits without a clinic interpreter, LEP patients were significantly less likely to receive health education.” Having language concordance between providers and patients is still the optimal situation (Ngo-Metzger et al., 2007, p. 327).

Following a systematic literature search of scholarly medical articles published between 1966 and 2005 in *Pub-Med* and *PsycINFO*, Karliner, Jacobs, Hm Chen, and Mutha found that of the 3,698 referenced articles, 28 met the criteria of use of professional interpreters vs. ad hoc interpreters. Of those, 21 assessed professional interpreters separately from ad hoc interpreters. Their results found “in all four areas examined, use of professional interpreters is associated with improved clinical care more than is use of ad hoc interpreters.” They also found the quality of the LEP patients’ care is on par with that of non-LEP patients’ solely through the use of a professional interpreter (Karliner, Jacobs, Hm Chen, & Mutha, 2007, p. 727). Glenn Flores, MD, writes “Ad hoc interpreters, including family members, friends, and untrained members of support staff are commonly used in clinical encounters.” His research also found such interpreters are “considerably more likely than professional interpreters to commit errors that may have clinical consequences” (Flores, 2006, p. 230).

In April 2002, The Access Project, a program of the Center for Community Health Research and Action of the Heller School for Social Policy and Management at Brandeis University published the study “What a difference an interpreter can make.” The study focused on the health care experiences of uninsured persons with limited English proficiency. In the wide reaching study, which encompassed more than 4,000 uninsured respondents who had received health care between May and August 2000 at 23 hospitals in 16 cities, the findings were similar with those of previously mentioned studies. While this study asked several clinical care related questions, it also asked questions about the general cleanliness of the hospital and other non-clinical questions. The results found that “a significant portion of the respondents who needed but did not get an interpreter reported leaving the hospital without understanding how to take prescribed medications. (Andrulis, Goodman, & Pryor, 2002, p. 1).

Effective communication during an emergency is crucial for an appropriate emergency response. Out-of-hospital language barriers are often first encountered by public safety answering points (PSAPs) euphemistically referred to as dispatch centers. In a study of Chinese speaking immigrants “language difficulties, negative perceptions of EMS, perceived costs of using emergency services, and no previous experience with 9-1-1 were commonly described as barriers to calling EMS during emergencies” (Ong, B., Po Yip, M., Feng, S., Calhoun, R., Meischke, H., Tu, S. 2011, p. 308). A recent study in Seattle, Washington exposed the flaws found in LEP persons calling 9-1-1, the call taker and an over-the-phone (OPI) interpreter services to facilitate communications. The study shows that while timely, accurate information from the telecommunicators is essential for providing appropriate care on scene, language barriers can hamper these efforts and result in a less efficient exchange of vital information. And despite the opportunity to utilize OPI services, managing three-way communication during an emergency is challenging. The results of this study showed:

Of 123 respondents, 69 (56.5%) 9-1-1 telecommunicators reported utilizing OPI services at least 75% of the time when receiving a call from an LEP caller. Further, 35 (28.7%) of these telecommunicators reported calls with LEP individuals as more stressful than calls with fluent English speakers (Carroll, Calhoun, Subido, Painter, & Meischke, 2013, p. 291)

In the first study of its kind that focused on LEP callers into a PSAP where CPR (cardio-pulmonary resuscitation) instruction were being given over the phone showed incredibly poor outcomes. “Having 911 telecommunicators deliver CPR instructions increases cardiac arrest survival, but limited English proficiency (LEP) decreases the likelihood callers will perform CPR and increases time to first compression.” The study found CPR quality was poor across the

three parameters of the study and that connecting to interpreter services added almost 2 minutes to the time of first compression (Meischke et al., 2014, p. 3). Another scholarly article found that among the Cambodian population in and around Seattle, Washington, numerous respondents to the study, more than 1/3, would call a friend first prior to calling 9-1-1 when experiencing a cardiac emergency (Meischke et al., 2012, p. 178).

The American Heart Association released a 2013 study “Increasing Cardiopulmonary Resuscitation Provision in Communities with Low Bystander Cardiopulmonary Resuscitation Rates”. The study, as published in the periodical *Circulation*, revealed that “language barriers or physical disabilities may also contribute to delays caused by ineffective communication between the caller and the dispatcher” thereby increasing mortality rates for out-of-hospital cardiac arrest victims (Sasson et al., 2013, p. 1343). This study points to not only the real delay in patient care caused by the language barrier but also to the perceived barriers that may delay care such as a distrust of contacting the police and helping someone in high crime neighborhoods (Sasson et al., 2013, p. 1343), all of which culminate in poor patient outcomes. “Language barriers were also found to increase time to dispatch and the accuracy of the level of aid dispatched during medical calls” (Meischke, Calhoun, Yip, TU, & Painter, 2013, p. 479).

Another study revealed the increased risk of delayed hospital arrival times for Hispanics suffering acute chest pain and CVA (cerebral-vascular accident), or stroke symptoms. The study concluded that while the intention to call 911 did not differ among the survey groups, non-Hispanic blacks, Hispanics, and non-Hispanic whites, there was a direct correlation between the “lack of English proficiency being strongly associated with lack of heart attack and stroke knowledge among Hispanics (DuBard, Garrett, & Gizlice, 2006, p. 195).

A study of out-of-hospital cardiac arrest (OHCA) patients in Denver, Colorado found that individuals in neighborhoods composed of minority and lower socioeconomic status populations are simultaneously more likely to suffer OHCA and less likely to have bystander CPR performed. Of the six barriers identified in the study, language barriers were second to a distrust of law enforcement (Sasson et al., 2014, p. 2).

New Jersey is one of three states that have enacted requirements that physicians and other health professionals receive training or continuing education that addresses language access or cultural competence (Title 45 Professions and Occupations, 2013). New Jersey is also one of a handful of states that has linked facility licensure to the provision of providing language services (Standards for Licensure of Residential Healthcare Facilities, 2014).

A white paper titled “The High Cost of Language Barriers in Medical Malpractice” published by the University of California at Berkeley’s School of Public Health in 2010, analyzed medical malpractice claims in four states to identify when language barriers have resulted in harm to the patient. Researchers identified 35 closed claims between January 2005 and May 2009 that identified significant language barriers. Thirty two of those claims found that health care providers failed to provide competent interpreters. In 12 cases, “family members or friends were used as interpreters, including minor children in 2 cases” (Quan & Lynch, 2011, p. 4). Twelve other claims involved “the failure to translate important documents such as informed consent forms and discharge instructions.” Nearly all claims demonstrated poor documentation of a patient’s limited English proficiency or the need for a translator. In all more than \$2,793,800 was paid out in legal fees and settlements (Quan & Lynch, 2011, p. 3).

A study printed in the journal *Pediatrics* found that, in 474 pages of transcripts, only six instances were noted as having professional interpreters present during medical transcription.

The other instances utilized ad hoc interpreters, “including friends, family and minor children” to interpret for medical staff. In the case of the ad hoc interpretation sixty-three percent had errors with potential clinical consequences. The study concludes “family members, friends, and especially minor children are often not competent interpreters because they do not interpret accurately and are prone to omissions, additions, substitutions, and volunteered answers” (Flores et al., 2008, p. 13).

