Minnesota Interpreters Newsletter

Interpreter Stakeholder's Group

Role of Qualified Healthcare Interpreter in Advancing Health Equity in Minnesota

Minnesota's population is steadily becoming more diverse, and many immigrants and refugees face language barriers. Nothing is more personal or more important to a patient than being able to understand and effectively communicate with a health care provider. Any ongoing barrier to this essential communication increases the inequity of healthcare access and optimal health outcomes for minority populations. We are concerned that inadequately trained and tested spoken language healthcare interpreters inadvertently create an ongoing barrier to optimal health outcomes.

We know interpreters do not want negative outcomes for the patients for whom they interpret. However, because of the unregulated nature of spoken-language health care interpreting in Minnesota, practicing interpreters may not be proficient in both English and an alternate language. They may not have had the opportunity for training in medical terminology nor interpreting skills, interpreting standards of practice or the interpreting code of ethics. As a result, the possibility of interpreting errors increases. Errors can result in misdiagnoses, inappropriate treatments, misunderstandings of treatment protocols, harmful medication errors, and failure to receive follow-up care.

Research shows that professionally trained health care interpreters improve critical communication between physicians and patients. Skilled interpretation also saves health care dollars by decreasing the likelihood of negative outcomes, reducing the number of inpatient days and interventions, increasing the rate of treatment compliance, and preventing misunderstandings that can result in a wrong diagnosis or medication errors. A separate study found that hours of interpreter training – and not necessarily years of experience in interpreting – are correlated with reduced number and type of communication errors and with errors that have a lower potential for significant negative outcomes.

Two bills, HF1904 and SF2235, were introduced this legislative session in the MN House of Representatives and the MN Senate, respectively, to promote these goals. The bills were the product of many years of work by members of the Interpreting Stakeholder Group (ISG), which includes interpreters, educational institutions, interpreter agencies, health care organizations, and other partners. Staff from the Compliance Monitoring Division at the MDH provided technical assistance to the ISG on developing a framework to regulate healthcare interpreters to ensure patient safety.

As HF1904 came for hearing in legislative committees, a great deal of misinformation arose about the purpose of the legislation. Those who opposed argued the bill would simply raise the cost of doing business for healthcare interpreters, as well as negatively impact interpreter agencies. Partially because of this misinformation, the bills were not passed into legislation. However, the bills raised awareness and concern by many legislators about the quality of interpreter service received by LEP patients.

On February 1, 2014, the Minnesota Department of Health (MDH) released a report that documents the existence of health disparities for minority populations in our great state of Minnesota. The title of the report was "Advancing Health Equity in Minnesota." The report also identifies barriers contributing to health disparities and notes that policy decisions can do much to eliminate such barriers.

To advance health equity in Minnesota, it is time to establish policy to ensure that health care interpreters receive training and demonstrate standardized competency to enable accurate and clear communication between LEP patients and providers. It is common that whenever a profession undergoes licensing and certification, there are those who will object to any form of standards or regulation. However, we cannot allow that vulnerable patients, who are made more vulnerable by the fact that English is not their primary language, remain unprotected. Our goal this coming year is to work with legislators, MDH and all stakeholders in the interpreting process to advance policy that helps eliminate barriers to health equity and quality health outcomes for all Minnesotans.

Articles cited in this newsletter and for more information:

- “Using Medical Interpreters”, MN Medicine, April, 2010.

- "Errors of Medical Interpretation and Their Potential Clinical Consequences: A comparision of Professional Versus Ad Hoc Versus No Interpreters", Annals of Emergency Medicine, Vol 60 (5), pages 545 - 553, November 2012.