

# Health Care Interpreters in Minnesota

Many hospitals and clinics across Minnesota are seeing steady increases in the number of patients with limited English proficiency (LEP). Language access services such as interpretation and translation are necessary for patients with LEP to communicate with health care providers and receive safe and timely care. Although language access services are required by state and federal laws, the availability and quality of these services vary and inadequate funding remains a major barrier to LEP patients' access to basic health care.

## Minnesota's LEP Population

The 2000 Census showed roughly 8.5 percent of the population, or about 420,000 individuals, spoke a language other than English at home. The most common include Spanish (34 percent), Hmong (11 percent), German (9 percent), African languages (6 percent), Vietnamese (4 percent) and French (4 percent).<sup>1</sup> Current demographics suggest a slow and steady increase in the number of residents with LEP in Minnesota. An increasingly diverse population means demand for language services will continue to increase over time.

## Health Care Quality and Safety

The benefits of incorporating language access services into health care settings are numerous and well documented. Studies have found adequate interpretation and translation for patients with LEP leads to fewer medical errors, increased patient compliance, increased patient satisfaction and better use of primary care services.<sup>2</sup> Other studies show linguistically appropriate services save money through decreased diagnostic test costs, reductions in emergency room usage, and reductions in unnecessary admissions.<sup>3</sup>

**CLAS Standards and Federal Law**  
The National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) address the needs of racial, ethnic and linguistic groups that experience unequal access to health care. Title VI of the Civil Rights Act of 1964 provides a legal basis for standards pertaining to language access services for persons with LEP. These standards are mandates for health care providers who receive federal funds including hospitals, nursing homes, home health agencies, managed care organizations, universities and other entities with health research programs.<sup>4</sup> Language access services must be provided to patients with LEP free of charge.

## Costs and Reimbursement

A critical question facing state government is who should pay for language access services as the need for them grows. Resource constraints include a lack of bilingual providers or trained professional interpreters and inadequate reimbursement for language services.

Although more than two million elderly people with LEP live in the United States, Medicare does not provide funding for language assistance.<sup>5</sup> As the elderly population grows and becomes more diverse, addressing language barriers will be critical to providing linguistically appropriate care to the geriatric population.

As of 2005, 11 states allow reimbursement for interpreter services provided for Medicaid and State Children's Health Insurance Program (SCHIP) enrollees. These include Hawaii, Idaho, Kansas, Maine, Massachusetts, Minnesota, Montana, New Hampshire, Utah, Vermont and Washington.



Office of Rural Health & Primary Care  
Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 55164-0882

<http://www.health.state.mn.us/divs/orhpc/>

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Interpreter services are provided for enrollees in Minnesota Health Care Programs. If they are enrolled in a health plan for these public programs, the interpreter services are arranged through the health plan. If they are fee for service enrollees, the provider arranges for the interpreter services and then bills the Minnesota Department of Human Services for reimbursement.

Numerous uninsured persons in Minnesota also need interpreter services. Often these individuals seek health care through Community Clinics. These are nonprofit, tax exempt clinics established to provide care to population groups with low incomes and use sliding fee schedules to determine eligibility for charity care. Community Clinics face the hard economic realities of serving large numbers of patients with LEP with no repayment for language services. To help bridge the language gap, many Community Clinics hire bilingual providers, including Community Health Workers who can provide education and outreach to many of their LEP patients.

### Training and Certification

Trained and untrained interpreters are working in various health care settings in Minnesota. Documented risks of using untrained interpreters include omitting questions about drug allergies and the dose, frequency and duration of antibiotics and rehydration fluids.<sup>6</sup>

There are a number of interpreter training programs in the state, including the University of Minnesota, which has a Certificate Program in Interpreting that provides advanced training. This program requires 18 college credits and allows for specialization in health care interpreting. No statewide or national certification process currently exists for health care interpreters. However, the Minnesota State Court System does have a program for certifying court interpreters to be listed in the statewide court interpreter roster.

### Types of Interpreter Services

The commonly used types of interpreter services include:

- In person: interpreter is physically present in the room
- Telephonic interpreting: phones with a speaker of dual hand set
- Remote interpreting: either audio or video are used to access interpreter.

In person interpreting is the preferred option but telephonic interpreting is the next option if the interpreter cannot be physically present at the encounter. Remote interpreting services are being piloted in health care settings.

### Addressing Interpreter Services

The Interpreting Stakeholders Group is a collaborative that is convened through the Upper Midwest Translators and Interpreters Association.<sup>7</sup> Their mission is to improve the delivery of spoken-language interpreter services in Minnesota and to promote the professionalism of the interpreting industry as a whole. Another partnership providing helpful resources for serving LEP patients is the Multilingual Health Resource Exchange, which is a public/private collaborative that has established a Web-based clearinghouse of written and audiovisual health resources in the languages most common in Minnesota.<sup>8</sup>

<sup>1</sup> 2000 Census data.

<sup>2</sup> Fortier, J., & Bishop, D. "Developing a Research Agenda for Cultural Competence in Health Care," OMH and AHRQ, 2002.

<sup>3</sup> Bellinger JD et al. "Rural Hospitals and Spanish Speaking Patients with Limited English Proficiency," South Carolina Rural Health Research Center, 2005.

<sup>4</sup> "National Standards for Culturally and Linguistically Appropriate Services in Health Care," OMH, 2001.

<sup>5</sup> Ku L. "Paying for Language Services in Medicare: Preliminary Options and Recommendations," National Health Law Program, 2006.

<sup>6</sup> Flores G et al. "Errors in Medical Interpretation and Their Potential Clinical Consequences in Pediatric Encounters," Pediatrics, Vol. 111, 2003.

<sup>7</sup> [www.umtia.com](http://www.umtia.com)

<sup>8</sup> [www.health-exchange.net](http://www.health-exchange.net)