An article in the *AMA Journal of Ethics* highlights the legal risks involved with poor communication between medical personnel and the LEP community. The first case involved a 13 year old Hispanic girl who was misdiagnosed twice in the Emergency Department (ED) of a Phoenix, Arizona hospital. What was diagnosed as gastritis was actually a ruptured appendix that resulted in the girl’s death. The misdiagnosis was based on the fact that her parents spoke no English and the patient, whom often acted as translator for her parents, was too ill to speak for herself. No translator was offered to the parents of the young girl. The second case involved an 18 year old male Hispanic who told his girlfriend he was “intoxicado” and collapsed. The girlfriend and her mother repeated this word to the paramedics and to hospital staff who assumed he was intoxicated, when he meant nauseated. Three days later a neurological test was performed which showed a ruptured intracranial aneurysm which left him a quadriplegic. This case resulted in a \$71 million dollar settlement following a malpractice suit filed against the paramedics and hospital staff (Von Kempen, 2007, p. 556).

Title 8 Chapter 40 subchapter 1 of the New Jersey Administrative Code provides the authority, scope, and definitions for mobility assistance vehicles and basic life support ambulance service. Section 3.6, patient care reports, stipulates the proper documentation to be utilized each time a crewmember makes physical or verbal contact with a patient. Paragraph (c)

states “If a patient refuses care, the refusal shall be documented on the patient care report and an attempt shall be made to obtain the signature of the patient (or guardian) on a "Refusal of Care" statement” (N.J.A.C Title 8 Chapter 40, 2011).

The New Jersey Statutes Annotated (N.J.S.A) Title 26 Health and Vital Statistics Chapter 12.8. Bill of Rights for Hospital Patients, Chapter H states:

to expect that within its capacity, the hospital will make reasonable response to his request for services, including the services of an interpreter in a language other than English if 10% or more of the population in the hospital's service area speaks that language. (New Jersey Statute Annotated, 2001)

In addition to lawsuits for improper care, physicians may be legally vulnerable if an inability to communicate prevents them from obtaining adequate informed consent. In the Kansas case *Quintero v. Encarnacion*, a woman who was presumed homeless and spoke little to no English, was evaluated by physicians and found to be mentally ill resulting in her voluntary commitment and hospitalization for more than 12 years. An advocacy group working on her behalf found her to be mentally competent once her native language was identified and used to communicate with her. In the lawsuit that followed the court, “held that informed consent could not be obtained if the explanations were conducted in a language the patient did not understand” (Von Kempen, 2007, para. 7).

In order to gather information relevant to what other fire departments do to address the needs of the LEP community in their jurisdictions a review of several metropolitan fire department web pages was conducted along with personal communication with colleagues.

In reviewing the websites for the fire departments it was discovered that several agencies, FDNY, City of Houston, Texas, and Fayetteville, North Carolina to, name a few, all rely on LanguageLine Solutions to handle over-the-phone interpreter services. A literature review

pertaining to the fourth research question led to the New Jersey State statutes regarding Emergency Medical Service (EMS) immunity and the Good Samaritan Act. The State of New Jersey's Legislature website offers an alpha-numeric list of the statutes and laws that have been passed and are used to govern the state. Those statutes pertaining to EMS and fire department immunity were focused on.

The Ocean County College library database was utilized to search for textbooks pertaining to the research question. The textbook *EMS and the Law* was borrowed and read in order to further understand how laws are used to govern the practices EMS workers use to treat the sick and injured and who is covered by those laws. Further research was conducted utilizing pertinent chapters from J. Curtis Varone's book *Legal Considerations for Fire and Emergency Services*, specifically chapter 7 Civil Liability Issues. This led to a review of the New Jersey Tort Claims Act (NJSA 59:1-1-59:10-10) for further understanding of the laws governing public entities in New Jersey.

An article published in *EMS World Magazine* in 2005 detailed how state laws protecting EMS providers is dependent on the jurisdiction where one is employed (Cassandra & Nagorka, 2005, p. 1). An article in the *New Jersey Law Journal* in 2002 highlighted a case in which an appeals court in New Jersey ruled that "emergency medical technicians are not entitled to immunity for negligence in record-keeping that leads to injury or death" (Toutant, 2002, p. 1). This case stemmed from an EMT who failed to properly document a patient's medical condition resulting in delayed care and the patient's death.

These articles led to a review of legal documents and case law pertaining to the issues encountered during patient care that arise out of language barriers and if a liability can be

incurred by a public entity that fails to adequately address that language barrier. Reliance was placed on internet based searches as well as Mr. Hafter's and Mr. Varone's books for guidance.

In summary the findings/observations of the literature review influenced the project by clarifying the identified purpose and reinforcing the need for the applied research. A review of the federal laws requiring language interpreter services and the policies written to guide other fire departments in addressing their LEP community further influenced the need for a policy to address the LEP community in Clifton, NJ reducing the identified risk to the community.

Procedures

The research focused on accumulating relevant information pertaining to the identified problem and purpose statements. This process began at the National Fire Academy's Learning Resource Center. A computer based search utilizing keywords such as *language barriers* and *limited English proficiency* within the subject tab of the Learning Resource Center's database was conducted.

Afterward, research was conducted on pre-hospital healthcare and LEP customers; this search was then expanded to the in-patient hospital setting. The research was conducted via internet searches utilizing Google Scholar as well as published data found in the Ocean County (NJ) College library's inter-library loan program. Relevant data pertaining to academic publications in medical journals, legal publications involving case law, Federal laws, and local jurisdictional policies were reviewed and noted for relevance. A search of policies for other municipal fire departments was also performed utilizing a variety of internet based search engines. In each instance keywords such as *limited English proficient, laws involving LEP, LEP and pre-hospital EMS and fire departments and LEP community* were used in order to narrow the focus of the search.

With the intention of answering the first research question, the U.S. Census Bureau's webpage, specifically the American FactFinder section of the website was reviewed.

With the purpose of answering the second research question, a review of the U.S. Census Bureau's webpage as well the City of Clifton's Board of Education website was conducted. It was during a personal communication with Alicja Banning, program coordinator for the Language Learners Program (LLP) and English as a Second Language (ESL) Programs for the Clifton Public Schools, on April 17, 2015 that the actual number of languages spoken in the City of Clifton was obtained. Ms. Banning's email address is published on the Clifton Board of Education website, an email was sent via a personal email provider. During a subsequent phone conversation, Ms. Banning made herself available to a request for an informal interview on the topic. The questions asked have been added as Appendix 1.

In order to answer the third research question, personal communications with members of neighboring fire departments as well as an external fire department survey were utilized.

The survey, titled Limited English Proficient Customers, was created to ascertain whether other fire service organizations across the United States experienced issues in addressing the needs of the limited English proficient populations they serve (see Appendix 4-12). The survey was produced by using survey monkey to ask ten questions with a variety of answering options to capture as much information as possible from each respondent.

The first three questions were designed to gather information about the respondent's agency and population served. These questions were relevant in ascertaining how large a community the fire department served and the type of department (career, volunteer or combination) in order to quantify the increased opportunity to experience an LEP customer.

The fourth question was prefaced with an explanation of the definition of an LEP customer and asked if the respondent has LEP customers in his/her response area. The purpose of this question was to ascertain the overall number of affirmative responses.

The fifth question asked the respondent if they were aware of how many languages other than English are spoken in his/her response area. If the respondent answered *yes*, a blank space was provided for the respondent to elaborate on the specific number, if known. The purpose of this question was to identify the gap in service delivery of the respondent's home agency.

The sixth question asked the respondent if they have ever experienced a language barrier during an emergency response. The purpose of this question is to ascertain another gap in service delivery within the respondent's home agency.

The seventh question offered those who answered question six with a *yes* to please elaborate on how they mitigated that barrier. A blank space was provided for the respondent to add comments.

The eighth question asked respondents if his/her agency has a policy or procedure on how to deal with LEP customers within his/her response district. The purpose of this question was to identify the number of respondents whose agencies actually have a policy on how to address LEP customers.

