A Mosaic of Interpreting in Oregon:
Results & Analysis of Health Care Interpreters & Providers Survey Responses

Oregon Health Authority | Office of Equity & Inclusion

Acknowledgments

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Executive summary

Inspired by the non-discrimination provisions of Title VI of the Civil Rights Act of 1964, Oregon established a Health Care Interpreter (HCI) program in 2010 as part of its health system transformation. The state legislature recognized that persons with limited English proficiency, or who communicate in sign language, are often unable to interact effectively with health care providers and recommended working with certified or qualified HCIs to ensure accurate and adequate provision of health care to persons with limited English proficiency and to persons who communicate in sign language.

The mandate of the HCI program is to develop a well-trained HCI workforce as part of a comprehensive set of strategies to remove language and communication barriers to accessing health care services. Since 2010, the program has established the Health Care Interpreter Council (HCI council), created comprehensive training standards, training curriculum, and a registry enrollment process for trained HCIs that currently has over 730 qualified and certified interpreters statewide.

Purpose of the survey and design

To develop a comprehensive understanding of the HCI workforce, and providers who work with HCIs, the Office of Equity and Inclusion (OEI) in the Oregon Health Authority (OHA) partnered with the HCI Council to deploy the most comprehensive survey of the workforce in program history. The survey had two components: an HCI component and a provider component. The HCI component developed comprehensive insights on the HCI workforce in the state, while the provider component focused on developing insights on the use of HCIs across health care delivery system.

The HCI survey had 83 questions and the provider survey had 23. Both surveys were developed through a consensus approach, including consulting subject matter experts and Limited English Proficiency (LEP) community members. The surveys were deployed by emails with links to the surveys. The HCI survey had a completion rate of 74.9 percent, and the response rate of 62 percent, while the provider survey had a completion rate of 48.4 percent.

HCI survey result highlights

Demographics

- 62.2 percent of respondents were born outside of the United States (native speakers of the languages they interpret in) while 35.9 percent were born in the United States.
- About 44.5 percent of respondents are below 45 years, 45.3 percent are between 45 and 64 years, and 10.2 percent of respondents are 65 years or older.
- 73.2 percent of interpreters identified as female, 25.7 percent identified as male, and less than 1 percent identified as transgender female.
- About 52.9 percent of respondents have a bachelor's degree or higher and 3.5 percent of this proportion have a doctorate degree; 47.2 percent have either an associate degree, a high school diploma, a GED, some technical and vocational training, or some high school and no diploma.
- Respondents live and interpret in 21 of the 36 counties in Oregon and about 73.5 percent of all respondents live in the following four counties: Multnomah, Washington, Marion, and Jackson.

Language and employment characteristics

- Respondents interpret in 49 different non-English languages, with the majority, 60.3 percent, interpret in Spanish.
- Most interpreters said they are not working enough hours:
  - About 14 percent of respondents interpreted for less than 50 hours per year in 2017, which is about one hour a week for independent contractors (freelance interpreters).
  - About 11.3 percent interpreted for between 51 and 150 hours per year, about one to three hours a week for freelance interpreters.
- About 19 percent of respondents said they are on the Oregon Health Plan, and 13.9 percent do not have health insurance.

Provider survey result highlights

- 92 percent of respondents said they used HCIs for limited English proficiency (LEP) and sign language appointments.[1] However, the proportion of appointments in 2017 in which providers used HCIs varied:

1 To correct mis-perceptions about the HCI workforce and improve recognition, interpreters prefer the term "working with interpreters" instead of "using interpreters". We respect and honor that request, but for consistency in interpreting survey results based on how the questions were asked, the word "used" will appear in this survey report. We will replace this in future survey questions and reporting.

  - » Only 7.1 percent used HCIs for 100 percent of their LEP appointments
  - » 19.9 percent did not use HCIs
  - » 48.2 percent used HCIs for only 25 percent of LEP appointments.
- Almost 78 percent of respondents said their organizations do not have language access plans or were unsure whether they had such plans, policies, or operational details on how to provide spoken and sign language services.
- Some providers said they worked with interpreters who were not OHA approved, while others were unsure if they did.
  - » 22 percent of providers said their bilingual staff or contract interpreters were not OHA-approved qualified or certified interpreters.
  - » 36.4 percent were unaware whether their bilingual staff or contracted interpreters were trained and OHA qualified or certified interpreters.

HCI survey key findings and recommendations

Higher demand for trained in-person interpreter services statewide
The results suggest a higher demand and preference for in-person interpreting. 96.9 percent of respondents said they provide on-site interpreting. Training more interpreters, especially on-site interpreters is important because about 22 percent of respondents who provide interpreter services were not trained or accredited by the state. The distribution of trained HCIs in the state provides insight into where additional training is needed – about 73.9 percent of all respondents lived in four counties: Multnomah, Washington, Marion and Clackamas. Investment in training HCIs in rural communities and in languages that are in high demand but lesser diffused would add value to the workforce.

Recommendation: Ensure that all health care interpreters practicing in the state are trained and OHA qualified or certified. Invest in expanding HCI training in rural communities experiencing growth in language access needs.

Professional interpreters have low income and not enough working hours
The distributions of net and gross income for interpreters are similar and suggest that there are more interpreters earning less than $19,000 a year and almost a quarter of interpreters earned less than $5,000 in gross or net income in 2017. The low income for interpreters reflects the limited availability for work hours and utilization. A significant proportion of interpreters work part-time, 71.8 percent, and 47 percent of independent contractors and W-2 interpreters respectively worked part-time in 2017, even though majority of them preferred full-time employment hours.

Recommendation: Explore policy options to improve compensation for interpreters, for example, paying for a 2-hour minimum. Future surveys must explore the dynamic

between the availability of interpreting hours and the desire of interpreters to be part time of full-time.

Improve the working conditions for interpreters
About 19 percent of respondents said they are OHP recipients. Their participation in OHP, a means-tested program for participants, reflects a need to change interpreter compensation rates.

There are also significant differences in payment benefits for court, education, and health care interpreters, when appointments are cancelled within 24 hours for reasons outside of interpreters control. 81.8 percent and 63.6 percent of interpreters in court settings, 62.7 percent and 51.8 percent of interpreters in education settings, and 57.5 percent and 43.7 percent of interpreters in health care settings received 100 percent reimbursement for appointments cancelled when persons needing interpreting do not show up for the appointment, or when appointments are cancelled within 24 hours respectively. Since most HCIs are independent contractors, the comparatively low payment for cancelled appointments and the frequency, reduces their incomes and create financial disincentives for developing a quality and sustainable HCI workforce.

Recommendation: Require a 100 percent payment or reimbursement for the cancellation of all HCI appointments within 24 hours. This recommendation would not significantly increase the cost of business because most contracts between providers, payers and interpreting agencies account for this incidental cost.

Provide survey key findings and recommendations

Fewer providers worked with trained interpreters during limited English proficient appointments
Providers did not work with trained HCIs for most of their LEP appointments. While about 92 percent of providers said they worked with interpreters, the proportion of their LEP appointments they utilized interpreter services varied. Only 7.1 percent of providers said they worked with interpreters for all their LEP appointments. The low demand for trained interpreters, partly explains their working part time and incomes for 2017. While some delivery systems may have utilized bilingual providers, 40 percent and 27.5 percent of providers said their bilingual staff have either not completed any HCI training and language proficiency assessments or are unsure whether their bilingual staff have completed such training.

Recommendation: Strengthen current laws to enforce working with only OHA approved interpreters for LEP and Deaf and hard of hearing appointments and require bilingual providers who provide direct care to comply with required HCI training and language proficiency testing. Doing so would help to professionalize the HCI workforce and improve the quality of language services.

The importance of language access plans to effective language services
Developing language access plans is required by the Centers for Medicare & Medicaid Services and the plans guide structures and processes for providing meaningful language services. However, only 22.1 percent of respondents said their organizations have language access plans on file, 15.4 percent did not have any such plans, and 62.5 percent said they were unsure whether their organizations had language access plans on file.

Recommendation: Provide technical assistance to providers on how to develop and use language access plans for forecasting language access needs and auditing the delivery of quality and meaningful language access services.

Summary of open-ended text responses by interpreters and providers

For interpreters, they highlighted the lack of interpreting hours for full time employment, low compensation and poor working conditions:

- Comparatively low compensation for health care interpreting was not enough to support interpreters' households. This is important because 27 percent of respondents said their household incomes were solely from their interpreting work.
- Interpreters are concerned that they cannot find enough interpreting appointment hours for full-time employment.
- Interpreters have concerns about payment policies. Most HCIs are not paid when previously scheduled appointments are cancelled at short notice which leaves them with less time to look for replacement appointments.

For providers, cost was the main driver of their decisions to work with interpreters:

- Providers said they lose income from hiring and paying interpreters for LEP and sign language appointments, especially for Fee-for Service appointments, because the services are not directly reimbursable.
- While some providers said they prefer in-person interpreting over telephonic interpreting, they default to telephonic because it is less expensive than in-person.
- Providers often used bilingual staff interpreters, but some bilingual staff interpreters are not trained, and they do not receive pay differential for their language skills.

Overview of the HCI program

Three federal requirements were foundational to current language access requirements for limited English proficient (LEP) and Deaf and hard-of-hearing patients: The nondiscrimination provisions of Title VI of the Civil Rights Act of 1964[2], Executive Order 13166[3], and Title II of the Americans with Disability Act[4]. Inspired by these federal requirements, the Oregon Legislature established the state's Health Care Interpreter (HCI) program in 2010. Its focus is on developing a well-trained HCI workforce as part of comprehensive strategies to remove barriers to accessing health care services for persons who have limited English proficiency or communicate in sign language.

As part of its workforce development mission, the HCI program was charged to develop a recognition and registry enrollment process, as well as to ensure that the workforce is prepared to support the delivery of accurate and adequate health care services for LEP and sign language patients. Since 2010 the OHA HCI program has worked directly with the HCI Council and community to develop training standards for interpreters, approve training programs, and provide support for training programs to develop an HCI workforce of about 730 interpreters[5] who are currently enrolled on the state's registry.

The HCI registry hosts two main interpreter groups — spoken and sign language — who are recognized as qualified or certified. The workforce operates primarily in health care settings as part of provider teams on access to care for LEPs and persons who communicate in sign language. However, some HCIs work in court, education and other settings. The main differences between qualified and certified HCIs are: Certified HCIs have passed a national certification exam in the language they interpret; and most have acquired additional work experience. Since the national certification exam is available in only seven languages,[6] most interpreters can become only qualified. That is why there are more qualified than certified HCIs on the state registry.

2 Title VI of the Civil Rights Act (https://www.justice.gov/crt/fcs/TitleVI-Overview)
3 Executive Order 13166 (https://www.lep.gov/13166/eolep.pdf).
4 Americans with Disabilities Act Title II Regulations (https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm).
5 This number is variable because the HCI Registry is updated as more interpreters are included or removed from the Registry.
6 Arabic, Cantonese, Korean, Mandarin, Russian, Spanish, and Vietnamese

Purpose of the survey

To develop a comprehensive understanding of the HCI workforce and providers who work with HCIs, the Division of Equity and Inclusion partnered with the HCI Council to deploy the largest survey data collection of its kind in program history. The survey had two components: an HCI component and a provider component. The HCI component was designed to provide insights on the HCI workforce in the state, their working conditions, and their workforce development issues, including compensation and sustainability. It was also designed to identify gaps and opportunities for improving the workforce to ensure access to quality health care interpreting. The provider component was focused on developing insights on the use of HCIs across delivery systems and settings, as well as identifying compliance with existing federal and state requirements about the use of interpreters and language access services in general.

Methods

The HCI survey had 83 questions; the provider survey had 23. The questions for both surveys were developed through a consensus approach, including consulting subject matter experts in survey development, HCI Council members who teach or provide language services, LEP community members, and language companies.

Both surveys were hosted on a SurveyGizmo platform. They were deployed by email with a link to the survey. Two email reminders were sent to the target population groups before the surveys closed on different dates. The HCI survey was deployed in July 2018 and closed in September 2018. All 555 HCIs on the state registry at that time received email messages with a survey link. To increase the response rate for the HCI survey, we offered two continuing education credits to each respondent. The HCI survey collected data from 439 HCIs (329 complete and 110 incomplete responses), and about 25 HCI emails bounced back due to incorrect or outdated email addresses. The completion rate based on the number of interpreters who started and/or completed the survey was 74.9 percent, and the response rate based on the target population who received the survey was 62 percent.

The provider survey was deployed in September 2018 and closed in November 2018. A link to the survey was initially sent out through the Patient-Centered Primary Care Home (PCPCH) email listserv, then shared with other community

partners who had access to provider networks. The survey collected data from 250 providers (121 complete and 129 incomplete responses) who work with interpreters. The completion rate was 48.4 percent, but we could not estimate the response rate because the population size of survey recipients was unknown.

Respondents background information		
Gender	Female	73.2%
	Male	25.7%
	Transgender Female	0.3%
Age	20-24	2.2%
	25-34	16.7%
	35-44	25.6%
	45-54	25.9%
	55-64	19.4%
	65+	10.2%
Region	Benton	1.2%
	Clackamas	8.2%
	Clatsop	0.3%
	Deschutes	0.9%
	Douglas	0.6%
	Grant	0.3%
	Hood River	2.3%
	Jackson	10.8%
	Jefferson	0.3%
	Josephine	2.3%
	Lane	2.6%
	Lincoln	0.9%
	Malheur	0.3%
	Marion	11.4%
	Morrow	0.3%
	Multnomah	32.4%
	Polk	0.6%
	Tillamook	1.5%
	Wasco	0.6%
	Washington	21.9%
	Yamhill	0.6%
Interpreting Experience	0-4	31.6%
	5-9	24.2%
	10-14	17.0%
	15-19	13.7%
	20-24	6.0%
	25-29	3.6%
	30-34	3.0%
	35+	2.2%
Provide Spoken or Sign Language Interpreting in Oregon	Yes	93.5%
	No	6.5%

This report analyzes the response data to develop insights on the following themes: the characteristics of the state's HCI workforce and their working conditions, hours of work, and compensation; the use of interpreters by health care systems; the satisfaction of providers with interpreter services; and the concerns of both providers and interpreters. While most of the results are displayed in percentages, some of the proportions are below or above 100 percent because we excluded the "decline to respond" answer category for some of the questions analyzed and other questions allowed multiple responses. For ease of reporting, analysis, and identification of emerging trends, some of the responses were recoded and reported in fewer response categories.

