



Promising Practices Brief

Bilingual Support

National Technical Assistance Center

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Mission:

To increase employment opportunities for Asian Americans and Pacific Islanders with disabilities nationwide.

Based at:

University of Hawaii
at Manoa, Center on
Disability Studies

In collaboration with:

Hawaii Centers for
Independent Living
Hawaii Vocational
Rehabilitation and
Services for the Blind
Division

Funded by:

U.S. Department of
Education
Rehabilitation Services
Administration

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Purpose

The purpose of this brief is to illustrate bilingual support, one of the promising practices for serving Asian Americans and Pacific Islanders (AAPI) with disabilities identified in a nationwide survey of rehabilitation administrators. It was developed as part of a series of promising practice briefs. In a continuing effort to increase employment opportunities for AAPIs with disabilities, the National Technical Assistance Center distributed a survey to rehabilitation administrators across the United States. Of the 80 state agencies surveyed, 34 agencies (42.5%) responded. The results of that survey are currently being used to guide and enhance rehabilitation service provision.

Rationale

The AAPI segment of the U.S. population is growing faster than any other. One author reports that from approximately 1.5 percent of the population in 1980, the Asian Pacific American population - the term he prefers - grew to comprise almost 3 percent in 1990, representing a growth rate of more than 100 percent (Leung, 1996). The majority of AAPIs live in the five states of California, Hawaii, New York, Illinois, and Texas; however, AAPIs can be found in all areas of the country.

Today, there are approximately 12 million AAPIs living in the US, or about 5% of the total population. By 2020, the AAPI population is projected to reach 20 million, and by 2050, approximately one out of every 10 Americans will be of Asian or Pacific Islander descent (38 million). Up to 70% of AAPIs are recent (first generation) immigrants and/or refugees. The Philippines, China, and Vietnam are among the 10 leading countries of birth of America's foreign-born population. An estimated 40-50% of AAPIs are limited-English proficient (Asian American and Pacific Islander Primer, 2005).

Another author puts it this way: over 31% of Chinese, almost 33% of Koreans and over 40% of Vietnamese in the United States are not proficient in English (Le, 2001). Thus, for individuals not born in or educated in English speaking countries, translation is a necessary tool for communicating across linguistic and cultural boundaries (Al-Alaya'a, 2005). Moreover, Gemignani (1997) believes approximately one in four immigrants to the United States needs an

interpreter to maneuver successfully through the health care system. Rehabilitation services are an integral part of any health care system.

In addition, over the last few decades – whether or not they use English as their primary language - Asian Americans have become known as a *model minority*, a group of people that many Americans believe strives for success based on merit alone. Unfortunately, the reality is that over 13% of Chinese, Koreans, and Vietnamese living in the US, live in poverty (Le, 2001). There are very large and significant socioeconomic differences among Asian American ethnic groups. Several individual Asians are doing quite well; however, many other Asians may exhibit a few very positive achievements but on the whole, do not possess the same attainment levels of Whites.

Counselors that work with AAPI may need to be diligent and utilize all their resources to make a connection with each and every consumer they serve. Individuals respond differently in trying to acclimate to a new culture, language, and society; some have no problems and happily accept counselors' help, others have many problems, may resist, or simply do not understand counselors' intentions. Suggestions in the rehab literature for assisting individuals with limited English proficiency are few, as evidenced by searching online databases of the Journal of Rehabilitation since 1975, Journal of Vocational Rehabilitation since 1999, Rehabilitation Counseling Bulletin since 1990 and Clinical Rehabilitation since 1998 for 'Best Practices' and finding nothing related to assisting individuals not proficient in English. However, much has been written in the field of education (e.g. Spaulding et al., 2004).

Several of the suggestions from education apply well to rehabilitation. Bilingual support is one such promising practice. For first generation immigrants or others that do not use English as their primary language, bilingual support is invaluable. Identified by rehabilitation administrators in the national survey, bilingual support can help make that much needed connection. In rehabilitation terms, bilingual support involves creating a common understanding of services by making the words of providers – either spoken or written - understood by their consumers.

