THE CENTER
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Health Care Interpreters in California

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The rise of a profession

Patients whose providers do not speak their language often rely on interpreters to convey their concerns and to understand the health care practitioner. Although any bilingual individual potentially could interpret, a profession dedicated to the demands and nuances of health care interpreting has developed in recent years. Professional health care interpreters have been trained in health care interpreting, adhere to professional ethics and protocols, are knowledgeable about medical terminology, and can accurately and completely render communication from one language to another.[1]

Professional health care interpreters are one part of the solution to meeting the needs of patients who do not speak English. Other approaches include:

Using **family members** - This practice has come under increasing criticism for the compromised confidentiality, lack of experience and medical knowledge that can lead to medical errors, and the unfair burden on children.

Using **bilingual "ad hoc" staff** from other departments or responsibilities in hospitals and private practices – In a national survey, 51 percent of the providers said that when they need interpretive services, they often enlist help from staff who speak Spanish, including clerical and maintenance staff.[2] If the ad hoc interpreters are trained in health care, they may be more familiar with medical terminology than family members. However, ad hoc interpreters drawn from administrative or housekeeping duties may not have health care terminology training. Moreover, while ad hoc interpreters may be better than no interpreter at all,[3] they are not trained in interpreting, which can lead to distortions in information obtained in the clinical interview and errors that are more likely to have clinical consequences than errors made by dedicated staff interpreters.[4, 5] In addition, the costs of pulling them from their primary duties may be substantial.[6]

Expanding the language and cultural competence skills of **patient care providers** - In 2001, 28% of primary care physicians in California reported that they were fluent in Spanish.[7] Some health professions schools are increasingly looking for evidence of bilingual skills among applicants and many health care professionals are learning second languages to better meet the needs of their patients.

Expanding the use of **technology**, including telephonic and video interpretation through central facilities.

The need for interpretation

- One in five Californians (6-7 million) are Limited-English Proficient (speak English less than "very well"). In four counties (Imperial, Los Angeles, Monterey and San Francisco), between one-quarter and one-third of the population is LEP.[8]
- Almost 50% of Medi-Cal managed care and Health Family Program members primarily speak a language other than English.[9]
- California's Medi-Cal and Healthy Families (SCHIP) managed care contracts require that HMOs provide medical interpreter services to all their LEP members.[10]
- Over 200 languages are spoken in California[11]
- Spanish-speaking Latinos make up one-third of California's population.[12]
- There are probably fewer than 500 professional health care interpreters in California and only a fraction of these have been formally trained in health care interpreting and work full time as health care interpreters.[13]

The rise of health care interpreting as a profession can be traced to several developments in California and the US:

- Changing demographics: Today, 20 percent of Californians are considered Limited English Proficient.[14]
- Quality of care: Without effective communication between patient and provider, there is an increased risk of misdiagnosis, misunderstanding about the proper course of treatment and poorer adherence to medication and discharge instructions.[15]
- Cost of care: Lack of understanding may increase costs due to unnecessary testing, medical errors, lack of compliance with treatments, return visits, and liability.
- Patient satisfaction: Comprehension, understanding and patient satisfaction with health care received may be compromised by language barriers.
- Federal law: Any federally funded health care (including Medicare and Medicaid programs) must provide interpreter services under Title VI of the Civil Rights Act of 1964 and Executive Order 13166 of 2000.[16]
- California law: General acute care hospitals in this state must provide language assistance services to patients with language or communication barriers.[17]

Many studies have been conducted that explore the barriers and challenges of seeking and providing health care when patient and practitioner do not speak the same language. Considerable research has documented the adverse impact on access to care that language barriers impose.[18] Another body of research efforts has focused on the health risks and benefits and patient satisfaction of using/not using health care interpreters for patients who do not speak English. These studies have generally found better patient understanding,[19] higher patient satisfaction,[20] and better care as measured by receipt of preventive care, prescriptions written and prescriptions filled.[21]

A comprehensive compilation of research conducted on these issues is forthcoming and should be an excellent contribution to the field. *Language Barriers in Health Care Settings: An Annotated Bibliography of the Research Literature* is in press and expected to be released in June 2003 by The California Endowment.