The ninth question asked those who responded *yes* to question eight to please elaborate on their policy. The purpose of this question was to offer groundwork for the formulation of a policy for the Clifton Fire Department. A blank space was provided for the respondent to offer commentary.

Once the survey was created, four primary outlets to distribute the survey and gather results were utilized. The first outlet was the International Association of Fire Chief's (IAFC)

KnowledgeNet webpage, the author is a member and subscriber to this organization. A new discussion was started on the discussion page; this offered a brief description of the Executive Fire Officer Program and the Executive Analysis of Community Risk Reduction course as well as a link to the survey.

The second outlet was the Executive Development and Executive Analysis of Community Risk Reduction courses email list of classmates. A brief description of the applied research project as well as a link to the survey was included in this email.

The third outlet was a group email to the members of the IAFC Company Officer Leadership Committee of which the author is a member. A brief description of the applied research project as well as a link to the survey was included in this email.

The fourth outlet was the U.S. Fire Administration's Training Resource and Data Exchange (TRADE) program, a network designed to foster the exchange of fire-related training information among fire service professionals. The author posted a link to the survey via the TRADE website where it was distributed to all subscribers to the TRADE program.

Understanding that this survey approach would be limiting in its reach, an internet search of fire departments nationwide and their community's websites was conducted in order to substantiate and vet the information received. This research was conducted to garner a better understanding of the relationship between other fire departments and their LEP community and how the two interact on a daily basis.

Language Line Solutions was repeatedly listed as a means of mitigating language issues encountered by other fire and emergency service agencies. An internet search was conducted which yielded relevant information regarding the company. An email was sent via the webpages' *contact us* tab to request additional information.

In the course of doing research the author was able to have pointed discussions with several fire and emergency service colleagues. These personal communications went a long way to provide information relevant to the problem and purpose statements. Communications with Captain Kevin Nelson of the Bloomfield, NJ fire department; Captain Doug Baier of the Bremerton, Washington, fire department; Paul Dansbach of the Rutherford, NJ, fire department; and with Joseph Travaglio, EMS shift commander for SouthWest Ambulance Service were conducted to add relevancy to the research questions.

To answer the fourth research question, numerous medical research journals, academic periodicals, newspaper articles and case law published on Google Scholar and relevant material in the Ocean County College Library were searched and reviewed.

On April 8, 2015 an email was sent to Ms. Margaret Keavney, General Counsel for Monmouth Ocean Hospital Services Corporation (MONOC), a non-profit hospital services company which provides emergency and non-emergency medical transport services in New Jersey. The author is employed by this company as a paramedic and utilized the company's email directory to contact Ms. Keavney.

A similar request was emailed to Mr. J. Curtis Varone, retired Deputy Chief and EFO graduate, via the *contact us* tab on his Fire Law Blog website, www.firelawblog.com.

Limitations to the research methodology were discovered while researching case law involving pre-hospital providers and the LEP community, specifically many sites required payment to view the entire document. The research was further limited by the reliance on data collected by external entities such as internet based searches and local libraries that did not have relevant research materials on site. Further limitations to the research results were discovered in the personal communications with Ms. Margaret Keavney, General Counsel, Monmouth-Ocean

Hospital Services Corporation (MONOC) Emergency Medical Service (EMS) and with Curtis Varone, in that there was no documented case of liability involving an LEP patient in the pre-hospital setting. Limitations were also experienced in the survey results. Despite having sent the survey personally to more than 35 EFOP classmates, posting the survey on the IAFC KnowledgeNet website as well as having the survey distributed via TRADE, only 40 fire service professionals took the time to respond to the survey. These limitations, while experienced, did not adversely affect the results of the research.

Results

A review of academic publications, an administered survey, several personal communications and a review of policies of numerous fire departments across the country was conducted in order to provide qualitative and quantitative data to formulate the results of the research as follows.

Data mining of the US Census Bureau's webpage was utilized to ascertain what percentage of the population in Clifton, NJ is listed as speaking English *not very well* or *not at all*. The results show 85,390 persons reside in Clifton, NJ. Of that number, 36.5% are listed as foreign born culminating in 55% of the total city population speaking a language other than English at home (US Census Bureau).

In the 2009-2013 American Community Survey 5-year estimates, the U.S. Census Bureau reported in 7.7% of all households in Clifton, NJ no one over the age of 14 spoke English only or English *very well*. The aggregate number of households with a language other than English being spoken is 56.4% with 35.9% of that number speaking English *less than very well* (US Census Bureau).

Research question number two was specifically answered during a conversation with Ms. Alicja Banning of the Clifton Board of Education. The results for research question two, according to the New Jersey Department of Education's *Preschool Teaching and Learning Standard*, there are 187 languages spoken in New Jersey (NJ DOE, 2013, p. 6). The Clifton Board of Education identifies 77 languages other than English spoken at home (A. Banning, personal communication, April 17, 2015). A list of the 77 languages spoken in Clifton, NJ has been included as Appendix 2.

The results of the research for question three yielded several fire department policies available online. For instance, the New York City Fire Department (FDNY) offers language interpretation services across all spectrums of their offered services, i.e. suppression, EMS, prevention, education and investigation. This is accomplished through grants, accessing Language Line Solutions and training for members to become certified interpreters if interested (FDNY Language Plan, 2009, p. 2). The City of Houston, Texas Fire Department (HFD) utilizes, amongst other adjuncts, a program call "iSpeak" cards. These cards are carried by the LEP individual and are used to identify what native language the individual speaks. The cards are found on the internet via the City of Houston webpage, are filled out then printed and pasted back-to-back by the individual. This card is then presented to the city employee i.e. firefighter/paramedic who then uses it to identify the language needed to be translated via Language Line (City of Houston Language Access Plan, 2014, p. 7). The City of Fayetteville, North Carolina, utilizes iSpeak cards as well and hands these cards out to LEP residents at various city functions to help address a future need (City of Fayetteville Limited English Proficiency Policy, 2011, p. 4). These fire departments seem to be the exception rather than the rule in having policies in place to accommodate the LEP community.

The results of the survey, Limited English Proficient Customers, are as follows:

Survey question one identified the type of department. Of the forty responses, 21 or 52.50% were career, 18 or 45% were combination and 1 respondent or 2.50% was from a volunteer department.

Survey question two requested the number of members in the responding organizations. Of the forty responses, 25 or 62.50% were from agencies of 1-100 members, 12 respondents, or 30% were from 100-500 member departments, 2 respondents or 5% were from 500-1,000 member departments and 1 respondent or 2.50% of respondents were from 1,000-5,000 member departments. Zero respondents were from an agency larger than 5,000 members.

Survey question three estimated the population served by the responding department. Two respondents or 5% were from agencies that serve 100-1,000 people. Twenty respondents or 50% were from agencies that serve 10,000-50,000 persons. Twelve respondents or 30% serve 50,000-100,000 persons. And 6 respondents or 15% of respondents were from agencies that serve 100,000-500,000 persons. Zero respondents were from agencies that serve 500,000 or more persons.

Survey question four identified if the department surveyed had LEP customers in its community, all but one, or 97.50% answered yes. One respondent or 2.50% answered no.

The intent of survey question five was to learn if the surveyed department knew how many languages other than English are spoken in its community. Thirty respondents or 75% answered no. Ten respondents or 25% answered yes.

The responses to survey question six indicated that 38 or 95% of department members had experienced a language barrier during an emergency response. Two or 5% answered they had not.

Survey question seven produced a myriad of solutions, including the use of bilingual police officers, Language Line Solutions, Inc. and other translator services, for mitigating a language barrier on an emergency response.

Survey question eight responses indicated that 6 of the 40 respondents, or only 5% of respondents, belong to a department with an established policy or procedure to handle emergencies in their LEP community.

