

# Spoken Language Healthcare Interpreter Work Group

**DATE: NOVEMBER 13, 2025**

**MINUTES PREPARED BY: LEA BITTNER**

**LOCATION: VIA TEAMS**

## Attendance

- Daniel Monari - member
- Jama Dahir – member
- Jose Tor Maguina – member
- Lailee Tung – member
- Maikhou Vang – member
- Marc Sony Cadet – member
- Marisa Rueda – member
- Michele Reither – member
- Munna Yasiri – member
- Rachel Herring – member
- Rick Michals – member
- Rosemond Owens – member
- Lea Bittner – Alliant Consulting
- Kelly Deering – Alliant Consulting
- Jessie Schuppe – Alliant Consulting
- Jia Vang – MDH
- Jill Freudenwald - MDH
- Dan Edreson – community member
- Denise McCabe - community member
- Chelsey Olson - community member
- Soo Lauby - community member

## Agenda Items and Notes

1. Welcome, Housekeeping and Project Recap
2. Review Project Plan
3. Review Draft Recommendations
4. Presentation of Perspectives and Considerations
5. Member Discussion
6. Poll
7. Future Meeting Topic Prep, Next Steps and Closing

Meeting 2 on drafting recommendations on conducting surveys of people receiving and providing interpreter services to understand changing needs and consumer quality care

## Welcome, Housekeeping and Project Recap

A recap of the last meeting was provided. (See slides)

## Review of the Project Plan

- The workgroup timeline was reviewed to show the topics that will be discussed and the dates.
- Purpose of meeting 1 and meeting 2 on a topic were reviewed.
- All members have access to an MS Teams folder to access meeting notes.

## Review Draft Recommendations

Draft recommendations were presented:

1. Identify key stakeholders:
  - a. major healthcare systems, state entities, interpreting agencies, healthcare plan companies, interpreter training programs, MN LEP community associations, interpreters association – UMTIA.
2. Form work group to develop survey questions that should be selected from key stakeholders, evenly represented.
3. Different versions of the surveys should be available for:
  - a. patients receiving interpreter services,
  - b. providers using interpreter services,
  - c. interpreters,
  - d. groups that hire/arrange interpreter services - interpreter agencies/healthcare systems.
4. Surveys should be available in all common languages (translated).
5. Set up outreach events that offer in-person interpreters (non-bias) to help LEP individuals fill out surveys.
  - a. could be done at LEP community events or LEP community associations location/office.
6. State should contract qualified spoken interpreters (rare languages) to help LEP groups with completing survey in case no written translated version is available.
7. Identify separate groups to be surveyed (with different research questions and different survey instruments).
8. Identify research questions for each group, as this is a first step to designing scientifically sound survey research.
9. Follow generally accepted principles for the creation, piloting, and revision of scientifically sound survey research.

## Presentation of Perspectives and Considerations

Members were invited to share perspectives from the communities they represent and considerations for the draft recommendations.

#6: Add 'common languages' in addition to rare.

#4: "Common languages" may need to be specific. Some communities cannot read in their spoken languages.

#5: Clarify interpreters will interpret and other volunteers may assist in completing surveys.

#5: Suggestion that an additional recommendation be provided for volunteer assistance to complete survey.

#5: Suggestion to distribute surveys through different channels: emails, social media, website, mail, etc.

#1: Interpreters are another segment to be surveyed as a stakeholder group.

#1: Include hospital interpreters as a stakeholder group.

#3: Add as key stakeholders the people making payment decisions for interpretation (like insurances and other administrators) and those advocating for/authorizing use of interpreters (like social workers who work to open access). These two groups can weigh heavily on interpreter access (or denial of services), and their views should be considered.

#5: Add the option for a remote interpreter to help with a survey event

#5: Suggests in-person as the preferred way

#1: Add entities that use and have experience with interpreters regularly

#5: Partner with associations/segments to arrange the in-person survey events; in-person interpreters should be priority for in-person events

#5: Have interpreters available for speakers of common languages as well (e.g., Spanish) because not all patients are literate.

#3: Suggestion to use the term "working with" interpreters rather than "using"

General: Are expenses involved in these recommendations; is this a concern?

Lea explains all recommendations will have fiscal considerations and members should scale recommendations, wherever possible, so that large and small options can be considered.

#1: Add providers (clinics, community clinics).

Lea: suggests recommendations #7 and #8 are encompassed in #1 and #3 and can be removed.

Group agrees with this recommendation to remove recommendations #7 and #8.

## Work Group Recommendations Pros/Cons Discussion

### #1 Identify Key Stakeholders

- Add specifically 'hospital interpreters'.