General characteristics of HCI survey respondents

Gender and gender identity

Most respondents, about 73.2 percent, identified as female; 25.7 percent identified as male; and less than 1 percent (0.3) identified as transgender female.

Age distribution

The minimum age was 20 and the maximum was 67. The results imply that about 44.5 percent of respondents are below 45 years, 45.3 percent are between 45 and 64 years, and 10.2 percent of respondents are 65 years or older.

Geographic location of HCIs

Respondents were from 21 of the 36 counties in Oregon. About 76.5 percent of all respondents live in Multnomah, Washington, Marion, and Jackson counties. Multnomah had the most respondents with 32.4 percent, followed by Washington, Marion, and Jackson with 21.9 percent, 11.4 percent, and 10.8 percent respectively. Clatsop, Grant, Jefferson, Malheur, and Morrow counties had the least respondents, at about 0.3 percent for each county.

Interpreting experience

The average interpreting experience of respondents was 8.6 years; 2.2 percent have been interpreting for over 35 years, 55.8 percent have been interpreting for nine or fewer years, and 30.7 percent have been interpreting for between 10 and 19 years.

Spoken or sign language interpreters

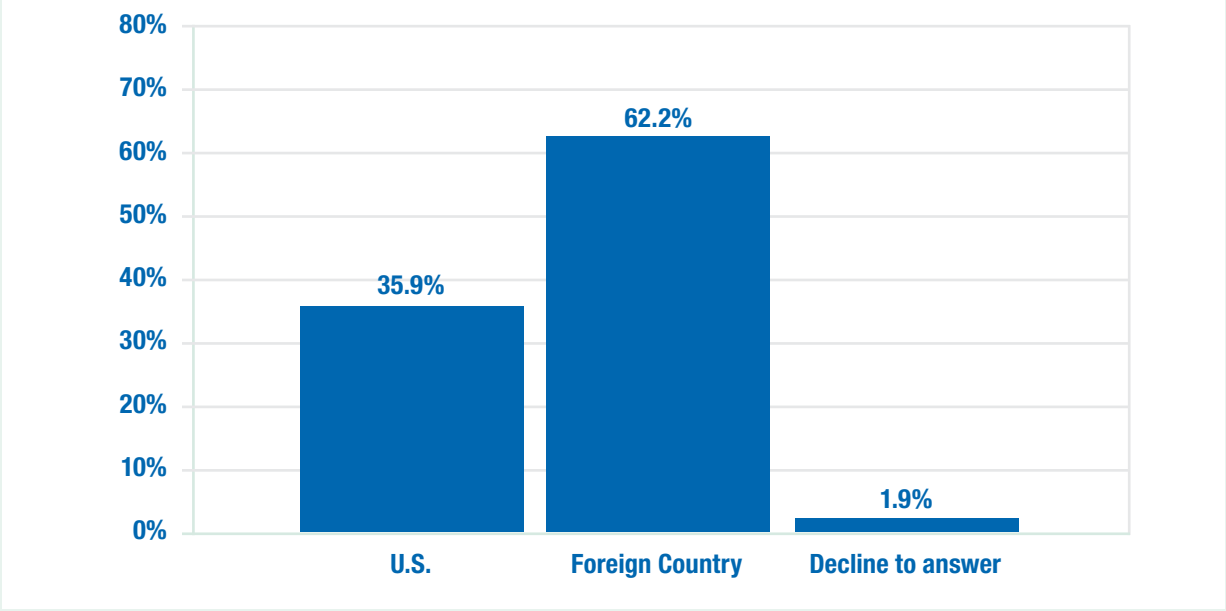
About 93.5 percent of respondents said they provide either spoken or sign language interpreting in Oregon, while 6.5 percent did not. Respondents also were asked whether they provided spoken or sign language interpreting in other states, and 188 respondents said they provided spoken and sign language interpreting in the following states: Washington (66.3 percent), California (11.9 percent), Nevada (4.4 percent), Idaho (3.8 percent), and other states and countries (13.6 percent).

Place of birth

Were you born in the United States?

Due to the diversity of languages represented on the HCI registry and the countries of origin for the different languages, we asked respondents about their country of birth to help estimate the proportion of native language speakers. The results suggest that more than half (62.2 percent) of all respondents were born outside of the United States, while 35.9 percent were born in the United States and about 2 percent declined to answer this question.

Figure 1: Place of birth

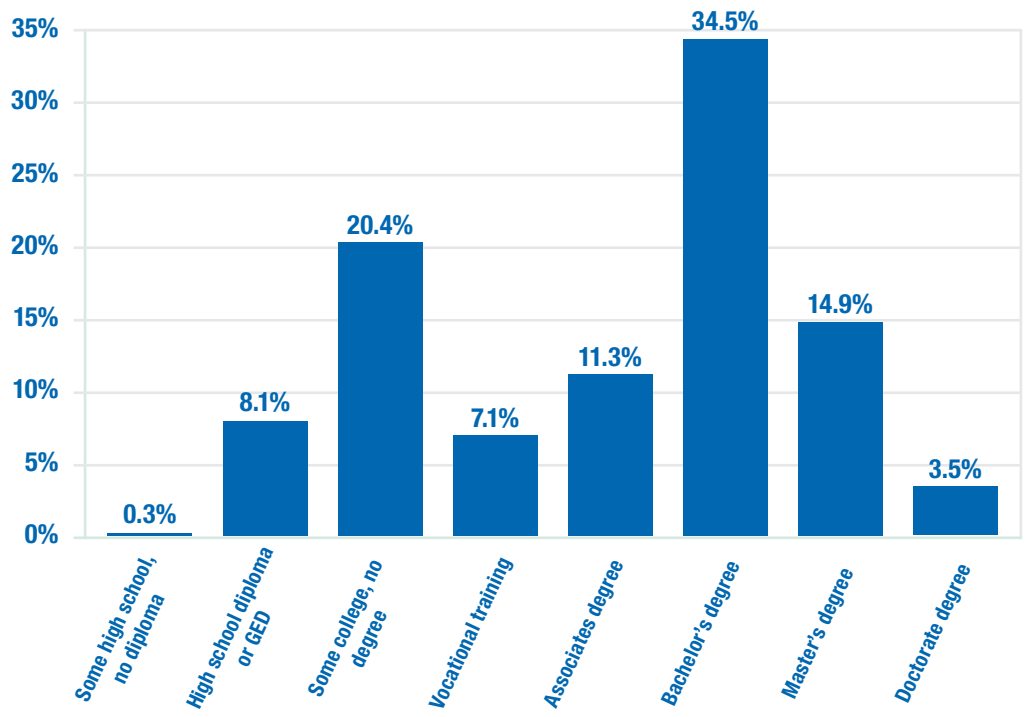


General and professional education

What is your highest level of education?

Respondents were asked about their general and professional education levels. The results on the general education question above suggest that 34.5 percent of respondents had bachelor's degrees, 20.4 percent had some college credits but no degree, 14.9 percent had master's degrees, 11.3 percent had associate's degrees, 8.1 percent had a high school diploma or GED, 7.1 percent had vocational training, 3.5 percent had doctorate degrees, and 0.3 percent had some high school and no diploma. The results imply that 52.9 percent of respondents have a bachelor's degree or higher, while 47.2 percent have an associate degree, a high school diploma, a GED, some technical and vocational training, or some high school and no diploma.

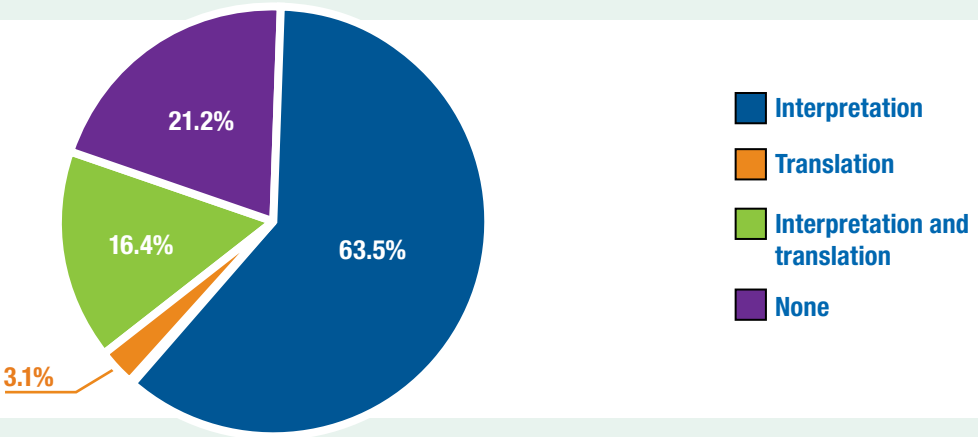
Figure 2: Education level



Do you have a degree or qualification in interpreting and/or translation?

The responses to the professional education question suggest that about 63.5 percent of respondents have formal training in interpreting, 16.4 percent have formal training in both interpreting and translation, 3.1 percent have formal training in translation, and about 21.2 percent do not have formal training in interpreting or translation.

Figure 3: Qualification in interpretation or translation



Please select your degree or qualification in interpreting or translation

Respondents were asked the above follow-up question to specify their degree or qualification in interpreting and translation and, for this question, they could choose multiple answers. The results from the table below suggest that about 60.2 percent have a certificate from completing a 40-hour training program,[7] 66.7 percent have completed 60 hours of OHA-approved HCI training, 9 percent have completed a college certificate program, 7.9 percent have an associate degree, 10 percent have a bachelor's degree, 5.7 percent have a master's degree, 1.4 percent have a doctorate degree, and 3.9 percent have none of the listed degrees or certificates.

Type of degree or qualification in interpreting or translation	
Degree or certificate	**Percent**
Certificate Program of at least 40 hours of interpreting training	60.2%
Certificate of successful completion from an Oregon Health Authority approved program	66.7%
College certificate program	9%
Associate of Arts Degree	7.9%
Bachelor's Degree	10%
Master's Degree	5.7%
Doctorate	1.4%
None of the above	3.9%

Certifications from other settings

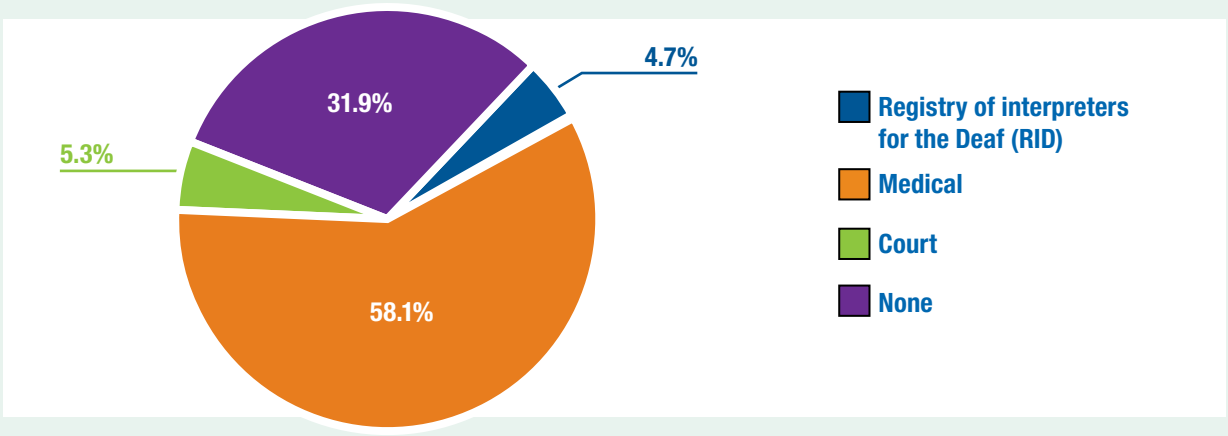
Please indicate your other interpreting certifications.

The state's HCI recognition process includes interpreters who have certifications from other non-health-care fields, if they complete the 60 hours of required HCI training.

This question assumed that some respondents had certifications from the Registry of Interpreters for the Deaf (RID), courts, health care certifying bodies, or other settings. The responses indicated that approximately 5 percent of respondents had RID certifications, 5.3 percent had court certifications, 58.1 percent had medical certifications from other bodies, and about 32 percent did not have any of the listed certifications.

7 Oregon is the only state that requires 60 hours of HCI training. Most states that have HCI training programs require only 40 hours of training. Interpreters who relocate to Oregon from other states must complete the remaining 20 hours of training to become state recognized HCIs.

Figure 4: Other interpreting certifications

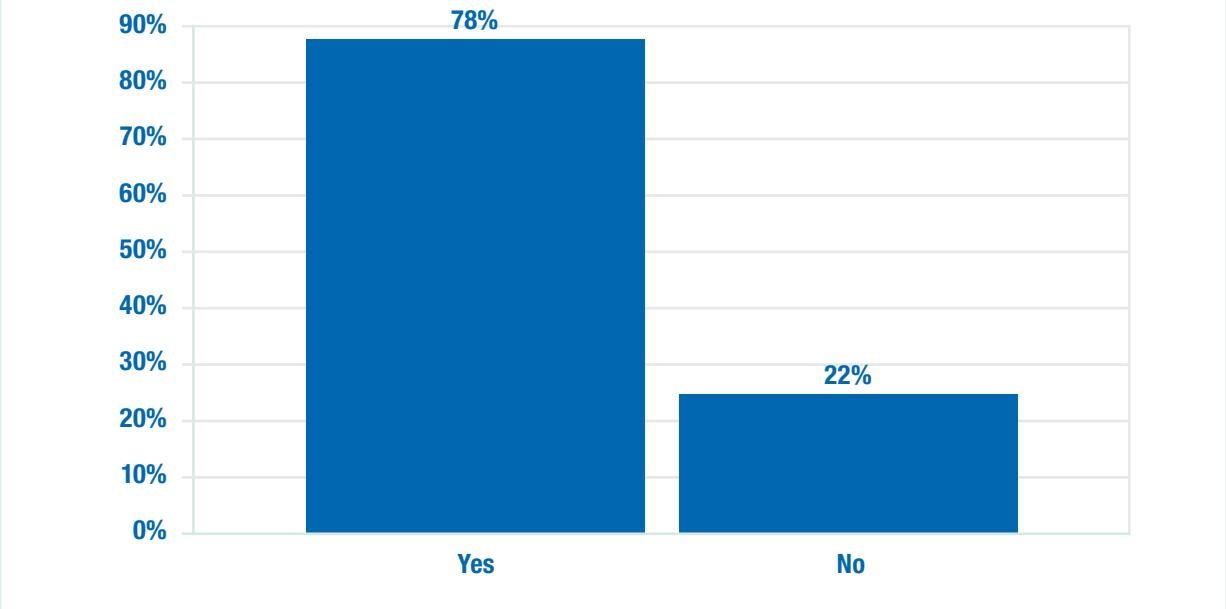


Oregon Health Authority certified or qualified interpreters

Are you an Oregon Health Authority certified or qualified interpreter?