Survey question nine yielded that of the seven who answered most offered contacting Language Line Solutions as their policy regarding an LEP customer.

One limitation noted in the survey was the low number of survey respondents given the large population of fire service professionals the survey attempted to reach; a larger number of respondents would have offered credence to the problem and purpose statement in establishing a lack of a policy as a nationwide event. An additional limitation was noticed after the survey was distributed; the survey did not request the respondent's home state. While the assumption can be made that most were from outside the state of New Jersey, there is no way to validate this hypothesis. While this lack of information did not adversely affect the results of the applied research project, the result would have allowed for a greater examination of the scope and depth of the lack of programs more accurately. Despite the fact that only forty responses to the survey were returned the data collected was fruitful in aligning the survey results with the purpose statement of this ARP.

The result of an internet search of the Language Line Solutions webpage resulted in finding that it "is a leader in over-the-phone, face-to-face, and video remote interpreting and document translation services with over 200 languages offered and 24/7, year-round support" (Language Line Solutions).

The request for information from Language Line Solutions, Inc., was followed by a phone call from Ms. Julie Metzger, strategic account executive for Language Line Solutions on April 22, 2015. During this conversation pointed questions specific to the research topic were asked. The questions are listed as Appendix 3. Ms. Metzger stated “Language Line Solutions offers interpreter services for more than 200 languages 24/7 365.” When asked “once an agency contracts with Language Line Solutions what happens next?” Ms. Metzger replied, “you call the 800 number and provide your assigned a six digit client ID number to access the service.” This led to the question of cost, which was answered “pricing depends on the contract. Per call basis is \$1.60/minute which is billed monthly.”

In a conversation with Captain Kevin Nelson of the Bloomfield, NJ Fire Department the author gave a synopsis of the research topic and asked if “his department has a policy in place to address the LEP community in Bloomfield?” He answered “no, there was no such policy in place.” (K. Nelson, personal communication, April 27, 2015)

A similar conversation took place with Doug Baier of the Bremerton, Washington Fire Department who, after completing the survey sent an email stating “we have a growing population of South American immigrants and have done nothing to accommodate this group.”(D. Baier, personal communication, April 30, 2015).

During a course offered by the New Jersey Division of Fire Safety the author met Paul Dansbach, Fire Marshal for the Borough of Rutherford, NJ, who, after a conversation over lunch about the research topic stated his volunteer department as well as the Rutherford Bureau of Fire Safety that he works for has no policy in place to address the “sizable immigrant population of Rutherford.” (P. Dansbach, personal communication, March 19, 2015).

Joseph Travaglio, EMCT, EMS Shift Commander for SouthWest Ambulance, Arizona's largest 9-1-1 emergency ambulance transportation provider, stated "since the primary language barrier here is Spanish, there is almost always a Spanish speaker on duty in the ED (emergency department). So it's a simple matter of calling the patch phone while on scene and asking for a Spanish speaker to translate the conversation." He went on to say "there is no protocol in place; it's simply a common sense thing." (J. Travaglio, personal communication, April 30, 2015).

The email request sent to Ms. Keavney resulted in the following. After a brief description of the EFO program and the ARP research I asked "Are you are aware of any legal cases regarding prehospital providers and consent or refusal forms not being offered in multiple languages that resulted in harm to an LEP patient?" The following day Ms. Keavney replied ".....I do not know of any cases involving prehospital care." (M. Keavney, personal communication, April 9, 2015).

The results of the email request to Mr. Varone resulted in the following. After explaining the research problem and purpose the following question was offered "if an LEP patient signed a consent to treat form or a refusal of treatment form that was not offered in a language native to the LEP individual, could the fire department be held liable or would the state's immunity laws cover them?" Mr. Varone replied "it would be pretty difficult to hold the medics liable-not impossible-but difficult." He went on to explain it would be very difficult for any agency to keep forms available in each language spoken in that community. (J. C. Varone, personal communication, April 25, 2015).

As the personal communications and survey results show, many fire departments and EMS agencies across the nation are lacking any formal policy or procedure to mitigate the challenges experienced by language barriers.

That other fire departments across the nation have policies and procedures in place to address the LEP community concluded in a positive research result of the hypothesis that an issue can/will arise due to language barriers, therefore the need for a policy to protect the LEP customer and the CFD member is required.

The fourth research question resulted in a review of the laws that govern emergency medical care in New Jersey. Specifically N.J.S.A 2A:62A-1.2 *Immunity from civil damage for firefighters at accident scenes* which states:

a municipal, county or state firefighter, whether volunteer or paid, shall not be liable for any civil damages as a result of any acts or omissions undertaken in good faith in rendering care at the scene of an accident of emergency (New Jersey Statute Annotated, 2001).

The New Jersey Immunity Provision (NJSA 26:2K-29) states:

No emergency medical technician (EMT) shall be liable for any civil damages as the result of an act or the omission of an act committed while in training of or in the rendering of intermediate life support services in good faith (New Jersey Statute Annotated, 2001).

Chapter 6 of Jacob Hafter's *EMS and the Law* textbook is titled Good Samaritan Laws and Immunity and states "Good Samaritan laws are designed to eliminate the common-law right of a victim of an emergency to pursue legal action for negligent acts performed by a physician who voluntarily and without compensation renders aid" (Hafter, 2004, p. 47). While this act was originally intended to entice physicians to stop at accident scenes and render care without fear of potential liability it has since been passed in all fifty states to include pre-hospital emergency medical service providers.

Chapter 11 of *EMS and the Law* addresses documentation and states in the conclusion regarding proper documentation “doing so not only reduces your liability as a health care provider, but may also facilitate better outcomes in the continuum of care” (Hafer, 2004, p. 88).

Curt Varone’s book *Legal Considerations for Fire and Emergency Services* defines tort as a general term for a civil wrong and is considered an act committed by one person against another causing injury (Varone, 2007, p. 185). While tort claims acts established a procedure by which an injured party could file a damage claim against a governmental entity, the New Jersey Tort Claims Act defines immunity for a public entity and asserts a public entity is not liable for any injury “whether such injury arises out of an act or omission of the public entity....” (Tort Claims Act, 1972).

While N.J.S.A. Title 26 describes in depth the rights of patient’s, the results of the research show it makes no mention of the requirement of prehospital providers regarding the rights of the patient, essentially the patient’s “rights” begin at the hospital door.

The results of the research into title 8 chapter 40 subchapter 1 of the New Jersey Administrative Code providing the authority, scope and definitions for Mobility Assistance Vehicles and Basic Life Support Ambulance Service shows the code makes no mention of a requirement to provide the “refusal of care” forms in any language other than English.

These documents and research materials coupled with the personal communications with Curt Varone resulted in an unexpected outcome as it would appear that even if an emergency service entity does not provide information relevant to patient care in a language the patient can understand there will be no legal ramifications as the public entity is covered under the immunity laws as long as no “gross negligence” occurs. There was no information regarding past precedence of gross negligence applying to language barriers available despite a search of case law utilizing Google Scholar®.

The overall result of this applied research project culminated in a better understanding of the laws governing emergency services and their relationship to patient care. In deference to the immunity laws protecting emergency service members in New Jersey, the research has resulted in the understanding that a liability need not necessarily be correlated to legal action.