Working as a health care interpreter

Despite the significant need and legal mandates for health care interpreters, the job market is limited for these professionals. Class size tends to be small at the training programs and, of the minority of training programs that track their graduates, the percent of graduates who go on to work as health care interpreters ranges from 20 percent to 90 percent.

Health care interpreting takes place in many different settings, including doctors' offices, clinics, hospitals, home health visits, mental health clinics, and public health agencies but employment arrangements vary by setting and by region. Some hospitals, clinics, health plans and solo practitioners employ dedicated interpreters on their staff payrolls. Some health care interpreters work as self-employed contractors and some freelance agents work with agencies that coordinate the work schedules of many interpreters.

Although no comprehensive job analyses have been done of health care interpreters, those interviewed for this project expressed the perception that the work could be interesting and satisfying but that steady jobs were not always easy to find and that pay is low for the demanding nature of the work. Information from the California Labor Market Information Division indicates that the entry-level hourly wage for all interpreters and translators (health care and others) is $11.62 and the mean hourly wage is $16.36. These figures should be viewed with caution, however, as they include employed health care interpreters as well as all other interpreters and do not include self-employed interpreters.[22] Independent interpreters with outstanding credentials may command relatively high salaries. Those who are working for agencies may take home most but not all of the fees charged by the agency (a recent survey of language agencies found that, of those that reported their fees, the range was from $25 to almost $100 per hour, with many hovering around $40-$45).[23]

Profile of the workforce

Very few data exist on the numbers of health care interpreters in California or their demographic characteristics because neither the state nor any certifying agency regulates or tracks them. The California Employment Development Department reported a total of 1,890 interpreters employed in 2000 but this excludes all self-employed interpreters and includes all interpreters (health care and others).[24] The California Healthcare Interpreters Association (CHIA) estimates that there are fewer than 500 health care interpreters in California and that only a fraction of these are trained in health care interpreting and practicing full-time as health care interpreters.

Aside from being bilingual (and even that is not always evaluated), very little is known about the profile of the health care interpreter workforce in California. A representative from the California Healthcare Interpreters Association (CHIA) suggested that many association members are professionals from other fields and health care professionals from other countries who are using their language skills and health care knowledge to interpret while they seek entry into their respective medical profession in the U.S. but no survey of membership has been conducted to date.

Education and training

Health care interpreters are educated and trained through a variety of different programs and routes. Some interpreters go through one of the programs described below; some interpreters are trained at hospitals and clinics that offer their own programs for staff; and many interpreters may work without any formal education or training in health care interpreting. While individual programs have their own requirements for graduation, there are no standardized or required curricula or coursework across all programs.

Of 24 health care interpreter-training programs identified in California in 2002, 21 completed a survey sponsored by The California Endowment.[25] These are programs that are offered in California, are accessible to the public, and more than 20 hours in length. Most, but not all, programs evaluate the students' competency after the training and most offer certificates of successful completion to students who have completed the programs. Generally, students must be bilingual to enter the programs but language competence is not always evaluated.

Programs range from 30 hours to 632 hours, with the most common length being 40 hours. There are 12 programs under 100 hours. Nearly two-thirds of California's training programs required no practicum (observation by experienced interpreter) and the length of practica of those programs that do require them range from 10-15 hours to 80-120 hours.

The shorter courses tend to cover similar material:

- Role and ethics;
- Basic interpreting techniques (use of the first person, positioning, pre-sessions, modes, consecutive interpreting, and sight translation);
- Controlling the flow of the session;
- Health care practice medical terminology;
- Professional development; and
- Impact of culture.

Longer programs include more technical analysis of the language conversation process and much more practice interpreting.

The increased interest in health care interpreter training programs has led to several types of programs, including both independent and network approaches to training:[26]

- Independent, unique programs developed and operated locally, some for many years (examples include Catholic Charities in San Diego, The National Hispanic University in San Jose, Merced College in Merced, and Fresno County Health Department).
- Cross Cultural Health Care Program's Bridging the Gap (primarily used internally at many health care institutions in California)
- Connecting Worlds curriculum, the result of a statewide collaborative funded by The California Endowment, was designed and implemented by a group of community-based organizations (examples include Las Clínicas del Pueblo in the Imperial Valley, PALS for Health in Los Angeles, Asian Health Services in Oakland, Healthy House in the Central

Valley, and Vista Community Clinics in San Diego).
- City College of San Francisco's certificate program that was originally based on Bridging the Gap, was expanded to include more health-care related information and language-specific practice and is now being implemented or planned at several colleges (examples include Mt. San Antonio College, Reedly College, San Jose City College, and Santa Rosa Junior College).