Due to the importance of training and the association between training, recognition, and quality of interpreting, the survey determined the proportion of interpreters who have completed the state's HCI recognition process to become certified or qualified interpreters. The results indicate that about 78 percent of respondents are state-recognized qualified or certified interpreters, while 22 percent are not. The 22 percent of interpreters who said they are not state qualified or certified interpreters may have not gone through HCI training or have started but not completed the training, or they may be trained but not yet state qualified or certified interpreters. The association between the use of trained interpreters and improved health outcomes compels the need for identifying and working with the 22 percent of interpreters to ensure that they complete the state's HCI recognition process. Doing so could improve the quality of interpreting and the professionalism of interpreters.

Figure 5: OHA Certified or Qualified Interpreters



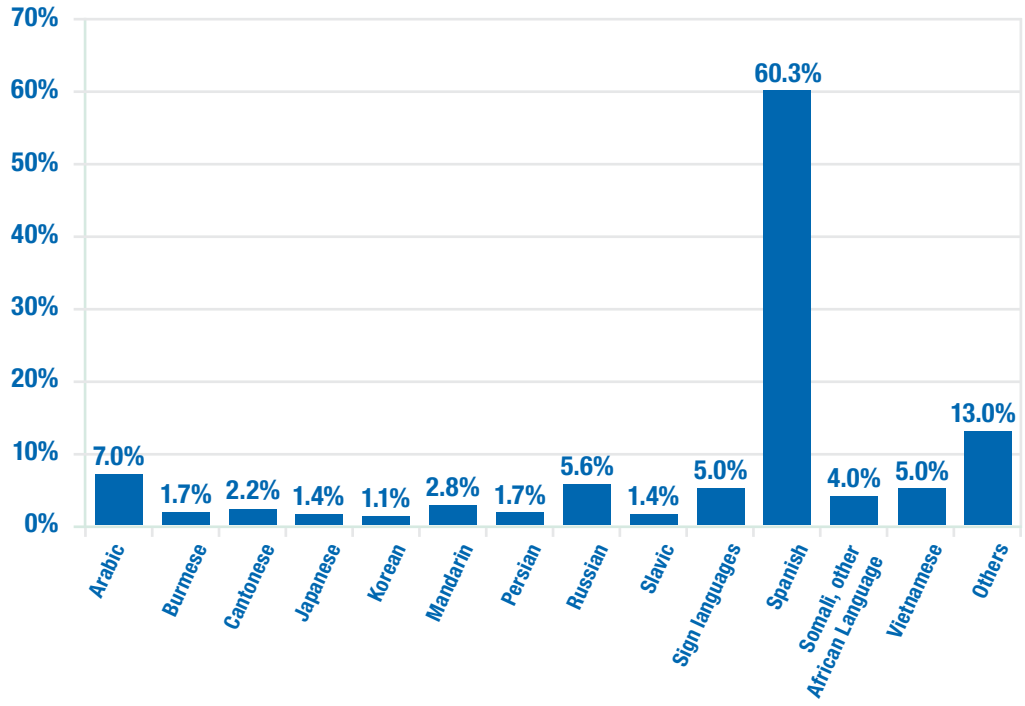
Interpreting languages and language services

Which is your working language other than English?

Respondents were asked about the non-English languages they interpret in and the results indicate that HCIs interpret in 49 different languages.[8] Since some of the languages had smaller numbers of respondents and proportions (less than 1 percent), those languages were grouped into an "others" category. The languages represented on the chart below had at least 1 percent of respondents. Spanish was the largest group, with 60.3 percent of respondents; Arabic was the next highest, with 7 percent of respondents; Russian had 5.6 percent; Vietnamese and sign languages had 5 percent respectively; Somali and other East African languages had 4 percent; and, in the others category, 13 percent of respondents representing 36 different languages.

8 This number may have increased since the survey's deployment. The updated information can be accessed from the state's HCI Registry (https://docs.google.com/spreadsheets/d/17K6H39Usc_fxL-xnNJLrzpVLIw0Fi2TA7TZscjzdtH8/pub?single=true&gid=0&output=html).

Figure 6: Interpreting languages



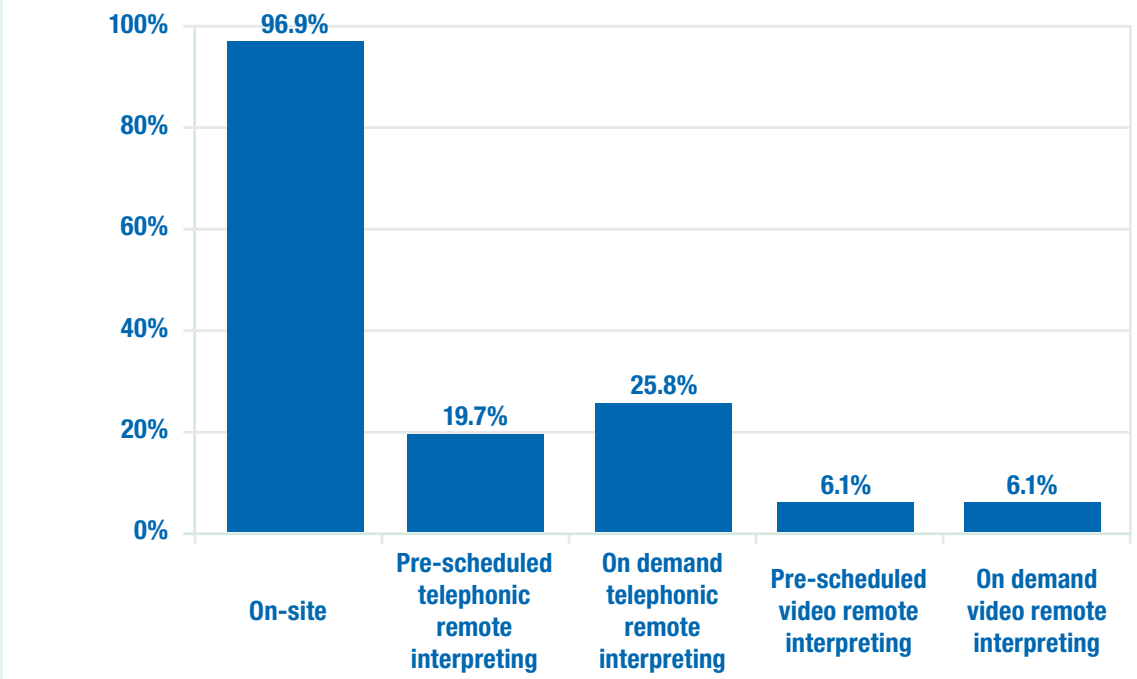
Types of interpreting services

How do you provide your interpreting services?

For this question, respondents were permitted to select multiple options. Due to the combination of services they provided, the reported proportions total more than 100 percent. About 96.9 percent of respondents perform on-site interpreting, 25.8 percent perform on-demand telephonic interpreting, 19.7 percent provide prescheduled telephonic interpreting, and 6.1 percent provide prescheduled video remote interpreting and on-demand video remote interpreting. The proportional difference between on-site and all other types of interpreting modes suggests the demand and preference for on-site interpreting. This result is consistent with evidence on the quality and preference for on-site interpreting over other forms of interpreting.[9]

9 Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature. Health services research, 42(2), 727–754.

Figure 7: Types of interpreting services



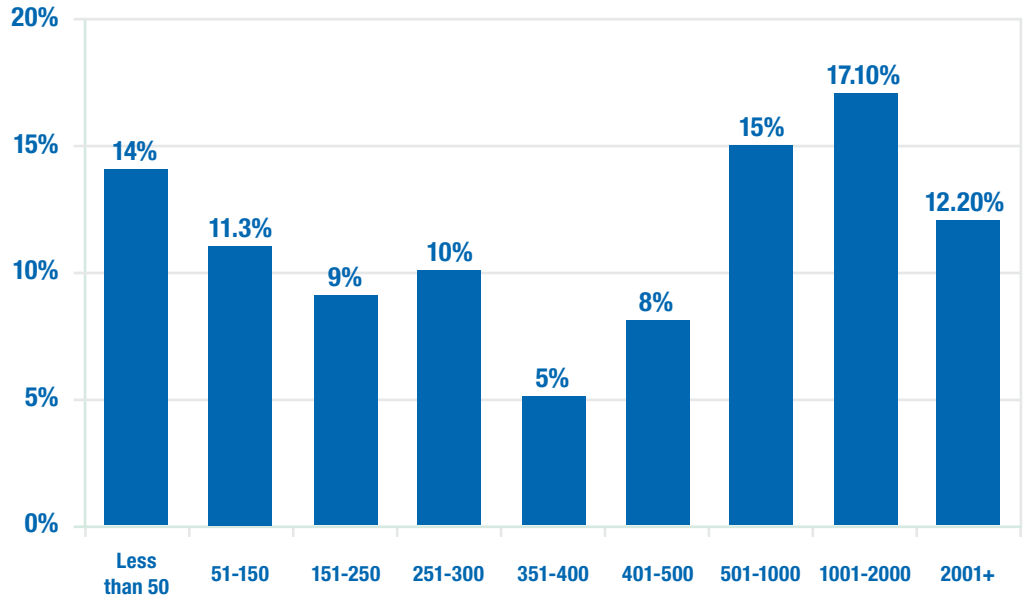
Interpreting hours and classification of employment status

Interpreting hours in 2017

How many hours did you interpret in the last year, 2017?

The average number of interpreting hours was 579, and the breakdown suggests that most interpreters are not working enough hours. About 14 percent of respondents interpreted for less than 50 hours, which is estimated to be about one hour or less per week; about 11.3 percent interpreted for between 51 and 150 hours, or one to three hours per week; about 10 percent interpreted for between 251 and 300 hours, or five to six hours per week; about 15 percent interpreted for between 501 and 1,000 hours, or 10 to 20 hours per week; about 17.10 percent interpreted for between 1,000

Figure 8: Interpreting hours in 2017



and 2,000 hours, or 20 to 40 hours per week; and about 12.20 percent interpreted for more than 2,000 hours, or more than 40 hours per week. Based on full-time employment being 35 hours or more per week, per the U.S. Bureau of Labor Statistics, the results imply that between 72.3 and 89.4 percent of interpreters worked part time. Since most survey respondents were freelance interpreters, it can be argued that the available hours of work could affect the development and sustainability of the HCI workforce. We also did not ask respondents to include their time spent driving, which could affect the number of hours interpreters are able to work.

Classification of employment and working hours for interpreters

The table below is based on responses to questions about working hours for interpreters and employment status based on the number of hours worked and invoiced for payment in 2017.

Classification of employment			
Classification	**Title**	**Respondents**	**Percent**
W-2	Staff Interpreter/Translator	69	22.9%
	Bilingual Employee	22	7.3%
	Language Company Employee	15	5.0%
	Language Access Manager/Interpreter Coordinator	5	1.7%
	Language Company Owner	5	1.7%
		116	38.6%
W-2 and 1099	Language Access Consultant	3	1.0%
	Teacher/Trainer	2	0.7%
		5	1.7%
1099	Independent Contractor	180	59.8%
		301	**100%**

***Note:** 1099 and W-2 are forms filed with the Internal Revenue Service (IRS). 1099 is filed by self-employed or independent contractors, while W-2 is filed for regular employment by employees who receive regular wages and employee benefits.

The breakdown of responses suggests that there were more independent contractors than W-2 employees: 59.8 percent of respondents said they were employed as 1099ers (independent contractors), 38.6 percent were employed as W-2 interpreters, and about 1.7 percent were both 1099ers and W-2.

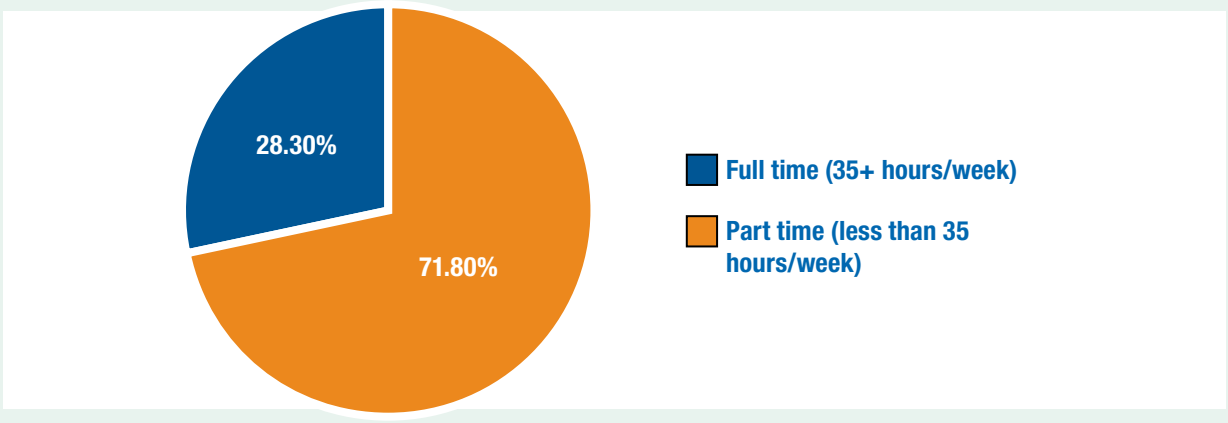
Among W-2 interpreters, staff interpreters were the largest group (22.9 percent), followed by bilingual employees (7.3 percent), language company employees (5.0 percent), and language access managers/interpreter coordinators and language company owners (1.7 percent each).

Independent contractors or 1099er interpreters

Based on the hours of work you invoiced, what best describes your 2017 language specialist employment status? Your answer must be based on income reported for interpreting/translation work on your 1099er full-time work.

The U.S. Bureau of Labor Statistics considers working 35 hours or more per week to be full-time employment[10]. Based on this statistic, 28.3 percent of respondents worked full time in 2017, while 71.8 percent of respondents worked part time. The discrepancy between these numbers and the ones answering how many hours people worked above may be due to drive time being accounted for here. This should be investigated in future surveys.