Promising Practice

Communication of services and documents – for all rehabilitation consumers - needs to be done in a language understood by each of those individuals. Deaf individuals frequently receive sign language interpreters at events, and blind individuals often receive materials in Braille; immigrants should be provided with someone that is bilingual. If counselors are not bilingual, they should at least attempt to be bicultural. Counselors that are bicultural understand there is a blend of individuals' native cultural traditions with their experience of living in America (iSoy Unica! iSoy Latina!, 2001). Asian American rehabilitation consumers, for instance, have two distinct cultural traditions influencing their rehabilitation: one from ancestors and the other from living in the United States.

One such bicultural counselor is Chuk Hamilton (2005), Director of the Minnesota State Services for the Blind. He believes:

“In doing outreach into immigrant communities, it is critical to have information such as brochures, etc. available in the primary language of the community. This ensures that individuals in that community can access the information about programs and services provided by an agency. When staff attend outreach activities in the Asian/Hmong communities, they always take brochures in Hmong and also in English. It is wonderful to see the eye contact made by the people when they can pick up a brochure and READ it for themselves without an interpreter or a family member having to read the information to them. Staff get so

many 'thank you's' for just that simple act of accessibility" (Personal communication, 28 September 2005).

Further, he recommends, "Before asking anyone to sign a document such as an IPE [Individual Plan for Employment], release of information, etc., it is imperative to have that document prepared for the person to be able to read what he/she is agreeing to." Moreover, he adds, "When using an interpreter, it is always critical to determine that the person has understood what is being discussed during a rehabilitation counseling session. One way to do this is to allow the individual to 'read' a document (in their native language) and then ask questions using an interpreter to gain information from the customer."

He concludes, "Providing information about programs and services to people in a language they can understand assures access to services that are required for the person to be able to work, go to school or remain independent in their home and community."

Resources

In the Implementation Plan for Executive Order 13166 (2000), the National Council on Disability (NCD) recommends recruiting, hiring, and training individuals with disabilities from diverse backgrounds to (1) develop written materials for trainings, (2) translate documents for consumers, and (3) conduct trainings once materials have been developed. With AAPIs becoming a larger proportion of the U.S. population, locating bilingual resources and individuals is becoming much easier. Churches and other religious groups, cities' ethnic communities, and universities, comprised of people that usually know a great deal about emigrating to a new culture (Spaulding et al., 2004) are valuable resources for rehabilitation counselors serving minority individuals that do not use English as their primary language. Several translation websites, while typically not 100 percent accurate, are useful to help counselors translate documents. For instance, see: <http://bambelfish.altavista.com/> , <http://translation.langenberg.com/> , <http://world.altavista.com/> or <http://www.world-language.com/Translation.htm> .

Outreach is a recommendation given by the NCD (Outreach and people, 2001). The dictionary definition of 'outreach' in that review is "a systematic attempt to provide services beyond conventional limits as to particular segments of a community." However, they also claim that outreach includes: value placed on a target population, an assessment of needs, advocacy, a transformation of social behaviors/attitudes, the dissemination of information, and the strengthening of communities.

In addition to those recommendations, as already alluded to, Balcazar (2002) stresses the importance of rehabilitation service providers being persistent, being receptive, meeting people where they are instead of waiting for them to come to you, and utilizing many channels to disseminate information.

Conclusion

Regardless of rehabilitation consumers' disabilities or their heritage, they need to receive services in a manner that they can comprehend. If individuals who do not use English as their primary method of communication do not have documents provided in native languages, the materials should at least be in easy-to-understand English and culturally appropriate, taking the reader's culture into consideration. Counselors must ensure that their counseling is client-specific and they must ensure their counseling is understood.

Author Notes

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