Of the 21 programs that completed the survey, 11 are based in educational institutions, five in health systems and five at community clinics. They tend to be concentrated in some regions. There are many programs in the Los Angeles, Southern/Inland, Bay Area and Central Valley areas but only a couple of programs in the Sacramento/North Coast region and virtually nothing available in Northern California. This dearth of training options available to much of the state suggests the need to look at alternatives, such as distance learning models.

The differences in models and length of programs provide a wide range of options for those seeking training, making it more likely that someone can find a program to fit their needs. At the same time, some within the profession see the use for standard curricula for training programs.

One significant recent contribution to the profession has been the publication of *California Standards for Healthcare Interpreters: Ethical Principles, Protocols, and Guidance on Roles & Interventions*.[27] This set of standards is intended to serve as a reference for interpreters as well as the foundation for training curricula and possibly as the basis for testing in health care interpretation in the future. It includes ethical principles to guide interpreters, standard procedures for working with patients and providers, and a description of the multiple roles health care interpreters play. The standards have been well-received by health care interpreters, many of whom have long sought acknowledgement of and guidance on questions and issues that arise during health care interpreting sessions.

Finding a qualified interpreter

In most other health care fields, consumers and employers can rely on state regulation and/or private sector certification to find qualified practitioners. While there is some discussion both at the national and state levels to develop a professional certification program, health care interpreters are neither regulated by the state of California nor offered any professional certification at the national or state level at this time.

While California is far from alone in not having regulatory or certification mechanisms in place for health care interpreters, there are some promising models elsewhere. For example, Washington State's Department of Social and Health Services administers a Language Testing and Certification program, through which one may be certified in any of eight languages and dialects upon passing the written and oral tests. For 80 additional languages, a separate qualification process is available.[28]

The California Healthcare Interpreters Association is involved with piloting a certification test for Massachusetts. Although the standards and test involved will only be applicable to Massachusetts candidates in the future, the partnership is providing CHIA with the experience of a testing and certification process that may be useful in the future in this state.

For now, California institutional employers (hospitals, clinics and health plans), physicians and other health care providers, and patients themselves seeking the services of health care interpreters can rely on recommendations from others, résumés, or agency affiliation to select someone who will meet their needs. If interpreters have gone through interpreter training programs, interpreters may have received certificates of completion of the program. They may also be able to demonstrate their bilingual skills through documentation or testing and may be able to document medical knowledge with degree(s) in health care.

Resources available to those seeking health care interpreters include:
- *Guide to Initial Assessment of Interpreter Qualifications* published by the National Council on Interpreting in Health Care (2001)[29]

- *How to Choose and Use a Language Agency: A Guide for Health and Social Service Providers Who Wish to Contract with Language Agencies* published by The California Endowment (2003).[30]

Critical issues and policy concerns

Legislation & policy The California Legislature is considering several bills that would affect the profession of health care interpretation. The prevalence and recurrence of this type of legislation indicates a pressing need in state government to address the challenges of providing quality health care to the people of California.

- AB 154 (Chan) would require health plans and managed care plans that participate in Health Families or Medi-Cal to submit reports on their compliance with cultural and linguistic service requirements that are already established by law or regulation.
- SB 853 (Escutia) would require the Department of Managed Health Care to adopt regulations that would require all California health plans to implement programs to assess subscriber needs, and to provide translation, interpretation, and culturally competent medical services.
- AB 292 (Yee) would prohibit the use of children as interpreters for state-funded groups that provide medical, legal or social services except in emergencies. Under the legislation, Medi-Cal physicians, women's shelters and county social service agencies among others would have to ask adult family members to interpret or use professional or volunteer interpreter services; those that use children as interpreters could lose state funds.