Figure 9: Employment status for Independent Contractors in 2017



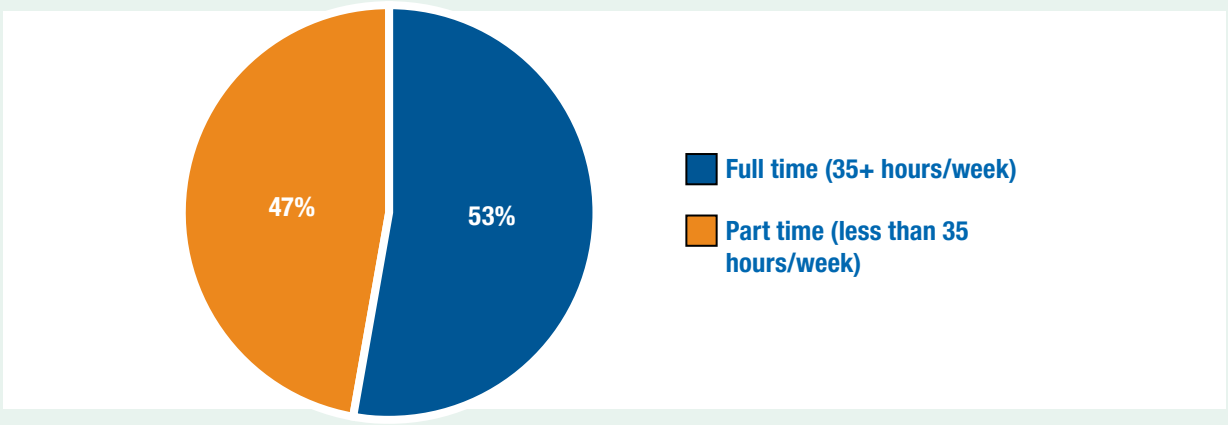
Respondents who identified as part-time employees also reported varying work hours: 5 percent said they worked between 30 and 34 hours per week, 18.1 percent worked between 15 and 29 hours per week; 15.6 percent worked between five and 14 hours per week; and 15.3 percent worked between one and four hours per week.

10 Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, Interpreters and Translators, Retrieved from(https://www.bls.gov/ooh/media-and-communication/interpreters-and-translators.htm) on 2/21/2020.

Employees, or W-2 interpreters

For W-2 employees, their responses, based on the number of hours of language services they provided and invoiced in 2017, said 53 percent were full-time, while 47 percent were considered part-time.

Figure 10: Employment status for W-2 interpreters in 2017



The table below provides a breakdown of the full- and part-time W-2 interpreters by employment type and confirms that there were more full-time than part-time W-2 interpreters.

Employment status for W-2 interpreters			
Title	**Respondents**	**Full Time**	**Part Time**
Staff Interpreter/Translator	66	53%	47.0%
Bilingual Employee	21	85%	14.3%
Language Company Employee	15	46.70%	53.3%
Language Access Manager/Interpreter Coordinator	5	100%	0.0%
Language Company Owner	5	80%	20.0%
Language Access Consultant	3	66.7%	33.3%
Teacher/Trainer	2	50%	50.0%

A review of the interpreting hours for part-time W-2 interpreters(not included in this report) shows that their working hours varied: 15.2 percent said they worked between 15 and 29 hours per week, 10.6 percent said they worked between 30 and 34 hours per week, 9.1 percent worked between 5 and 14 hours per week, and 3 percent worked between 1 and 4 hours per week.

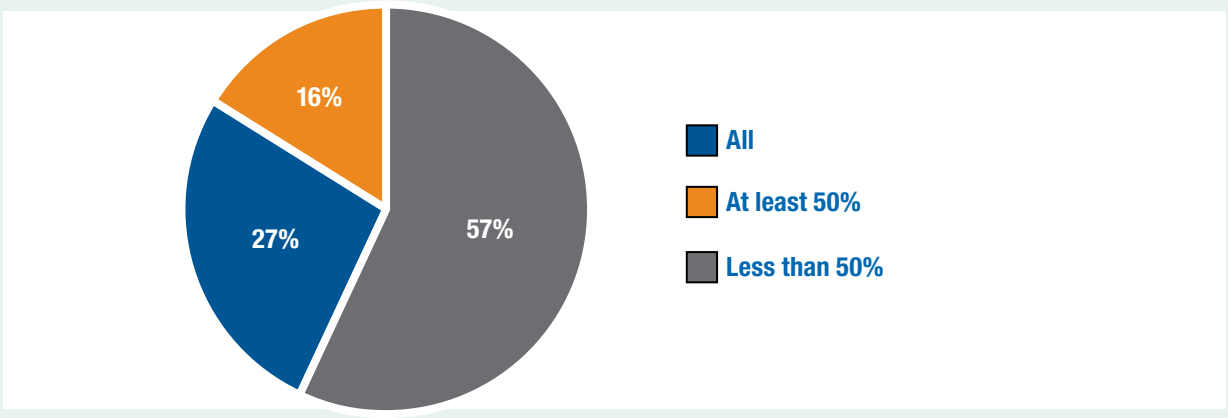
A comparative analysis of the hours worked for 1099ers and W-2 employees from the above charts and tables suggests that the proportion of W-2 interpreters who worked full-time (53 percent) was higher than 1099 interpreters who worked full-time (28.30 percent).

Household income from language services

To determine the proportion of respondents whose language service income was the only income source for their household, respondents were asked the following questions:

- In 2017, was your household's income only from language services/products/teaching?
- What percentage of your household income was from your language services/products/teaching work?

Figure 11: Household income from language services



Note: The results in the pie chart are recoded as follows: Yes, or 100 percent = all; 99.99 percent to 50 percent = at least 50 percent; 49.99 percent to 0.1 percent = less than 50 percent.

The results indicate that 27 percent of respondents made their entire household income in 2017 from their language services work, 16 percent made at least half of their income from their language service work, while 57 percent made less than half of their income from language services. It can be inferred that 43 percent of respondents made at least 50 percent of their household income from their language services work. We did not ask about the size of respondents' households and would do so in future survey.

Gross and net income distribution

Respondents were asked about their net and gross incomes for 2017 to determine their income levels, compare incomes to Federal Poverty Level (FPL) guidelines, and determine whether interpreters' earnings have qualified them to receive federal and state supplementary assistance programs. For ease of reporting and analysis, the 20 reported gross and net income response categories were further grouped into eight categories: less than $5,000; $5,000 - $19,999; $20,000 - $29,999; $30,000 - $39,999; $40,000 - 49,999; $50,000- $59,999; $60,000 - $69,999; and $70,000 and above. Those who declined to answer were excluded from this analysis.

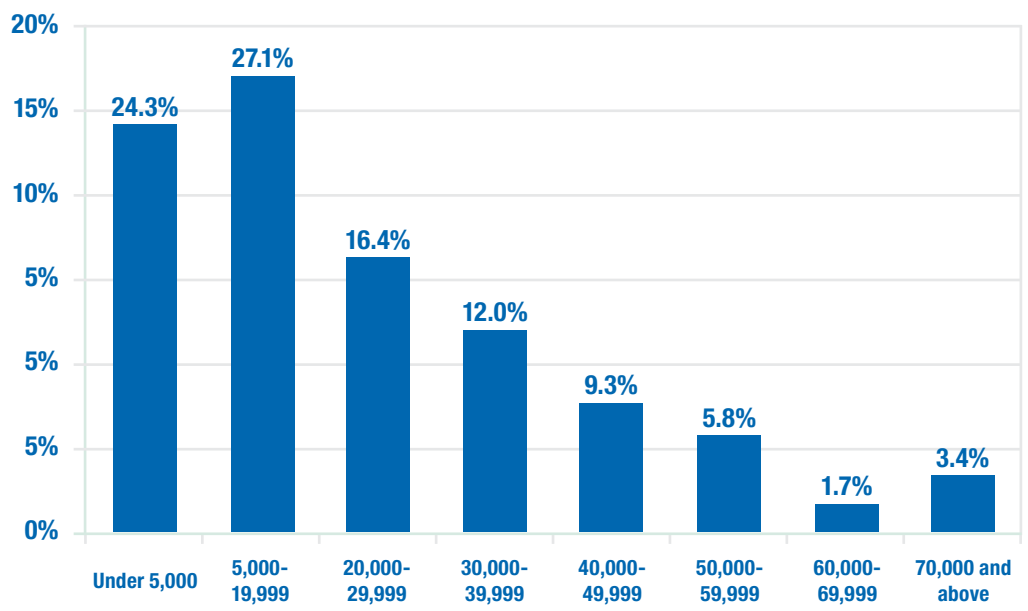
Gross income

What was your approximate 2017 total gross income from ALL your language services/products including teaching?

The responses below indicate that there were more interpreters in the lower gross income brackets than in higher brackets: 24.3 percent of interpreters reported a gross income of below $5,000; 27.1 percent reported a gross income of $5,000 - $19,999; and 16.4 percent earned $20,000 - $29,900; but only 3.4 percent earned above $70,000. The results suggest that more than half of respondents (67.8 percent) reported a gross income of less than $30,000 in 2017 and, based on their family size, may be eligible for federal and state income assistance programs.[11]

11 Federal Register. Annual update of the HHS Poverty Guidelines: A Notice by the Health and Human Service Department on Feb. 1, 2019. Retrieved from(https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines) on 2/20/2020.

Figure 12: Approximate 2017 gross income



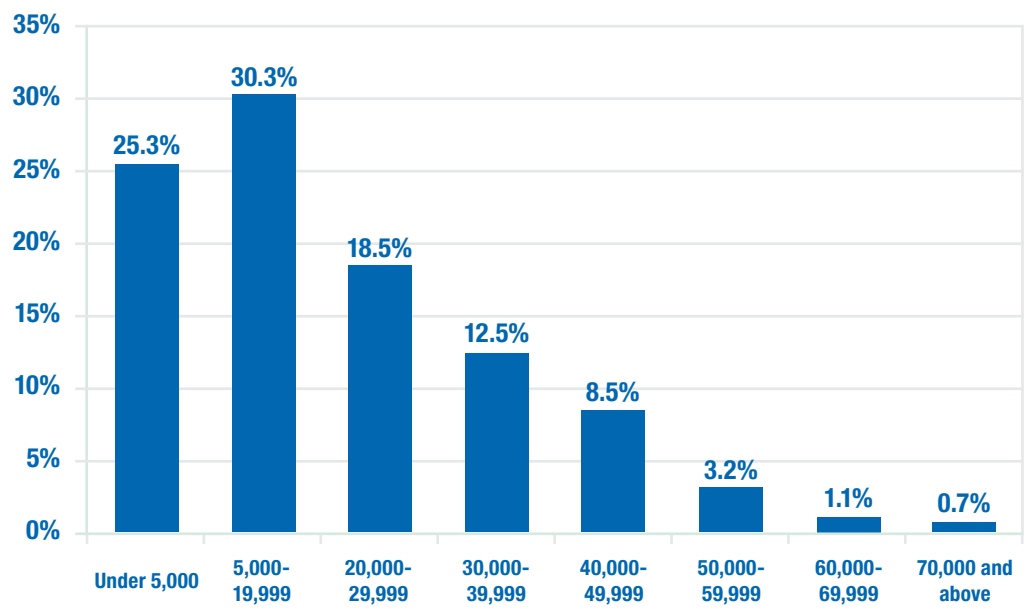
Net income

What was your approximate 2017 total net income from ALL your language services/products including teaching?

The net income question helps to compare and determine the differences between interpreters' net and gross incomes — the amount they earned in 2017 based on the hours of work they invoiced or logged (gross income) and their paycheck after taxes and deductions (net income). Like the gross income responses, the net income responses in the chart below indicate that there were slightly more interpreters in the lower net income brackets than the higher income brackets 25.3 percent of interpreters reported a net income of below $5,000, 30.3 percent reported between $5,000 and $19,999, and 18.5 percent reported between $20,000 and $29,900, but only 0.7 percent reported above $70,000.

The results suggest that more than half of respondents (74.1 percent) reported a net income of less than $30,000 in 2017 and, based on their family size, may be eligible for federal and state income assistance programs.

Figure 13: Approximate 2017 net income



Work benefits for interpreters

To provide a comprehensive view of interpreter compensation, including work benefits, respondents were asked a number of work-related benefit questions, including their health insurance status and whether they received reimbursement for parking, mileage, and late cancellation of appointments (when patients do not show up or when appointments are cancelled within 24 hours).

Health insurance

Do you have health insurance? How is your health insurance provided?

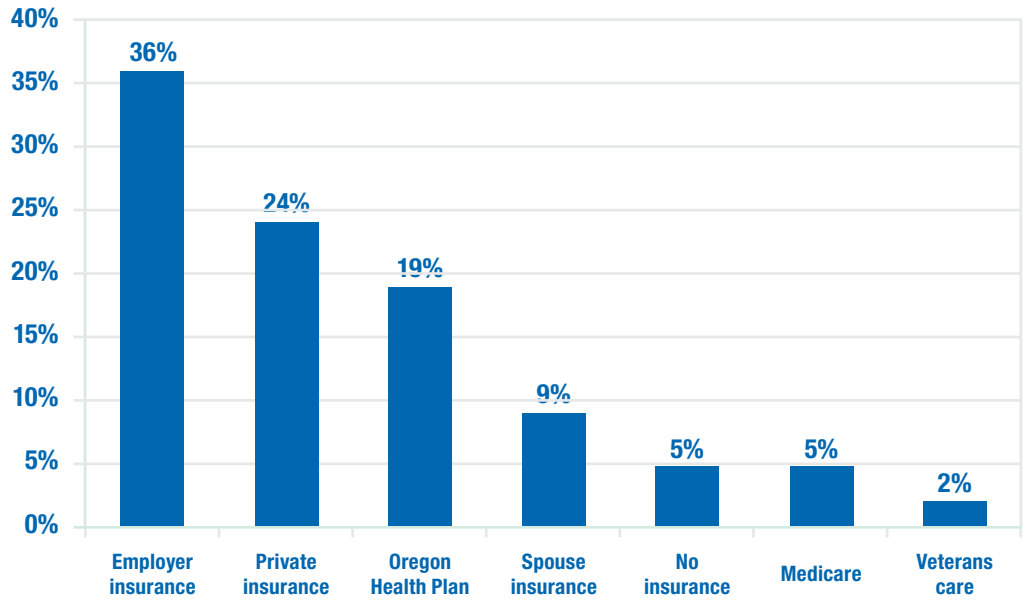
The results on the first question indicated that 86.4 percent of respondents have health insurance while 13.9 percent do not. The chart below shows responses to the follow-up question on how their health insurance is provided, and the results indicated that employer-based insurance was the highest: 36 percent reported that they have health insurance from their employer, 24 percent have private health insurance, 19 percent are on the Oregon Health Plan (OHP), 9 percent have

insurance through their spouse, 5 percent are on Medicare, 5 percent have no health insurance, and 2 percent have veterans' insurance.