Discussion

The applied research project's results compared to the findings of others discussed in the literature review by providing adequate background for the research problem and purpose hypothesis. The article *The Faces of Immigration in Mercer County* provided concrete background on the growth of minorities and immigrants in New Jersey, lending credibility to the research into the large limited English proficient population of New Jersey (Mann, 2008, p. 5). During the pre-course work for the Executive Analysis of Community Risk Reduction course, the U.S. Census Bureau's American FactFinder website proved to be an invaluable resource while mining census data down to the local level. This website continued to be valuable in ascertaining specific numbers of census tracts in Clifton, NJ and where the highest location of immigrants and possible LEP customers are located (US Census Bureau). The literature review of Federal laws, the Civil Rights Act, and how those acts and laws impact the local delivery of emergency services helped to guide the research relevant to the fourth research question (DOJ, 2004, p. 4).

The startling number of LEP students enrolled in the Clifton school system was eye opening. Of the more than 11,000 students enrolled in the Clifton Public Schools, 41% come from other than English families with 5% of the total enrollment participating in English Language Learner programs (Clifton Board of Education, n.d., p. 5). These programs provide English language instruction beginning in preschool and continue thru grade 12.

While no case law could be found regarding a fire department or EMS agency being held liable for documentation issues or patient care issues resulting from language barriers, *The High Cost*

of Language Barriers in Medical Malpractice white paper emphasizes the need for strict policies regarding LEP and language discordance in order to prevent such liability for fire and EMS agencies (Quan & Lynch, 2011, p. 3).

Flores et al. concluded “family members, friends, and especially minor children are often not competent interpreters because they do not interpret accurately and are prone to omissions, additions, substitutions and volunteered answers” (Flores et al., 2008, p. 13). This feeble attempt at interpretation has been witnessed several times when no other avenue was available. Von Kempen’s study in 2007 highlighted the legal risks involved in not having trained interpreters assisting LEP patients in the emergency department (Von Kempen, 2007, p. 556).

Researching and reviewing what other fire departments do to address the LEP community in their jurisdictions emphasized the need for the Clifton Fire Department to address the issue with a similar procedure. The literature review consisting of policies and procedures available online lent further credibility to the purpose of this research.

The analysis of the results has shown that we as an organization are lucky to have avoided a legal issue arising from an encounter with a limited English proficient customer. While our EMS charts and our NFIRS reports do not capture data relevant to the language spoken by the patients or customers we encounter during our emergency responses, the likelihood of daily occurrences is high. The results of having researched and studied the immunity and the Good Samaritan laws of New Jersey have shown that, while proving liability based on language barriers would be challenging for a plaintiff, the reasonably prudent professional standard should be to offer assistance to the LEP community to avoid potential litigation. The fact that no case law could be found pertaining to emergency services and liability issues with language barriers should not be used as a justifiable reason for the lack of a policy in place for our organization.

The implications of the research results on the Clifton Fire Department will be an increased awareness of the identified gap in our service delivery. This gap will be closed by utilizing the procedure written to address the operational need of the LEP community.

Recommendations

As the problem and purpose statements have identified a gap in the operational readiness of the Clifton, NJ Fire Department, the primary recommendation is to close that gap and reduce the identified community risk.

Based on the research results and the results of the survey responses the recommended next step for the Clifton Fire Department will be to contact Language Line Solutions to ascertain the cost for services. This cost could be absorbed by the City of Clifton, as the Police Department and the municipal court and other departments could utilize the services as needed. This will be the first step in reducing the identified community risk. Further research is recommended to be completed to ascertain the feasibility of utilizing the *iSpeak* cards mentioned in the literature review within the CFD.

As the research has shown, having non-certified interpreters readily available to the LEP invites a host of moral, ethical, and potential legal considerations. For this reason the recommendation of having our bilingual members attend a certified interpreter training program will ensure department members are following published guidelines.

After signing a contract with Language Line Solutions, a policy will be issued to all stations for review by all members. This policy, similar to the one in Appendix 13, will define a limited English proficient individual based on the U.S. Census Bureau's definition detailed earlier in this paper. The policy will then explain the need for all members to be cognizant of the liabilities that could be incurred by the City and the Department if the needs of the LEP are ignored. Next, the policy will explain the steps necessary to be taken by the company officer or acting company officer in order to contact Language Line Solutions if a certified interpreter is not available.

On April 25, 2015 the author needed to call the dispatcher via radio to request a Spanish speaking police officer to respond to the scene of a medical emergency in order to translate for the patient. This caused a delay in patient care based on the communication gap. The author recommends this policy be implemented as soon as possible in order to avoid such occurrences in the future.

As the ethnic face of our nation continues to change on a daily basis, fire departments across the country will begin to identify with the problem this applied research project identifies and attempts to solve. For that reason the policy located in Appendix 13 can be duplicated by future readers should they, after reading this applied research project, identify with a similar gap in the operational readiness of their organization.

For other researchers/readers of this applied research project should start by learning as much as they can about how their state laws affect the delivery of services to the limited English proficient community in their jurisdiction. Following that the policy listed below can be adjusted to reflect the department's operational plan to ensure a reduction in the community risk.

References

Andrulis, D., Goodman, N., & Pryor, C. (2002). *What a difference an interpreter can make.*

Retrieved from www.accessproject.org

Carroll, L., Calhoun, R., Subido, C., Painter, I., & Meischke, H. (2013, June). Serving Limited English Proficient Callers: A Survey of 9-1-1 Police Telecommunicators. *Prehospital and disaster medicine*, 28, 286-291. <http://dx.doi.org/10.1017/S1049023X13000265>

Cassandra, B., & Nagorka, F. (2005, June 1). Immunity Statutes: How State Laws Protect EMS Providers. *EMS World*. Retrieved from www.EMSWorld.com

City of Fayetteville Standard Policy document [policy]. (2011). Unpublished instrument.

Retrieved from www.cityoffayetteville.org

Civil Rights Act, VI U.S.C § 42 *et seq.* ().

Clifton Board of Education. (n.d.). www.clifton.k12.nj.us

Draft language access plan [policy brief]. (2014). Retrieved from www.dhs.gov

DuBard, C., Garrett, J., & Gizlice, Z. (2006, March). Effect of language on heart attack and stroke awareness among U.S. Hispanics. *American Journal of Preventive Medicine*, 30, 189-196. <http://dx.doi.org/10.1016/j.amepre.2005.10.024>

Exec. Order No. 13166, 65 F.R. 1 (2000).

Flores, G., Laws, M., Mayo, S., Zuckerman, B., Abreu, M., Medina, L., & Hardt, E. (2008, January). Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters. *Pediatrics*, 111, 6-14. <http://dx.doi.org/10.1542/peds.111.1.6>

Flores, MD, G. (2006, July 20). Language Barriers to Health Care in the United States. *The New England Journal of Medicine*, 355, 229-231. <http://dx.doi.org/10.1056/NEJMp058316>

Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons [General

Guidance Document]. (2000). Retrieved from www.doi.gov/pmb/eeo/LEP-Guidance

Hafter, J. L. (2004). EMS and the Law. In *EMS and the Law* (p. 88). Massachusetts: Jones and Bartlett.

Hm Chen, A., Youdelman, M., & Brooks, J. (2007). The legal framework for language access in healthcare settings: Title VI and beyond. *Journal of General Internal Medicine*, 22, 362-367. <http://dx.doi.org/10.1007/s11606-007-0366-2>

Jacobs, E., Lauderdale, D., Metzger, D., Shorey, J., Levinson, W., & Thisted, R. (2001, July). Impact of Interpreter Services on Delivery of Health Care to Limited-English-proficient patients. *Journal of General Internal Medicine*, 16, 468-474.

<http://dx.doi.org/10.1046/j.1525-1497.2001.016007468.x>

Karliner, L., Jacobs, E., Hm Chen, A., & Mutha, S. (2007, april). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of literature. *Health Services Research Trust*, 42, 727-754.