At the same time that the California Legislature is evaluating proposals to expand or strengthen professional interpreter services, some local agencies are considering trimming services. For example, the San Francisco Health Commission recently proposed budget cuts targeted at significantly reducing the interpreter staff at San Francisco General Hospital.[31]

Research Ongoing research must continue to examine unanswered questions such as the actual economic costs of using and not using health care interpreters for LEP patients, addressing the implications of interpreter mistakes and reducing their numbers, and the comparative costs and benefits of using different approaches to interpretation (e.g. in person vs. telephonic/video interpreting).

Financing While few would argue today against the use of interpreting services for those who need them to improve quality, increase access and raise patient satisfaction levels, many wonder how to pay for these services. Some of the most critical challenges facing health care interpreters and those who would or must work with them are financial in nature.

Some researchers have focused on identifying and quantifying the costs of using and not using health care interpreters, and exploring potential added costs of unnecessary testing, misdiagnosis, misunderstanding of treatment, medial errors, and poor adherence to medication and discharge instructions due to language barriers. To date, studies have not been conclusive in assigning a monetary value to interpreting or not interpreting although research continues along these lines.

One line of research has been on the costs of using ad hoc interpreters (bilingual medical or other staff pulled from other departments or responsibilities to interpret) rather than dedicated and trained professional health care interpreters. An oversees study found that the cost of lost staff productivity from fulfilling interpreting needs was twice the amount needed to employ staff interpreters.[32]

In making the business case for the use of professional health care interpreters, proponents have noted that better communication through good interpretation could:

- Increase payment for services provided when patients cannot afford to pay for care and do not understand financial assistance information in English
- Improve attraction and retention of future insured patients with limited English proficiency. In a national survey of uninsured patients, 32% of those who needed interpreters

but did not have interpreters available said they would not use the facility if they became insured compared to only 9% of those who needed interpreters and used them. This suggests that LEP patients, if given a choice of providers, would seek care from facilities that provide interpreters.[33]

Regardless of whether a provider decides to incorporate interpreting services into the delivery of care due to experience, persuasion by the research, or legal mandate, the interpreter must be paid. Finding the funds to pay for these services is rarely easy and sometimes near impossible, particularly for those working under capitated managed care contracts.

However, as noted in a recent brief prepared by Ignatius Bau and Alice Chen and published by The California Endowment:

> *"Language assistance services do qualify for federal matching funds if the state provides its own dollars for such services…. California is now able to collect from the federal government an average of 50 cents for every dollar spend on MediCal and an average of 66 cents for every dollar spent on Healthy Families."*[34]

Several other states, including Hawaii, Idaho, Maine, Minnesota, Montana, New Hampshire, Utah, and Washington, have already taken advantage of federal matching funds to help pay for interpreting services for LEP patients. In these states, reimbursement rates for oral interpretation in Medicaid and State Children's Health Insurance Programs range from $7 to $50 per hour, with many clustering between $20 and $30 per hour.[35]

Future directions The enormous demand to provide health care in the language of the patient or client combined with the relatively small number of professional health care interpreters creates a challenge to the state of California of unusual significance and complexity. While the professional workforce is sure to grow, it also seems unlikely that the number of full-time professional health care interpreters will be sufficient to meet the language needs of the state in the foreseeable future. This may mean that the evolution and growth of the profession will be just one facet of an overall strategy that must also include more bilingual providers, optimal use of technology, improved education and translation materials for consumers, and a host of other approaches to meet the health care needs of all Californians.

Foundation activity

A number of foundations have focused on the needs of patients and clients who do not speak English. Some highlights of recent activity include:

- The Robert Wood Johnson Foundation has awarded grants to 10 organizations nationally through a new program, *Hablamos Juntos: Improving Patient-Provider Communication for Latinos*, to develop affordable models to help English-speaking providers communicate more effectively with their Spanish-speaking patients.

- Since 1999, The California Endowment has granted more than $15 million to support equal access to health are for Limited English Proficient health care consumers in California through three key strategies:
  1. Improving the training and professionalization of medical interpreters;
  2. Strengthening applied research and evaluation of language assistance services; and
  3. Promoting policy and health delivery systems change to ensure language access.

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California HealthCare Foundation
The California HealthCare Foundation, based in Oakland, is an independent philanthropy committed to improving California's health care delivery and financing systems. Formed in 1996, its goal is to ensure that all Californians have access to affordable, quality health care. For more information, visit us online at www.chcf.org.

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