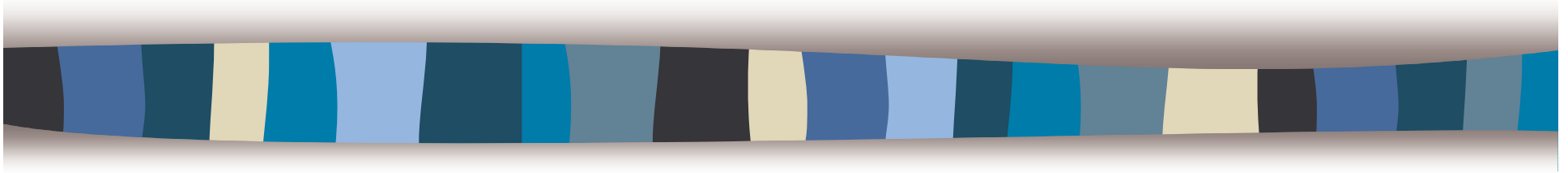


Bridging the Language Gap



Interpreting Stakeholder Group

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Background

- The Interpreting Stakeholder Group (ISG) began meeting as a committee under the Upper Midwest Translators and Interpreters Association in January 2004.
- Mission: To cooperatively improve the delivery of spoken language interpreter services in Minnesota, and to promote the professionalization of the interpreting industry as a whole.



ISG Members

- Medical, legal and educational interpreters
- Institutions training interpreters
- Interpreter service agencies
- Health care organizations
- Human service organizations
- State agencies (Human Services, Commerce, Labor, Health)
- Area Health Education Centers
- MN Supreme Court



Need for Language Services

■ **Regulatory:**

- Federal law (Title VI of Civil Rights Act)
- State law (Minnesota statutes)
- Accreditation mandates (JCAHO)

■ **Financial:** reduce ER use, reduce unnecessary admissions, decrease diagnostic test costs

■ **Quality health care:** reduce medical errors, increase patient compliance, increase patient satisfaction, improve primary care utilization

■ **Demographics:** increase in limited English proficient (LEP) clients

(Like, R., et al. "Cross-Cultural Communication in Health Care: Building Organizational Capacity, HRSA and OMH, DHHS Satellite Broadcast, June 4, 2003)



Languages Spoken in MN

- Languages other than English are spoken at home by 8.5%.
- The main breakdown of languages are:
 - Spanish 34%
 - Hmong 11%
 - German 9%
 - African languages 6%
 - Vietnamese 4%
 - French 4%

(2000 Census data)



Critical Role of Language Services

- LEP patients are less likely to have a regular source of care (Kirkman-Liff and Mondragon, 1991; Weinick and Krauss, 2000)
- Are more likely to report overall problems with care (Carrasquillo, Orav, Brennan, Burstin, 1999)
- Are more at risk of experiencing medical errors (Gandhi, Burstin, and Cook, 2000).



Impact: Not Using Interpreters

LEP patients who need, but do not get interpreters:

- Have more tests done creating a higher overall cost (Hampers and McNulty 2002)
- Are more likely to receive intravenous hydration and to be admitted to the hospital (Hampers and McNulty 2002)
- Are at greater risk of being discharged from the emergency department without a follow-up appointment (Sarver and Baker 2000)



Impact: Using Trained Interpreters

Use of trained professional interpreters was associated with:

- A decrease in utilization disparities for outpatient preventive services (Jacobs et al, 2001)
- Reduced ED return and referral rates (Bernstein et al. 2002)
- Lower admission rates from the ED (Hampers and McNulty, 2002)



In Summary:

- **Using trained interpreters can:**

- Increase patient and provider satisfaction
- Increase patients' perceived understanding of their care
- Improve patients' primary care utilization
- Improve patients' the health outcomes

- **Using trained interpreters may:**

- reduce costly complications
- may lower the cost of care in the long run

(Interpreter Services Workgroup report, Feb 2008)



Improving Interpreter Services: MN

The ISG is working on these priorities:

- Coordinate training efforts and offer more interpreter training around the state.
- Partner with other states to establish a health care interpreter certification process (costs of developing exams, administering tests, etc.).
- Assist with development of a spoken language health care interpreter registry.



Professional Ethics

An ethical interpreter:

- Maintains confidentiality.
- Interprets accurately, conveying content and spirit of original message.
- Maintains impartiality.
- Maintains professional boundaries.
- Strives to develop awareness of own and other cultures (including biomedical).
- Treats all parties with respect.
- If situation warrants, interpreter may act as advocate.
- Strives to continually further knowledge/skills.
- Act in professional and ethical manner.

(National Council on Interpreting in Health Care, 2004)



Certification

- There is currently no medical interpreter certification process in Minnesota.
- The Minnesota State Court System has a court interpreter certification in place but they do not currently test for proficiency.
- Dr. Bruce Downing is a liaison for ISG on the NCIHC's Standards, Training and Certification Committee.



Need for Interpreter Registry

- Establish baseline of interpreters by language, by service area in the state
- Assist in identifying gaps in availability of trained interpreters
- Allow improved communication of interpreter training opportunities to those in the database
- Help locate interpreters to arrange for interpreter services



Support Registry Development

ISG recommends that a statewide spoken language health care interpreter registry require:

- fulfillment of education and training requirements (based on the National Standards of Practice, NCIHC);
- demonstration of language proficiency and interpreting skill
- agreement to abide by an interpreting code of ethics endorsed by the Upper Midwest Translators and Interpreters Association (UMTIA), and
- listing on the Registry of the results of a criminal background check.