The results of the follow-up question suggest that the proportion of respondents who said they do not have health insurance declined from 13.9 to 5 percent. A further analysis of this result showed that the percentage point change in the uninsured could be attributed to the drop in respondents for the follow-up question, since about 28 respondents who answered the first question (8.6 percent) declined to respond to the follow-up question on the source of their health insurance.

The results suggest that a higher proportion of interpreters (the sum of the other sources of health insurance) do not have employer-based health insurance.

Figure 14: Types of health insurance



Other compensation-related work benefits

To help compare compensation-related work benefits across different types and settings for interpreting, responses to questions on payment type (per hour or per minute), reimbursement for travel expenses, and payment for the cancellation of appointments in which patients did not show up or cancel appointments within 24

hours were grouped by type of interpreting (on-site and remote) and by setting (health care, court, and education).

Based on scheduling practices for interpreters — especially independent contractors — and the travel times to interpreting appointments, differences in compensation policies and practices provide insights into whether current compensation practices enhance or hinder the development of a stable and sustainable HCI workforce across the state.

Interpreting in health care settings

On-site interpreting in health care settings

For on-site interpreting in health care settings, how are you being paid?

The results below indicate that most on-site interpreters in health care are paid per hour and the rate varies by whether the language is spoken or signed and by type of spoken language. Therefore, some interpreters of less common languages earn more per hour because of the demand and supply for interpreters in those languages. The standard minimum payment unit for on-site interpreting was one hour. About 78 percent of interpreters received a one-hour minimum payment, and about 13 percent received a two-hour minimum payment. Respondents who received eight-hour minimum (4.40 percent) are considered full-time employees.

Figure 15: Payment per hour or minute

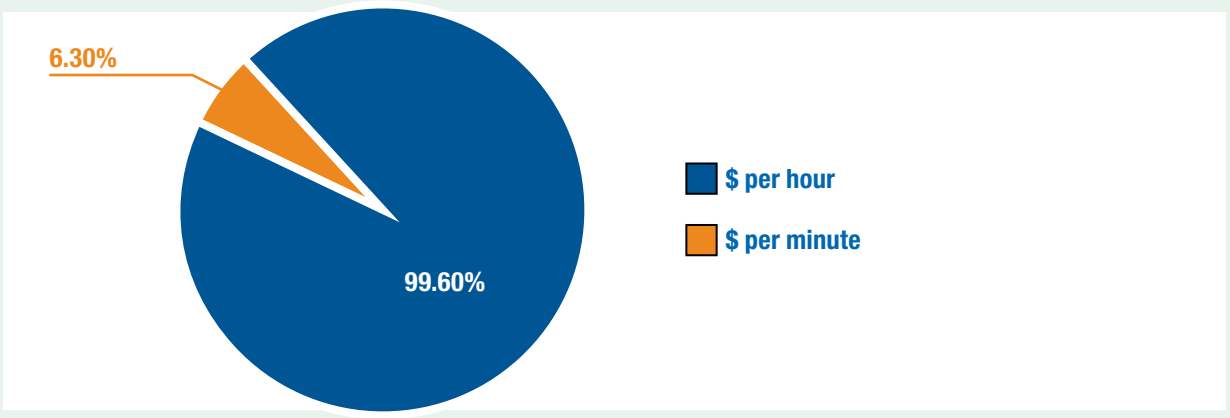
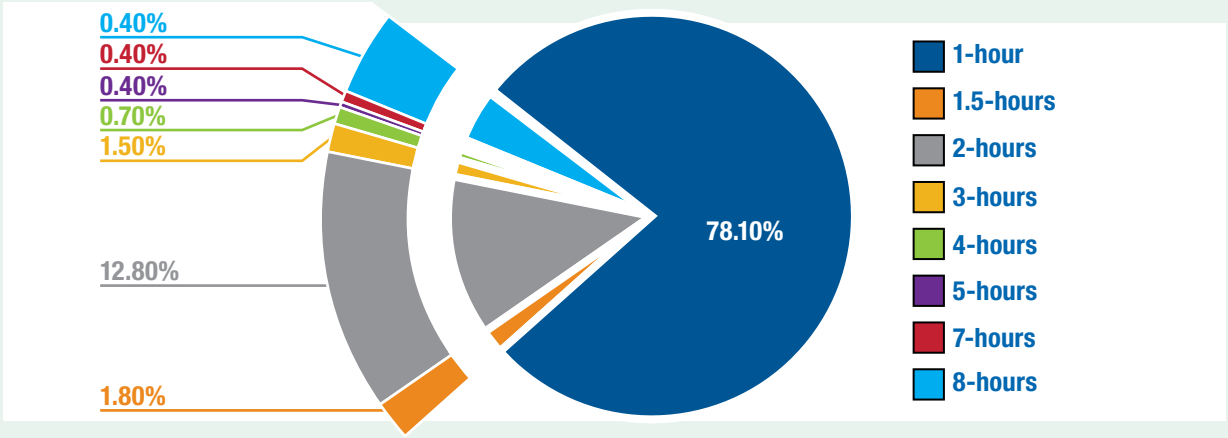


Figure 16: Minimum hourly payment



Reimbursement for related travel expenses? Reimbursement for no-show?

The below results show that 69.2 percent of respondents did not receive any travel reimbursement, 16.6 percent are reimbursed for mileage, 3.5 percent received parking reimbursement, and 3.1 percent received a flat fee for travel expenses. We did not ask about the rate of reimbursement and will do so in our follow-up survey.

For no-show appointments, about 57.5 percent of respondents received full payments, 29.3 percent received no payment, and 13.2 percent received 50 percent payment.

Figure 17: Reimbursement for travel expense

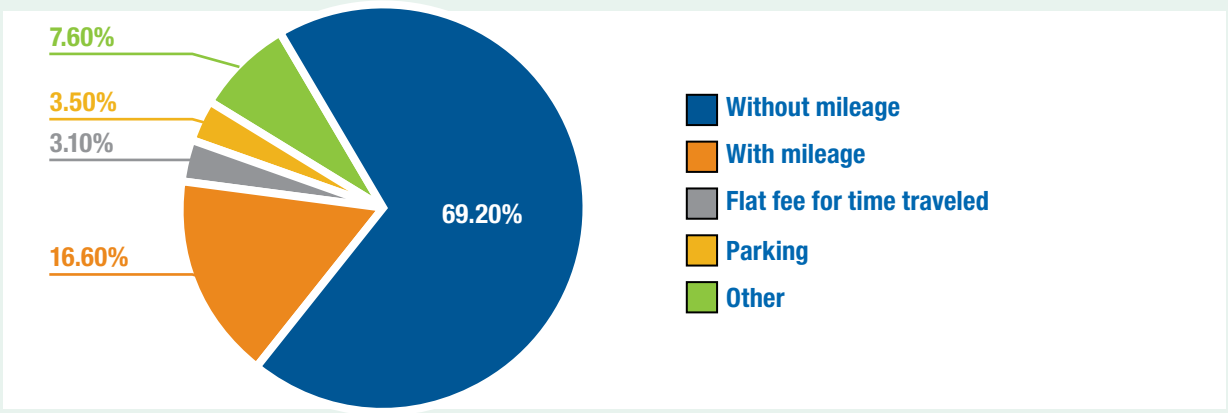
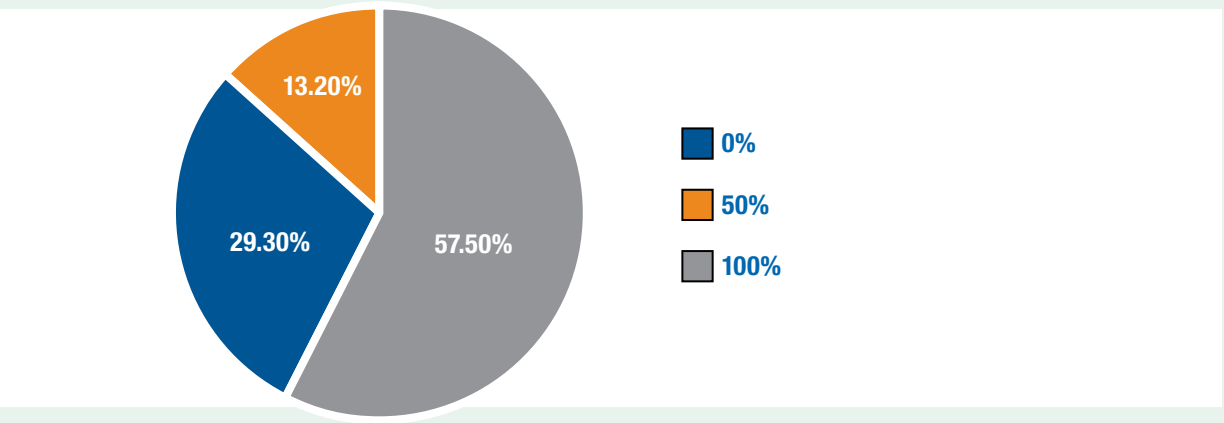


Figure 18: Reimbursement when a patient does not show up

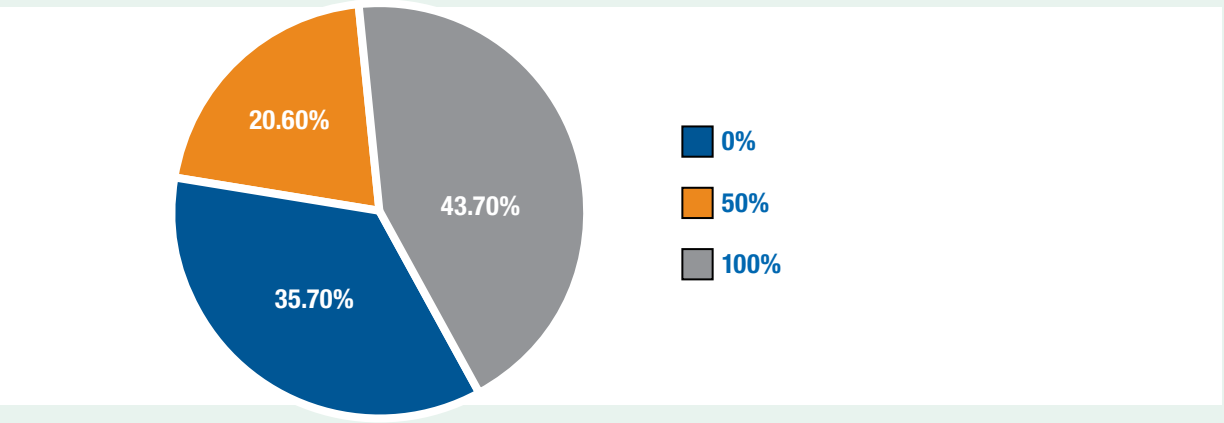


Late cancellation reimbursement at less than one full business day notice?

For late cancellation of appointments within 24 hours, 43.7 percent of respondents received full reimbursement, 20.6 percent received 50 percent reimbursement, and 35.7 percent received no reimbursement.

The proportions of interpreters who did not receive any reimbursement for travel-related expenses (69.2 percent) or for the late cancellation of their previously scheduled appointments (35.7 percent) arguably create disincentives for all interpreters, but especially for independent contractors. They constitute the largest proportion of interpreters in the state (59.8 percent) and must look for and schedule their appointments, travel to different interpreting appointment locations, and pay for their travel based on distances between appointments.

Figure 19: Late cancellation of appointment



Remote interpreting in health care settings

Do you provide remote interpreting?

Compared to on-site interpreting, there were fewer respondents who provided remote interpreting in health care settings: 22.8 percent provide remote interpreting, versus 93.8 percent of 320 respondents who provide on-site interpreting in health care settings.

For remote interpreting in health care settings, how are you being paid?

The breakdown of responses indicates that 62.1 percent of remote interpreters in health care settings were paid per hour, while 54.5 percent were paid per minute. Since most remote interpreting is scheduled and paid for per minute, the proportion of hourly remote interpreting constitutes prescheduled appointments.

The responses on minimum payment reveal that 52.4 percent of respondents were paid a one-minute minimum, 34.9 percent were paid a one-hour minimum (prescheduled interpreting), 6.3 percent had a 15-minute minimum, 4.8 percent had a 30-minute minimum, and 1.6 percent had a three-minute minimum.