Kelly, N., Willett, K., & Bancroft, M. (2006, May). Bridging the Cultural Divide: Cultural Competence in Public Safety [Magazine article]. *Emergency Number Professional Magazine*, 62-70.

Language Access Implementation Plan [Policy]. (2009). Unpublished instrument. Retrieved from

Language Access Plan [policy]. (2014). Unpublished instrument. Retrieved from

www.houstontx.gov/HFD

Mann, A. (2008). *The Faces of Immigration in Mercer County* [Policy brief]. Retrieved from

www.njpp.org

- Meischke, H., Calhoun, R., Yip, M., TU, S., & Painter, I. (2013, October-December). The effect of language barriers on dispatching EMS response. *Prehospital Emergency Care, 17*, 475-480. <http://dx.doi.org/10.3109/10903127.2013.811565>
- Meischke, H., Chavez, D., Bradley, S., Rea, T., & Eisenberg, M. (2010). Emergency Communications with Limited-English-proficiency populations [Entire issue]. *Prehospital Emergency Care, 14*(2).
- Meischke, H., Ike, B., Painter, I., Chavez, D., Yip, M., Bradley, S., & Tu, S. (2014, April 11). Delivering 9-1-1 CPR Instructions to Limited English Proficient Callers: A Simulation Experiment. *Journal of Immigrant and Minority Health*.
<http://dx.doi.org/10.1007/s10903-014-0017-8>
- Meischke, H., Taylor, V., Calhoun, R., Liu, Q., Sos, C., Tu, S., ... Eisenberg, D. (2012, February). Preparedness for Cardiac Emergencies Among Cambodians with Limited English Proficiency. *Journal of Community Health, 37*(1), 176-180.
<http://dx.doi.org/10.1007/s10900-011-9433-z>
- Modern Language Association. (n.d.). www.mla.org
- N.J. Admin. Code, Title 8 8:43-4.17 § (2014 & Suppl.).
- N.J.A.C Title 8 Chapter 40, Title 8 N.J.A.C § Chapter 40 p. 22 (2011).
- New Jersey Statute Annotated, Chapter 26 Health and Vital Statistics § 12:8 (2001).
- Ngo-Metzger, Q., Sorkin, D., Phillips, R., Greenfield, S., Massagli, M., Clarridge, B., & Kaplan, S. (2007). Providing high-quality care for limited English proficient patients: The importance of language concordance and interpreter use. *Journal of General Internal Medicine, 22*(), 324-330. <http://dx.doi.org/10.1007/s11606-007-0340-z>

- Ong, B., Po Yip, M., Feng, S., Calhoun, R., Meischke, H., & Tu, S. (2011, February 1). Barriers and Facilitators to Using 9-1-1 and Emergency Medical Services in a Limited English Proficiency Chinese Community. *Journal of Immigrant and Minority Health, 14*, 307-313. <http://dx.doi.org/10.1007/s10903-011-9490-5>.
- Parry, W. (1999, September 10). English official language in Clifton. *Philadelphia Inquirer*. Retrieved from mobile.philly.com/inquirer
- Passel, J. (2005). *Unauthorized Migrants: numbers and characteristics* [background briefing]. Retrieved from www.pewhispanic.org
- Post-Katrina Emergency Management Reform Act, VI Cong. §§ 109-295 (2006).
- Preschool Teaching and Learning Standards [guideline]. (2013). Published instrument. Retrieved from www.nj.gov/education
- Quan, K., & Lynch, J. (2011). *The high cost of language barriers in medical malpractice* [White Paper]. Retrieved from National Health Law Program: www.healthlaw.org
- RESIDENTIAL HEALTH CARE FACILITIES, Title 8. Chapter 43 N.J. Admin. Code § 43 (2014).
- Ryan, C. (2011). *Language Use in the United States: 2011* [American Community Survey Reports]. Retrieved from www.census.gov/prod/2013pubs/acs
- S.H.R. Rep.Doc. No. at ()).
- Sasson, C., Haukoos, J., Ben-Youssef, L., Ramirez, L., Bull, S., Eigel, B., ... Padilla, R. (2014, December). Barriers to calling 911 and learning and performing cardiopulmonary resuscitation for residents of primarily latino, high-risk neighborhoods in Denver, Colorado. *Annals of Emergency Medicine*. <http://dx.doi.org/10.1016/j.annemergmed.2014.10.028>

- Sasson, C., Meischke, H., Abella, B., Berg, R., Bobrow, B., Chen, P., & Root, E. (2013, January 3). Increasing cardiopulmonary resuscitation provision in communities with low bystander cardiopulmonary resuscitation rates. *Circulation an American Heart Association journal*, *127*, 1342-1350. <http://dx.doi.org/10.1161/CIR.0b013e318288b4dd>
- Schyve, MD, P. (2007, October 24). Language Differences as a Barrier to Quality and Safety in Health Care: The Joint Commission Perspective [supplement]. *Journal of General Internal Medicine*, *22*(2), 360-361.
- Securing the border: Defining the current population living in the shadows and addressing future flows*, 114 Cong., 2 (2015).
- Sedney, P., & Wisotzkey, S. (2013, August). Hablas Ingles? Language barriers in healthcare. *Nursing Management*, *44*(8), 19-21.
- Smith-Collins, A., Gullette, D., & Schnepf, M. (2004, August). Break through language barriers. *Nursing Management*, *35*, 19-20. Retrieved from <https://search.proquest.com.library.capella.edu>
- Standards for Licensure of Residential Healthcare Facilities, Title 8 §§ 43-4.17 (2014).
- Starr, P. (2008). [Peer commentary on the journal article “The Faces of Immigration in Mercer County” by A. Mann]. *New Jersey Policy Perspective*, 1. Retrieved from www.njpp.org
- Thiederman, S. (1996, November). Improving communication in a diverse healthcare environment. *Healthcare Financial Management*, *50*(11), 72.
- Tort Claims Act, 59 New Jersey Statutes §§ 1-10 (1972).
- Toutant, C. (2002). July 8. Retrieved from www.njlawjournal.com
- U.S. Department of Justice. (2004). *Limited English Proficiency Resource Document: Tips and Tools from the Field* (13166). Washington, DC: Government Printing Office.

United States Department of Justice. (2000). www.doj.gov

Varone, J. C. (2007). *Legal Considerations for Fire and Emergency Services*. Clifton Park, NY: Thomson Delmar Learning.

Von Kempen, A. (2007, August). Legal Risks of Ineffective Communication. *AMA Journal of Ethics*, 9, 555-558. Retrieved from www.journalofethics.ama-assn.org

Appendix 1

Personal communication with Ms. Alicja Banning, Clifton Board of Education's Program Coordinator for the English as a Second Language and Language Learners Programs in Clifton, NJ public schools on April 17, 2015. Subsequent to providing a description of the Executive fire Officer Program and the purpose of the applied research project the following questions were asked:

Question 1: How many languages are currently spoken in Clifton?

Question 2: Could you provide me with a list?