**#2 Form a workgroup to develop survey questions; select from key stakeholders, evenly represented**

- Should this be swapped in order with #1? (e.g. form workgroup, then identify stakeholders).
- Add stakeholders will 'be selected' from #1.

**#3 Different versions of the survey should be available for...**

- Change last bullet to 'interpreting agency' (like in #1).
- Industry uses 'interpreter agencies'.
- The industry term is "language services provider" (LSP) any entity that provides interpreter services.
- Some people may not understand what LSP refers to as it isn't used within the industry.
- Federal government and industry use language services provider (LSP).

**#4 Surveys should be available in all common languages (translated)**

- Research in MN to determine top number of common languages – top 8, 15... how many languages do we want to tackle? Consider fiscal implications.
- Google reports top 5 languages in MN: English, Spanish, Somali, Hmong, and Vietnamese. Top 15 include English, Spanish, Hmong, Cushite (including Somali and Oromo), Vietnamese, Chinese, French, Russian, German, Laotian, Amharic, Karen, Mon-Khmer, Cambodian, Arabic, and Korean.
- Identify the number of languages and the sources to determine which languages.
- Do we have info from a census and the top languages? 10-15 max. First look at the census and the breakdown and then determine the number.
- Review past surveys and languages they used.
- We need a source of truth; DHS provided the top 8.

**#5 Set up outreach events that offer in-person interpreters (non-bias) to help LEP individuals fill out surveys**

- No comments from the work group

**#6 State should contract qualified spoken interpreters (rare and common languages) to help LEP groups w/ completing survey in case no written translated version is available.**

- Remove "in case no written translated version is available".
- Consider focus groups or a "town hall/meeting" as a successful way to get feedback from these communities in addition to a survey.
- New recommendation: promote surveys through different media channels: emails, social media, websites, mail, partnering with different community groups/associations etc. Collect survey responses online and in-person.

**#7 & #8 – encompassed in recommendations #1 and #3**

**#9 Follow generally accepted principles for the creation, piloting and revision of scientifically sound survey research**

- Include “culturally responsive” in #9.
- “Culturally responsive” is understood as “scientifically sound research”.
- Should we define which principles we are using?
- A scientific approach would take into consideration high context and low context cultures. Some cultures prefer spoken to written communication. And practice joint decision-making vs an individualistic approach.
- Rachel offered to pull research data on the generally accepted principles for surveys and research methods.

**Final Recommendations Agreement**

Gradients of Agreement Poll Results on Recommendations
<input type="checkbox"/> Full endorsement – full approve
<input type="checkbox"/> Support with minor reservations – I can live with it
<input type="checkbox"/> Don’t full like but will support – don’t want to hold up the work of the group
<input type="checkbox"/> Major reservations – serious contention; can’t count on me for support

1. 73% full support, 27% support with minor reservations
  2. 90% full support, 10% support with minor reservations
  3. 56% full endorsement. 33% support with minor reservations, 11% don’t fully like but will support
  4. 64% full support, 36% with minor reservations
  5. 60% full support, 30% support with minor, 10% don’t fully support
  6. 70% full, 20% with minor reservations, 10% don’t fully like but will support
  7. NA merging into other recommendations
  8. NA merging into other recommendations
  9. 89% full support, 11% support w/minor reservations
- Create draft language for the added recommendations then vote
10. Attach a fiscal note – no vote needed for this item (MDH internal process)

11. Promote and market the survey using a variety of different channels (e.g. web, social media...)
  - a. Promote and distribute surveys in different media channels such as DHS & MDH website, partnering with LEP communities, emails, traditional mails, promotion videos targeting different LEP groups, town hall meetings and etc. Surveys should be available online and paper format.

## Future Meeting Topic Prep, Next Steps and Closing

Next meeting is meeting #1 on the topic: changing requirements for registered and certified interpreters to reflect changing needs of the Minnesota healthcare community and emerging national standards of training, competency, and testing.

- Consult with the community you represent and subject matter experts on topic(s) to share with the work group.
- Please submit resources and SME suggestions for this and other future topics to the SLHCIWG email address.
- Next meeting: Tuesday, Nov 25th, 2:00 – 3:30pm.
- Submit Expense Forms to the SLHCIWG.mdh@state.mn.us email address.

## Decisions

- Delete draft recommendations 7 and 8 as they are encompassed in recommendations 1 and 3.
- Edit the recommendations per the member's discussion.

## Next Steps

- Rachel offered to pull research data on the generally accepted principles for surveys and research methods.

Minnesota Department of Health  
Spoken Language Health Care Interpreter Roster  
PO Box 64900  
St. Paul, MN 55164-0900  
651-201-4200  
[health.hci@state.mn.us](mailto:health.hci@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

05/04/2026

*To obtain this information in a different format, call: 651-201-4200.*