Figure 20: Payment per hour or minute

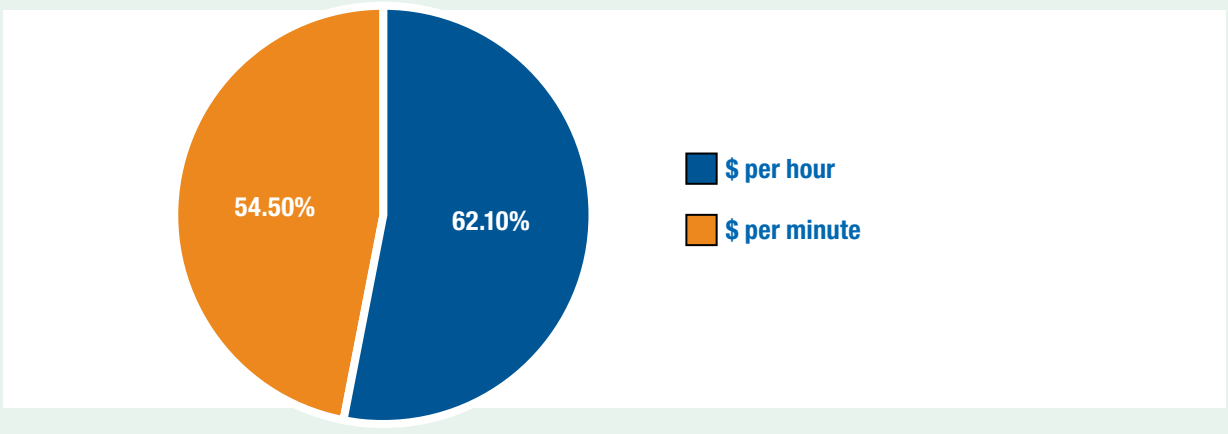
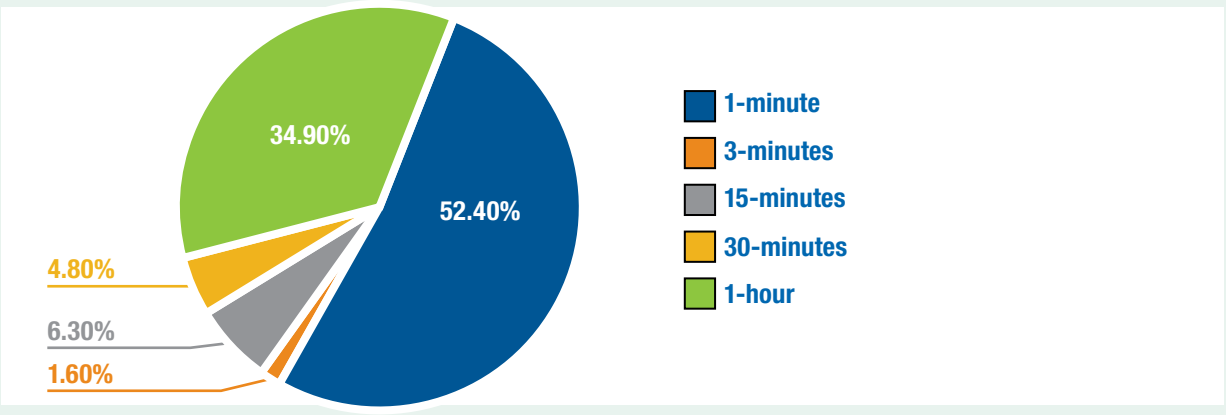


Figure 21: Minimum payment

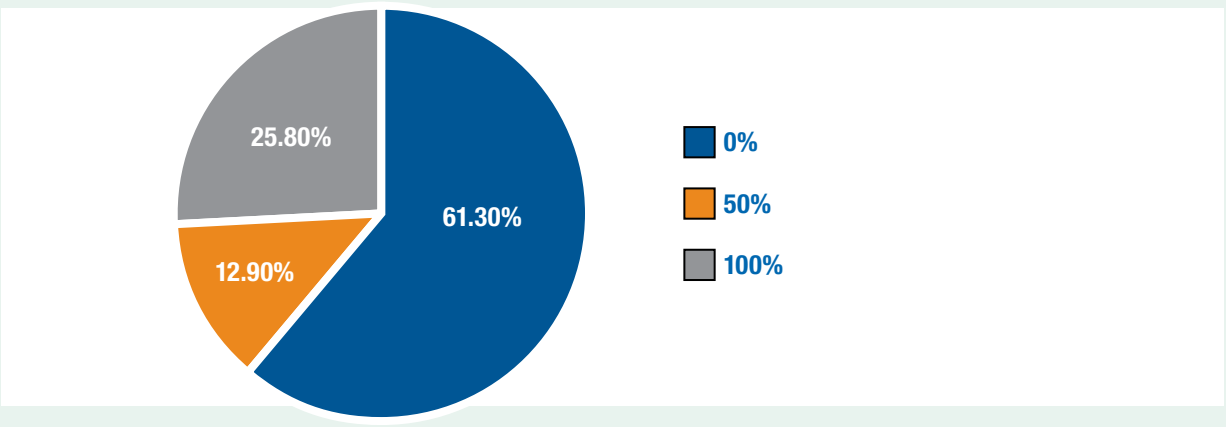


Reimbursement for no-show?

Note: There are no travel-related or mileage reimbursements for remote interpreting.

On reimbursements for no-show appointments, 25.8 percent of respondents received 100 percent reimbursement, 12.9 percent received 50 percent reimbursement, and 61.3 percent received no reimbursement.

Figure 22: Reimbursement when a patient does not show up



Interpreting in court settings

On-site Interpreting in court settings

Do you provide on-site interpreting in court settings?

There were fewer respondents who provided on-site interpreting in court settings than in health care settings: 14.4 percent of the 320 respondents interpreted on-site in court, versus 93.8 percent who provided on-site interpreting in health care. However, this survey was sent to health care interpreters.

For on-site interpreting in court settings, how are you being paid?

Most on-site interpreters in courts received hourly payments (97.7 percent), while 2.3 percent received per minute payments. For minimum payments, 51.2 percent received a one-hour minimum, 41.9 percent received a two-hour minimum, 2.3 percent received a five-hour minimum, and 4.7 percent received an eight-hour minimum. The Oregon courts have a two-hour minimum payment policy; therefore, respondents who received more than a two-hour minimum may be full-time employees or have arrangements for additional time interpreting. The proportion of this group is very small — not more than five people overall.

Figure 23: Payment per hour or minute

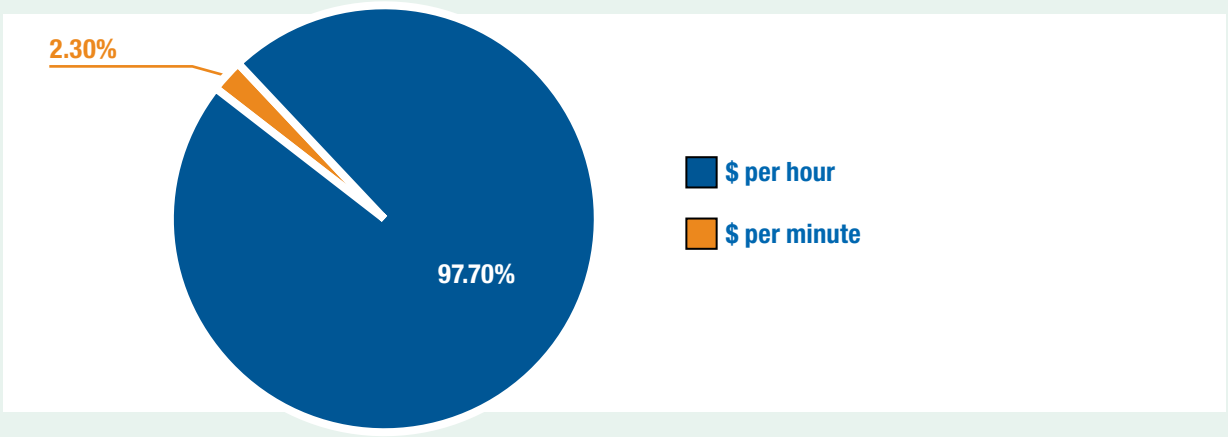
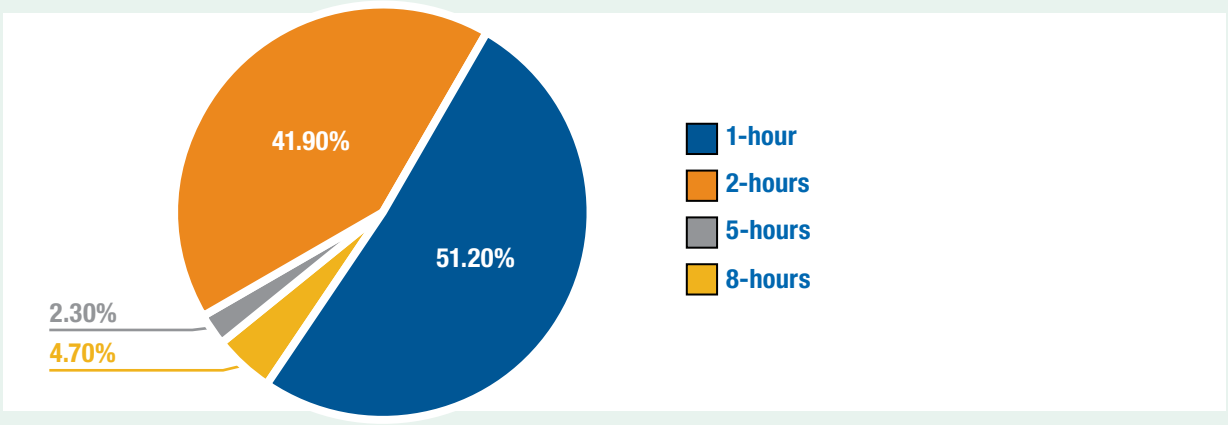


Figure 24: Minimum hourly payment



Reimbursement for related travel expenses? Reimbursement for no-show?

On travel-related reimbursement, 45.20 percent of respondents received mileage reimbursements, 42.80 percent received no mileage reimbursements, 4.80 percent received parking reimbursements, and 7.1 percent received a flat fee for travel.

On reimbursement for scheduled appointments in which cases were cancelled for various reasons, 81.8 percent of respondents received 100 percent reimbursement, 4.5 percent received 50 percent reimbursement, and 13.6 percent received no reimbursement.

Figure 25: Reimbursement for travel expense

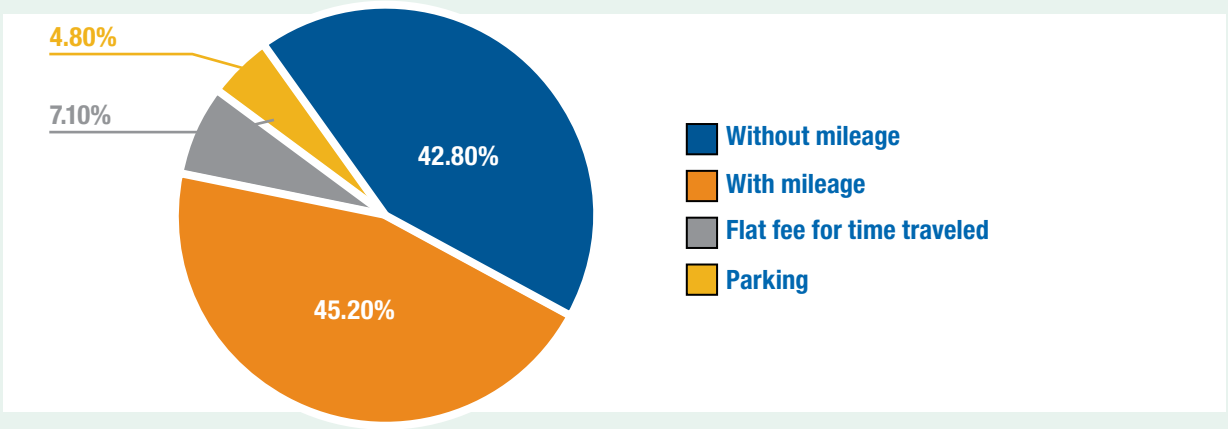
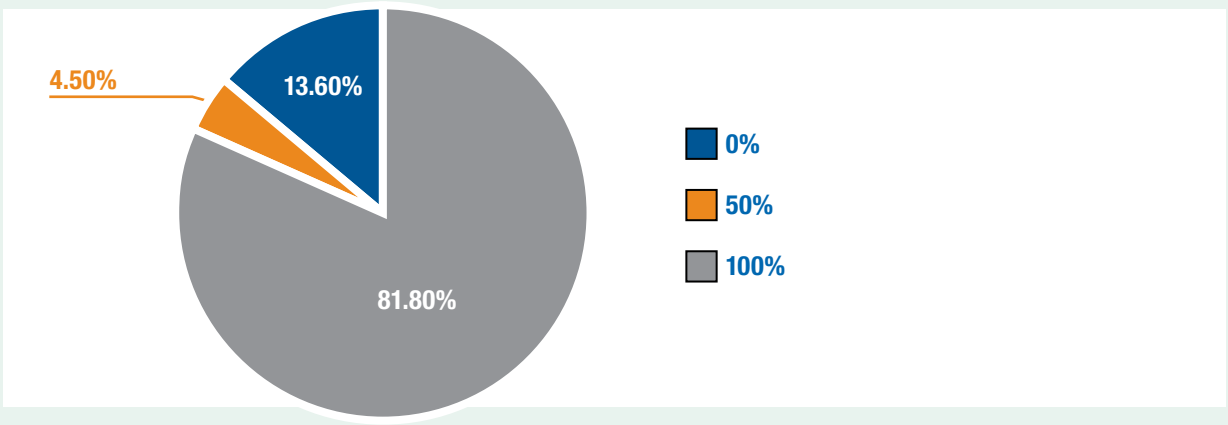


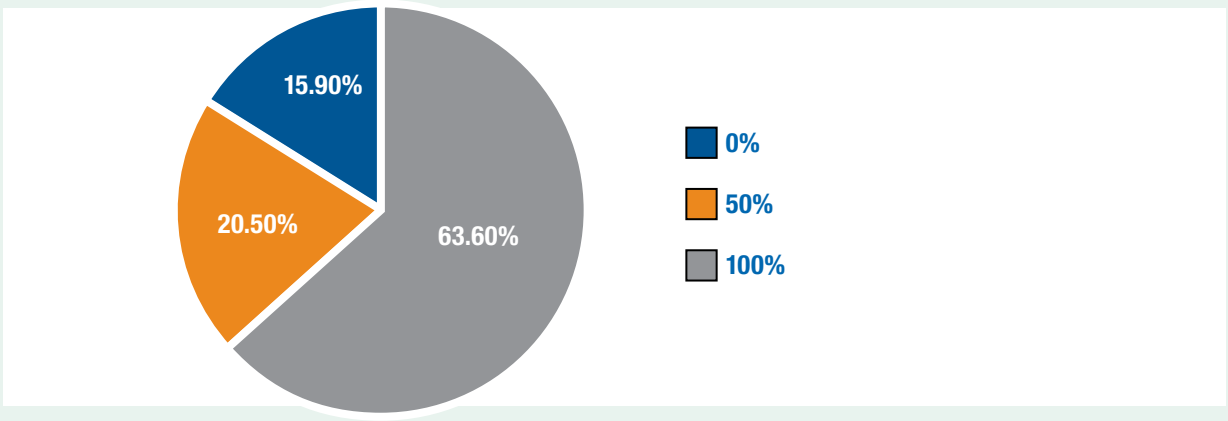
Figure 26: Reimbursement when appointment is cancelled



For late cancellation of appointments, 63.6 percent of respondents received 100 percent reimbursement, 20.5 percent received 50 percent, and 15.9 percent received no reimbursement.

The percentages of two-hour minimum payments and full or half payment for no-show and late cancellation of on-site interpreting appointments were higher for court interpreting than health care interpreting.