Appendix 2

List of languages spoken in Clifton, NJ

1. Abkhaz
2. Adygey
3. Akan
4. Albanian
5. Amharic
6. Arabic
7. Aramaic
8. Armenian
9. Bahasa
10. Bengali
11. Bosnian
12. Bulgarian
13. Byelorussian
14. Cajun Creole
15. Cantonese
16. Cebuano
17. Chechen
18. Chinese
19. Chuang
20. Chuvash
21. Creole-Haitian
22. Croatian
23. Czech
24. Dutch
25. English
26. Farsi
27. French
28. Geiorgia
29. German
30. Greek
31. Gujarati
32. Haida
33. Hebrew
34. Hindi
35. Hungarian
36. Ibo
37. Ilocano
38. Indonesian
39. Italian
40. Japanese
41. Karachay
42. Korean
43. Krio
44. Kurdish
45. Lingalo
46. Luba-kasai
47. Macedonian
48. Malagasy
49. Malayalam
50. Marathi
51. Panjabi
52. Pashto
53. Phillipine
54. Pilipino
55. Polish
56. Portugese
57. Rumanian
58. Russian
59. Serbo-Croat
60. Siouan
61. Slovak
62. Slovenian
63. Somali
64. Spanish
65. Sudanese
66. Swahili
67. Tagalog
68. Tamil
69. Telugu
70. Thai
71. Tulu
72. Turkish
73. Twi
74. Ukranian
75. Urdu
76. Uzbek
77. Vietnamese

Appendix 3

Personal communication with Ms. Julie Metzger, strategic account executive for LanguageLine Solutions on April 22, 2015. Following a brief description of the company and its founder I asked the following questions.

Question 1: What type of interpreter services does your company offer?

Question 2: How many languages does your company interpret?

Question 3: How much does your company charge for the services provided?

Question 4: Where do you get your interpreters?

Question 5: How are they contacted when needed?

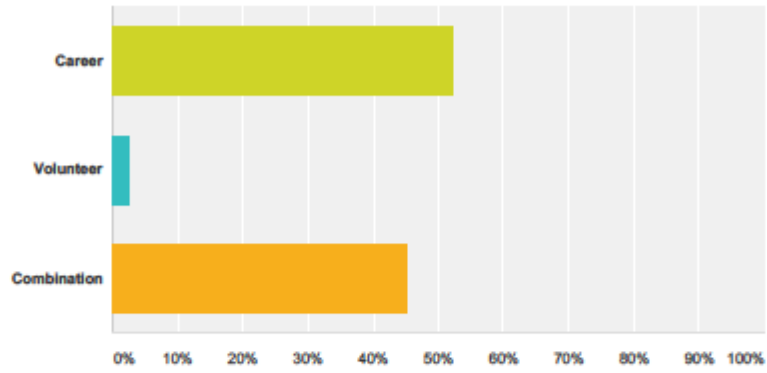
Appendix 4

Limited English Proficient customers

SurveyMonkey

Q1 Type of department:

Answered: 40 Skipped: 0



Answer Choices	Responses
Career	52.50% 21
Volunteer	2.50% 1
Combination	45.00% 18
Total	40

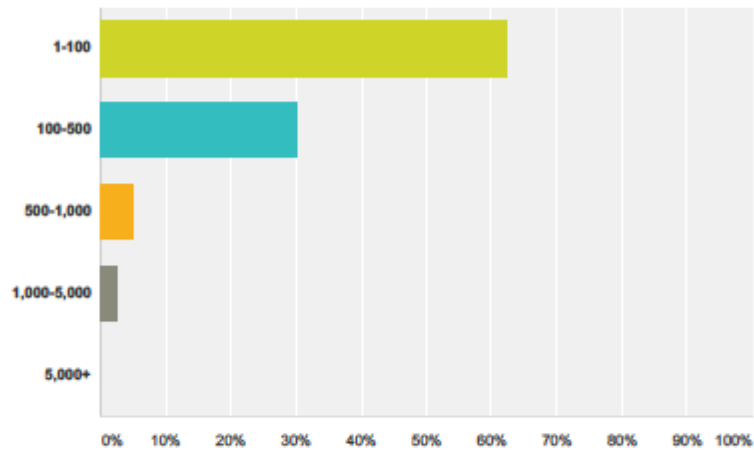
Appendix 5

Limited English Proficient customers

SurveyMonkey

Q2 Number of members in your organization?

Answered: 40 Skipped: 0



Answer Choices	Responses	
1-100	62.50%	25
100-500	30.00%	12
500-1,000	5.00%	2
1,000-5,000	2.50%	1
5,000+	0.00%	0
Total		40

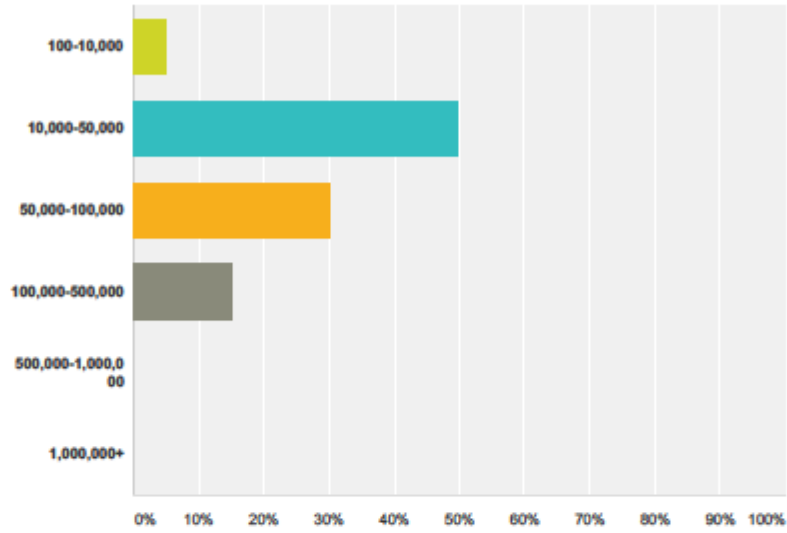
Appendix 6

Limited English Proficient customers

SurveyMonkey

Q3 Estimated poplation served:

Answered: 40 Skipped: 0



Answer Choices	Responses	Count
100-10,000	5.00%	2
10,000-50,000	50.00%	20
50,000-100,000	30.00%	12
100,000-500,000	15.00%	6
500,000-1,000,000	0.00%	0
1,000,000+	0.00%	0
Total		40

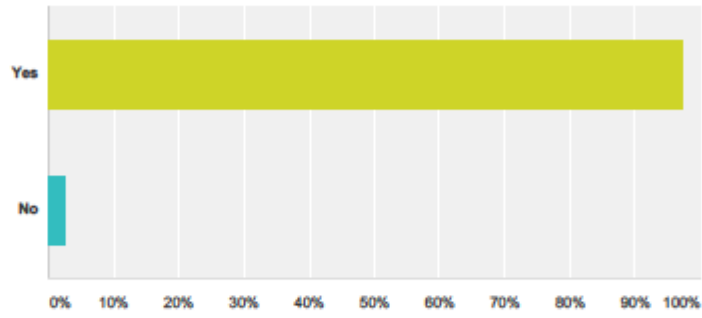
Appendix 7

Limited English Proficient customers

SurveyMonkey

Q4 Do you have LEP customers in your community?

Answered: 40 Skipped: 0



Answer Choices	Responses
Yes	97.50% 39
No	2.50% 1
Total	40

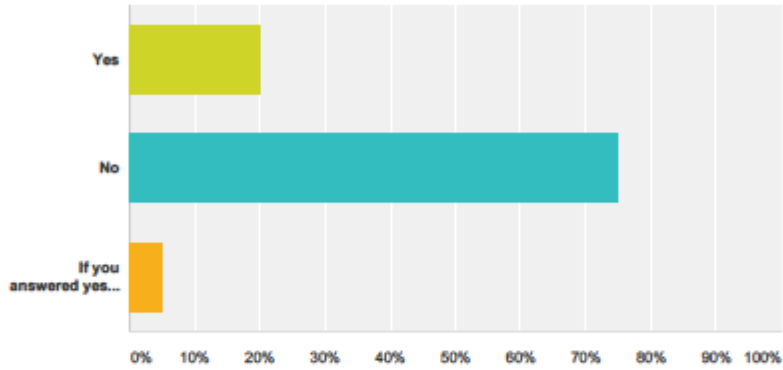
Appendix 8

Limited English Proficient customers

SurveyMonkey

Q5 Do you know how many languages other than English are spoken in your community?