Figure 27: Late cancellation of appointment



Remote interpreting in court settings

Do you provide remote interpreting in court settings?

There were fewer respondents who provided remote interpreting in court settings than in health care settings: 9.8 percent of 316 respondents versus 22.8 percent of 312 respondents.

For remote interpreting in court settings, how are you being paid?

The responses indicate that 75 percent of respondents were paid per hour, while 35.7 percent were paid per minute (chart is not included here). The responses reflect the payment practice of most remote interpreting in court settings. The breakdown of responses on minimum payment reveals that 44.4 percent of respondents received a one-minute minimum while 55.6 percent received a one-hour minimum.

Figure 28: Remote interpreting in court

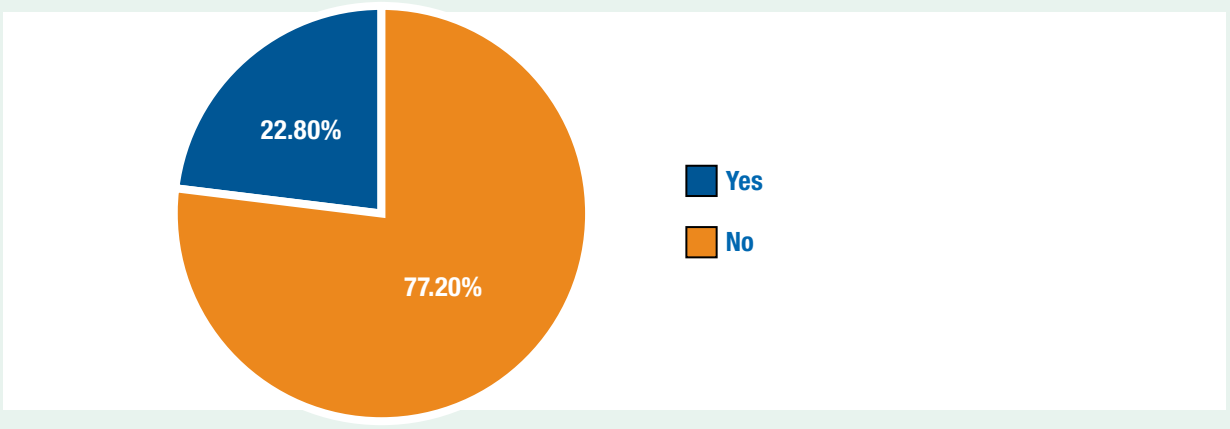
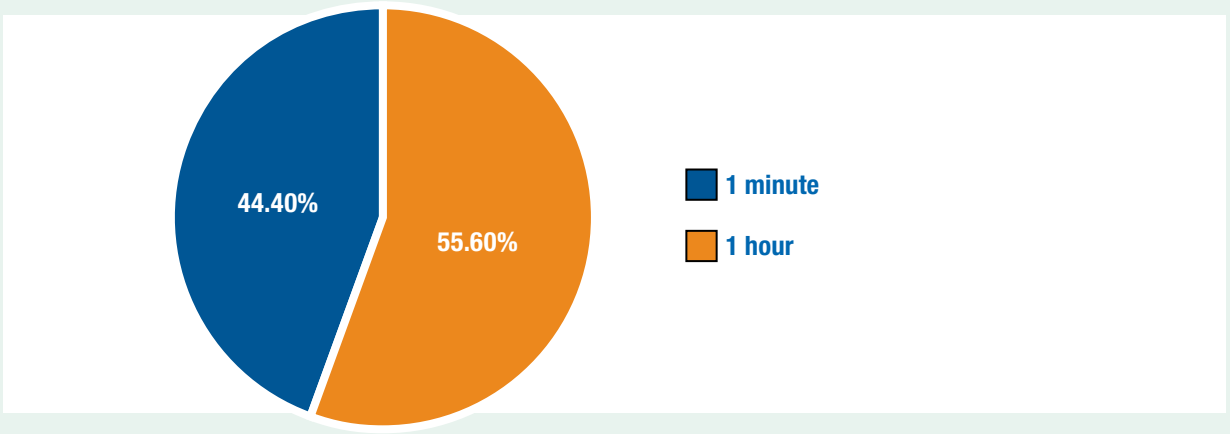


Figure 29: Minimum payment

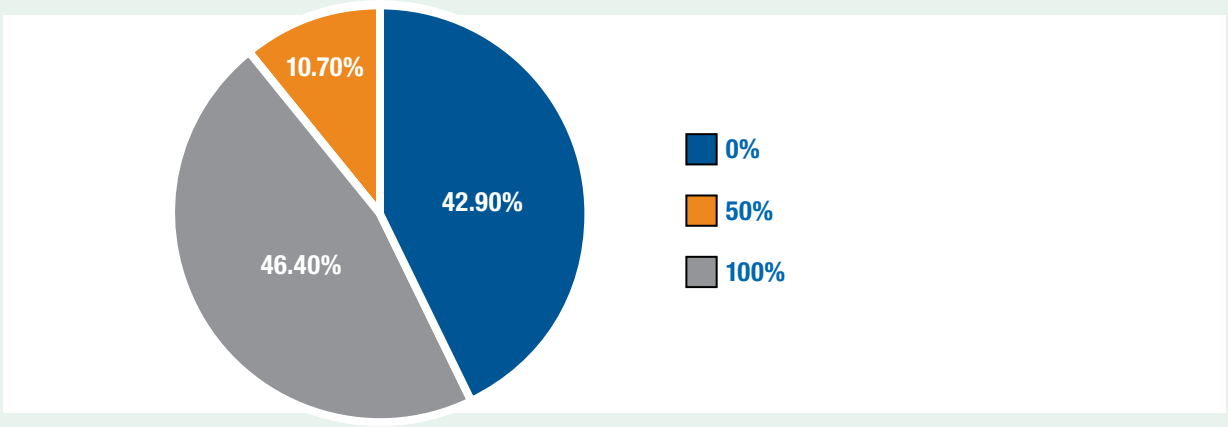


Reimbursement for late cancellation of appointment?

Note: There are no travel or mileage-related reimbursements for remote interpreting.

On reimbursements for late cancellation of appointment within 24 hours, 46.4 percent of respondents received 100 percent reimbursement, 10.7 percent received 50 percent reimbursement, and 42.9 percent received no payment. Interpreting in education settings

Figure 30: Late cancellation of appointment



On-site interpreting in education settings

Do you provide on-site interpreting in education settings?

A smaller proportion of respondents provided on-site interpreting in education settings than in health care settings — 55.9 percent out of 311 respondents versus 93.8 percent out of 320 respondents. The proportion of respondents who provided on-site interpreting in education settings was higher than in court settings. However, it should be noted that this survey was sent to health care interpreters.

For on-site interpreting in education settings, how are you being paid?

Most respondents (99.4 percent) received payment per hour, and 4.2 percent received payment per minute. On minimum payments, 84.5 percent received a one-hour minimum, 0.6 percent received a 1.5-hour minimum, 10.1 percent received a two-hour minimum, 1.2 percent received a three-hour minimum, 1.8 percent received a four-hour minimum, 1.2 percent received a five-hour minimum, and 0.6 percent received an eight-hour minimum — equivalent to full-time employment.

Figure 31: Payment per hour or minute

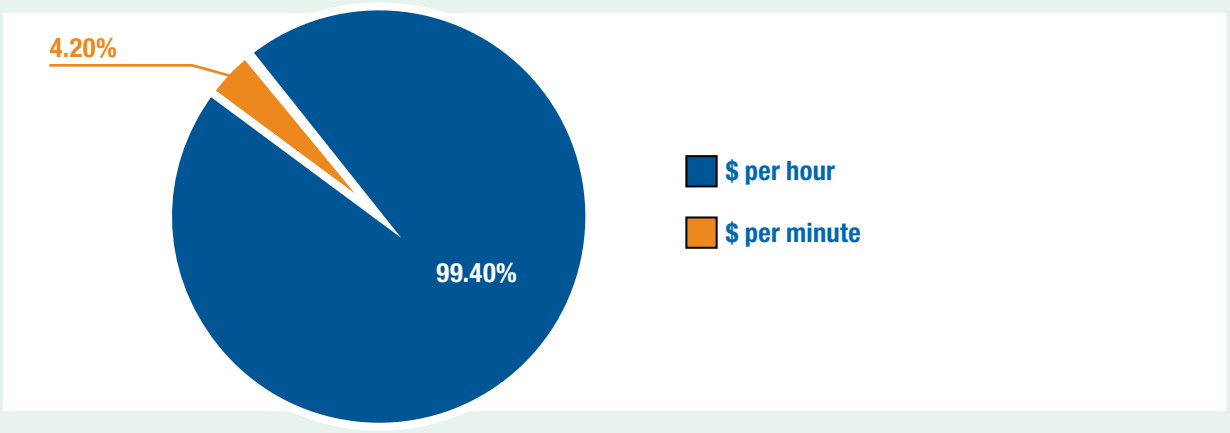
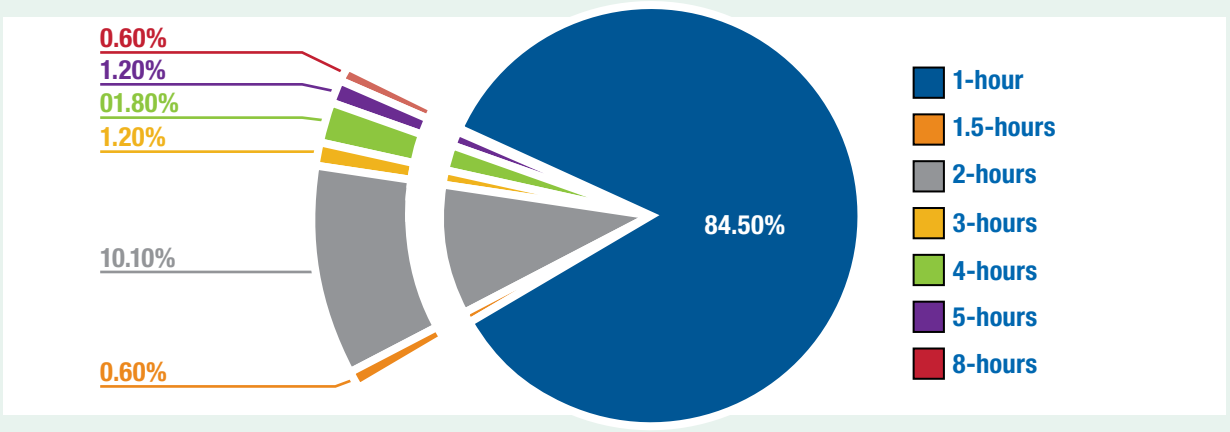


Figure 32: Minimum hourly payment



Reimbursement for related travel expenses? Reimbursement for no-show?

On reimbursement for related travel expenses, 78.1 percent of respondents did not receive mileage reimbursements, 15.4 percent received mileage reimbursements (we did not ask the rate and amount of reimbursement), 2.4 percent received parking reimbursements, and 4.1 percent received a flat fee for travel expenses.

On reimbursement for no-show appointments, 62.7 percent received 100 percent reimbursement, 13 percent received 50 percent reimbursement, and 24.3 percent did not receive reimbursement.

Figure 33: Reimbursement for travel expense

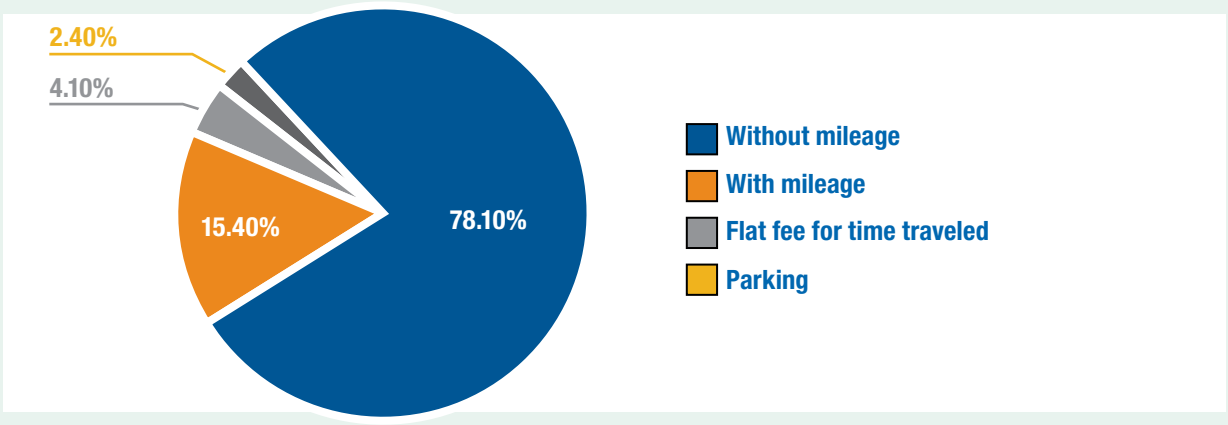
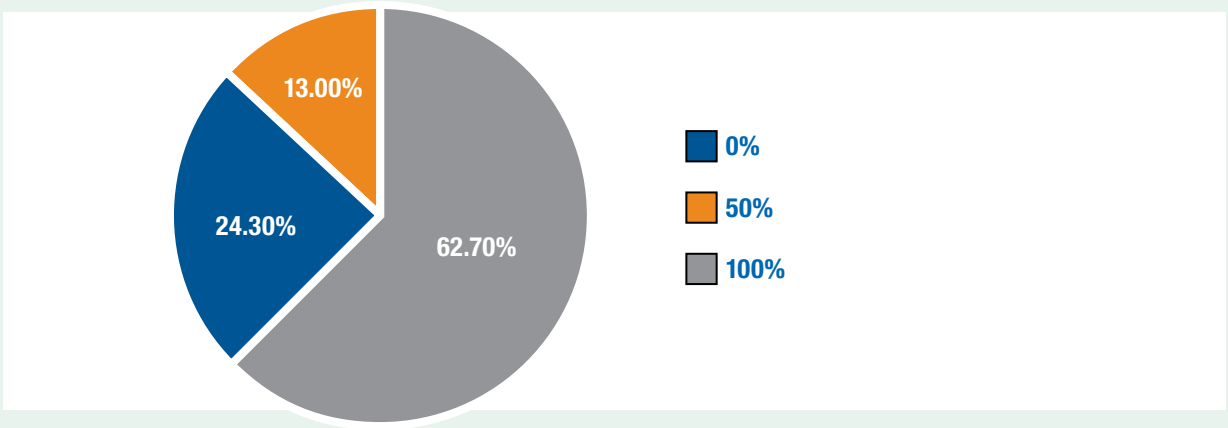


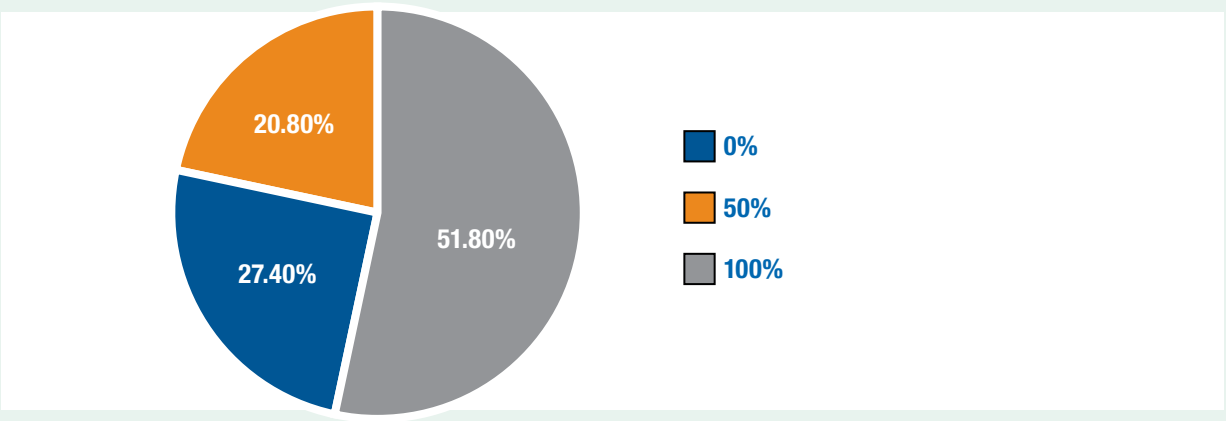
Figure 34: Reimbursement when appointment is cancelled



Reimbursement for late cancellation of appointment?