Answered: 40 Skipped: 0



Answer Choices	Responses	Count
Yes	20.00%	8
No	75.00%	30
If you answered yes please elaborate	5.00%	2
Total		40

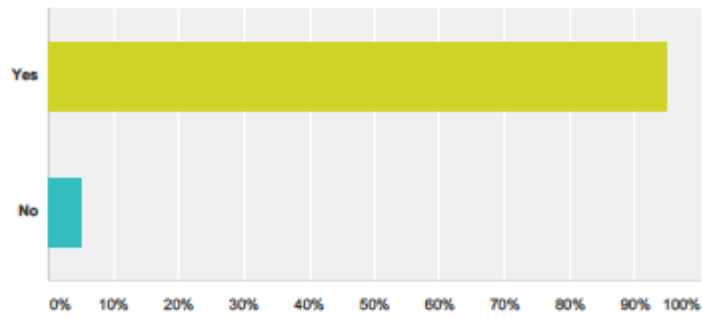
Appendix 9

Limited English Proficient customers

SurveyMonkey

Q6 Have you ever experienced a language barrier during an emergency response?

Answered: 40 Skipped: 0



Answer Choices	Responses	
Yes	95.00%	38
No	5.00%	2
Total		40

Appendix 10

Limited English Proficient customers

SurveyMonkey

Q7 If you answered yes above please explain how you mitigated that situation.

Answered: 37 Skipped: 3

#	Responses	Date
1	We have a large migrant population and some years ago one of the professors at the local community college came up with cards that show pain, etc.	4/30/2015 4:37 PM
2	Improvised. One of the personnel on our shift speaks Spanish (if he's working). Also, our police department typically has a spanish speaking officer on duty.	4/30/2015 2:34 PM
3	Using a child of the patients family to assist.	4/30/2015 11:49 AM
4	attempted to bring a FFER to the CP to translate	3/20/2015 3:51 PM
5	AT&T Language Line	3/18/2015 11:30 AM
6	We have two FF's who speak spanish and used translators	3/18/2015 7:39 AM
7	we were not able to. Translators were not able to speak the specific language.	3/14/2015 5:40 PM
8	Contact High School teachers	3/14/2015 11:40 AM
9	We have a Hispanic Liaison Officer that we can contact	3/14/2015 10:54 AM
10	called a police officer that knew language	3/14/2015 10:23 AM
11	Communications translator or patch to translator service	3/14/2015 7:52 AM
12	Multi Lingual Firefighters or family members	3/13/2015 4:54 PM
13	Language line services	3/13/2015 4:48 PM
14	Using hand gestures. For Spanish we have a medical phrase translation book	3/13/2015 4:37 PM
15	Family Interpreter	3/13/2015 4:29 PM
16	had a family member assist that spoke english, used hand signals, simply pointed to injured areas	3/13/2015 4:16 PM
17	department members who speak the language are utilized	3/10/2015 4:21 PM
18	We utilize a "language line" for access to a translator.	2/22/2015 6:40 PM
19	Family member, interpreter, some language skills on crew	2/22/2015 2:29 PM
20	Contacted the University to have a translator respond to the scene.	2/20/2015 9:50 AM
21	Spanish speaker: most often use children. Middle-eastern speaker - called phone company international operator	2/19/2015 2:42 PM
22	Language line through our communications center and used family members	2/19/2015 11:29 AM
23	Family members, neighbors, friends used to translate. Also have utilized AT&T translation service	2/18/2015 1:09 PM
24	Called in a translator	2/18/2015 8:30 AM
25	We hopefully rely on a son or daughter interpreter other than that, we don't have a great plan	2/18/2015 8:11 AM
26	Language Line	2/17/2015 4:57 PM
27	Law enforcement interpreter	2/17/2015 4:40 PM
28	Translation line LanguageLink	2/17/2015 4:20 PM
29	Was able to call other members of the department from neighboring districts to interpret.	2/17/2015 3:00 PM
30	Called the hospital for an interpreter or had a family member interpret.	2/17/2015 2:20 PM

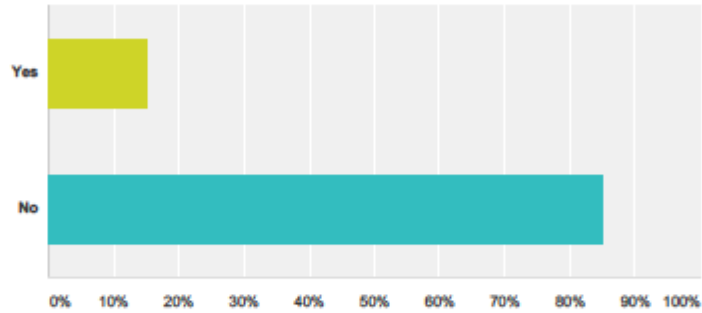
Appendix 11

Limited English Proficient customers

SurveyMonkey

Q8 Does your department or agency have a policy or procedure on how to handle emergencies in the LEP community?

Answered: 40 Skipped: 0



Answer Choices	Responses	
Yes	15.00%	6
No	85.00%	34
Total		40

Appendix 12

Limited English Proficient customers

SurveyMonkey

Q9 If you answered yes above briefly explain your policy:

Answered: 7 Skipped: 33

#	Responses	Date
1	We don't but good luck with your EFO experience	4/30/2015 4:37 PM
2	Language line services	3/13/2015 4:48 PM
3	We have access to a list of available speakers of various languages we can bring in to assist us, time permitting.	3/13/2015 4:37 PM
4	WE have interpreters available.	3/13/2015 4:20 PM
5	Each frontline apparatus is equipped with an iPad. iPads have the Google Translate App. Should this app not work in the situation, a translator from the University shall be requested.	2/20/2015 9:50 AM
6	Our policy is to use the Language Line via our Communications Center - that is the limit of our program.	2/19/2015 11:29 AM
7	Use of language line	2/17/2015 4:57 PM

Appendix 13

CLIFTON FIRE DEPARTMENT POLICY AND PROCEDURE		NO. 15-01
	Effective Date August 6, 2015	Revision
Subject: Limited English Proficiency policy	Rescinds	Page 1 of 2
References	Authorized by: Fire Chief	

1.0 Purpose

- 1.1 To establish Departmental policy and requirements for mitigating emergency and non-emergency situations to address the needs of the limited English proficient population

2.0 Scope

- 2.1 All Clifton F.D. personnel.

3.0 Definition

- 3.1 Limited English proficient (LEP) persons are those who do not speak English or those who speak English less than very well. There are currently 81 languages other than English spoken in the City of Clifton.

4.0 Procedure

- 4.1 In an effort to ensure departmental members are doing all they can for the LEP persons we interact with on a daily basis the following will take place effective immediately.
- 4.2 It is no longer considered professionally prudent for bilingual firefighters who have not attended the interpreter certification program to communicate with the LEP individual.
- 4.3 If the fire department member cannot speak the language spoken by the patient the fire officer or acting officer will call Language Line Solutions utilizing the departmental cell phone located in the ambulance or apparatus. The number has been stored in each apparatus cell phone and is listed alphabetically.

- 4.4 When you contact Language Line, the operator will ask for the six digit pin, this pin # is 121997. Once you give this pin number you will next be asked what language you need assistance with and will be put in contact with a certified interpreter.
- 4.5 All members will document on the ambulance run sheet or on the NFIRS report if they needed to utilize Language Line Solutions for assistance.

5.0 Administration

- 5.1 All members are responsible for adhering to this policy to ensure compliance.