More than half (51.8 percent) of respondents received 100 percent reimbursement, 20.8 percent received 50 percent reimbursement, and 27.4 percent received no reimbursement for the late cancellation of appointments. We did not include the breakdown for remote interpreting in education settings because the proportion of respondents was very small and insignificant compared to other settings.

Figure 35: Late cancellation of appointment



On-site and remote interpreting in other settings

We did not include the breakdown for on-site and remote interpreting in other settings, because the proportion of respondents was significantly small. The responses are provided elsewhere on the HCI program website for those who are interested in the details.

Open-ended comments on interpreter compensation

Respondents were provided open-ended text fields with a 100-word maximum to provide any additional comments about interpreter compensation. The word cloud below is a summary of their comments.

The summary words from the cloud were further grouped into two levels for this analysis. Level 1 words (larger) include: agencies, hours, work, hour, time, pay, and paid. Level 2 words (comparatively smaller) include: reimbursement, mileage, travel, interpreting, compensation, companies, appointment, minimum, health, insurance, interpreter, and agency.

An in-depth review of the comments for themes reveal that interpreters are most concerned about the following:

- Comparatively low compensation, especially in health care settings, which was not enough to support their households. This is important because 27 percent of respondents' household incomes were solely from interpreting services. Based on the nature of their work and travelling to different appointments in different locations, they argued that 100 percent mileage reimbursement, at least at the government rate, should be included for all interpreters.
- Interpreters are concerned that they cannot find enough interpreting appointment hours for full-time employment. The results indicate that most interpreters are working less than full-time, in part because of low rates of use of trained and professional interpreter services across delivery systems.
- Interpreters have concerns about payment policies as well. Most health care interpreters are not paid when appointments are cancelled due to no-shows. The direct and indirect cost to interpreters when appointments are cancelled, especially within 24 hours, creates significant financial pressure from loss of income because it leaves them with almost no time to schedule

replacement appointments. Paying interpreters for at least one hour's work for appointments that are cancelled within 24 hours is imperative because, in most instances, the agencies that employ interpreters do receive payment for cancelled appointments.

- Instituting a two-hour minimum payment policy is necessary for the financial sustainability of interpreters and interpreting. Most interpreters are required to prepare ahead of time for appointments. For example, they review medical terminology associated with the health conditions they would be interpreting. Interpreters can spend at least as long preparing as on the appointment itself. Instituting a two-hour minimum payment, as is done for interpreting appointments for the courts, and in other states[12], would help interpreters to prepare well for appointments, improve the financial benefits of interpreting, and attract new and young talent into the field of health care interpreting to serve the growing need for interpreters across the state.

Analysis of provider survey responses

The provider survey comprised 22 questions. The responses were analyzed for insights on the types of provider groups, their affiliation with coordinated care organizations (CCOs), use of contracted or bilingual staff interpreters for spoken and sign language appointments, satisfaction with interpreter services, and their open-ended comments about interpreter services. The main themes that emerged, together with the HCI survey responses, provide a more in-depth understanding of the HCI community and the use of HCI services from the perspective of interpreters and providers who work with interpreters.

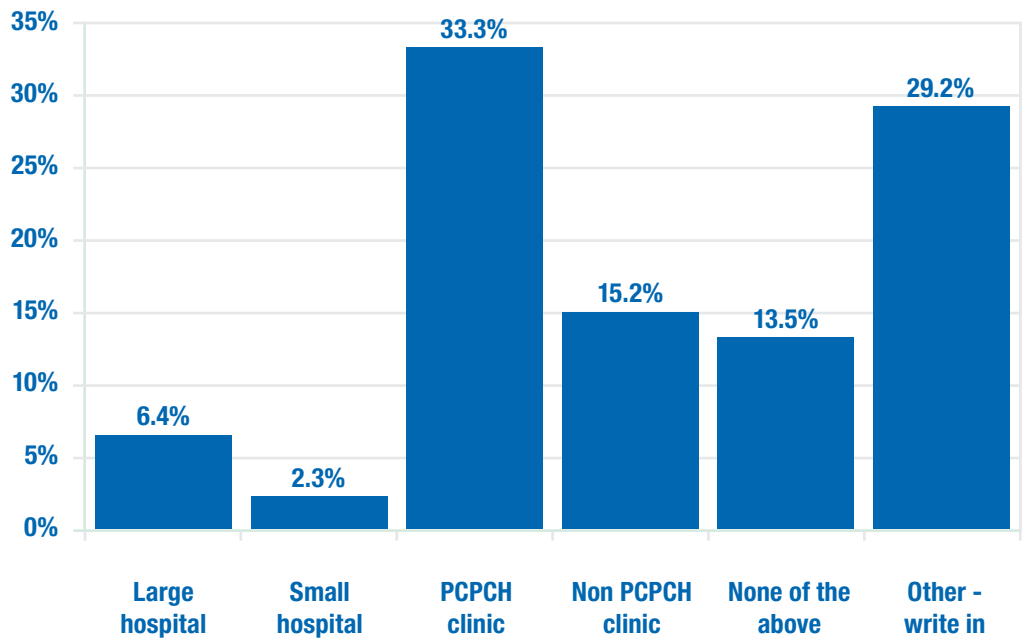
Respondents were from a range of provider groups including large hospitals, small hospitals, patient-centered primary care homes (PCPCHs), non-PCPCHs, and "none of the above" (smaller providers who do not consider themselves as part of the other response options). This last provider group includes public health and public safety offices and single provider clinics.

12 Youdelman, Y (2007) Medicaid and SCHIP Reimbursement Models For Language Services – 2007 update (https://www.migrationpolicy.org/sites/default/files/language_portal/Medicaid-SCHIP.2007_0.pdf).

How would you describe your organization?

There were more PCPCH clinic respondents 33.3 percent than any other response group. 15.2 percent were from non-PCPCH clinics, 6.4 percent and 2.3 percent were from large and small hospitals respectively, 13.5 percent said they were none of the above, and 29.2 percent of respondents indicated other. A further analysis of the responses in the other category suggests respondents were from CCOs, public health offices, county health departments, federally qualified health centers (FQHCs), small standalone outpatient practices, and specialty clinics. This question would be modified in future surveys to capture relevant data from organizations in this category.

Figure 36: Types of providers

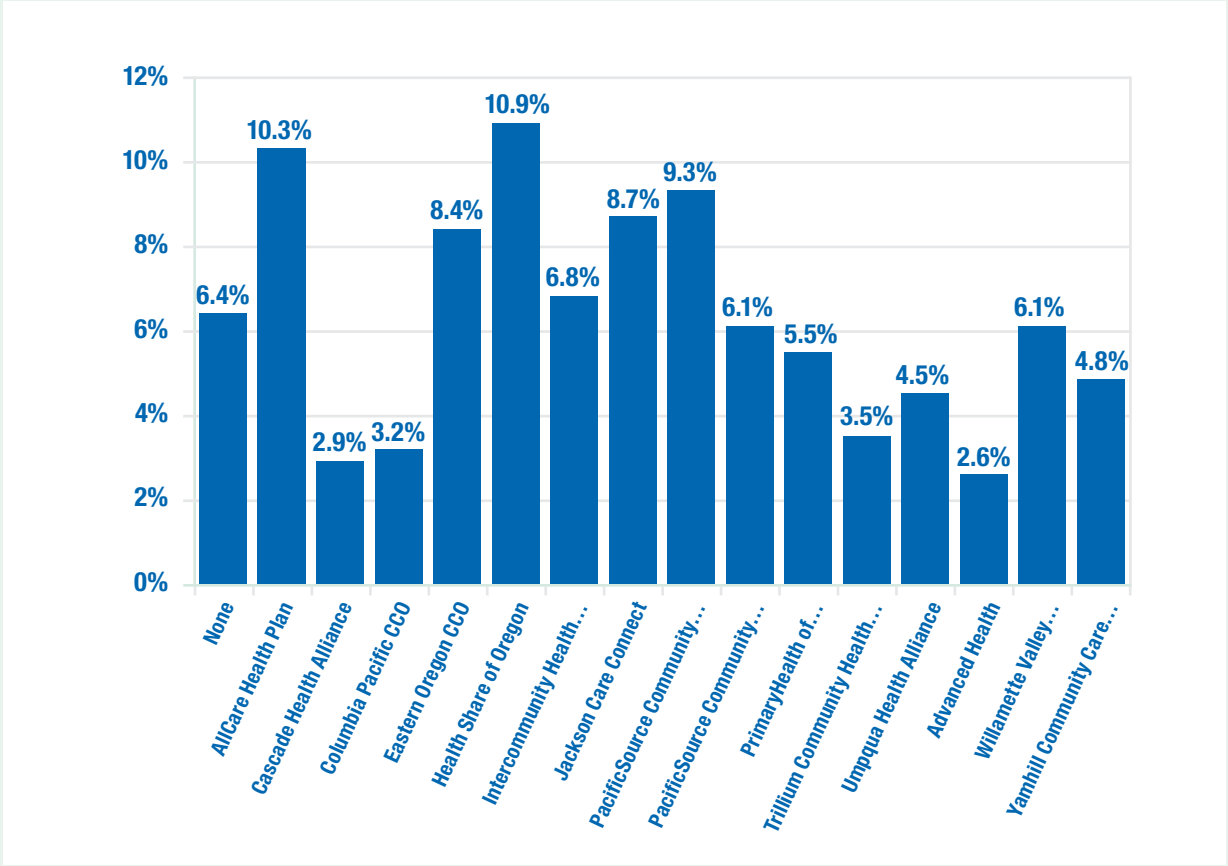


What coordinated care organization (CCO) do you work with?

The breakdown of responses shows that providers work with all 15 CCOs. However, the proportion of CCO affiliation varied, and about 6.4 percent of respondents did not work with any CCOs. The top five CCO affiliations are: Health Share (10.9

percent), AllCare (10.3 percent), Pacific Source Community in Central Oregon (9.3 percent), Jackson Care Connect (8.7 percent), and Eastern Oregon CCO (8.4 percent). The bottom five CCO affiliations are: Umpqua Health Alliance (4.5 percent), Trillium Community Health (3.5 percent), Columbia Pacific (3.2 percent), Cascade Health Alliance (2.9 percent), and Advanced Health (2.6 percent).

Figure 37: CCO affiliation



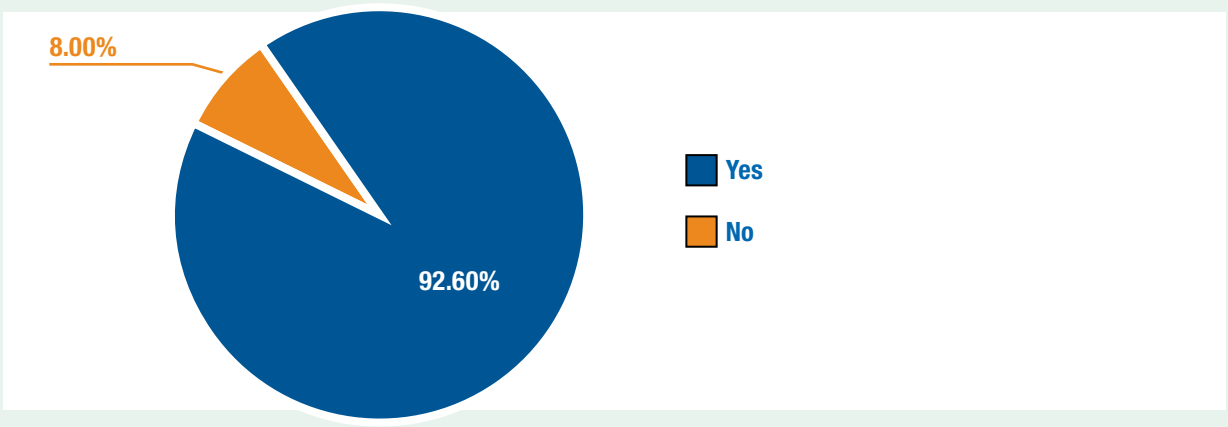
Note: The responses are not based on the proportion of interpreters that work with CCOs, but the proportion of providers who said they are affiliated with CCOs.

Utilization of health care interpreters

Do you use health care interpreter services? (Health care interpreter services include on-site/in-person interpreting, telephonic interpreting, video remote interpreting, and sight translation.)

The results suggest that 92 percent of respondents worked with spoken and sign language interpreters, and 8 percent did not. Some providers may not have used interpreters because they provide care only to English-speaking patients who do not need or request interpreters.

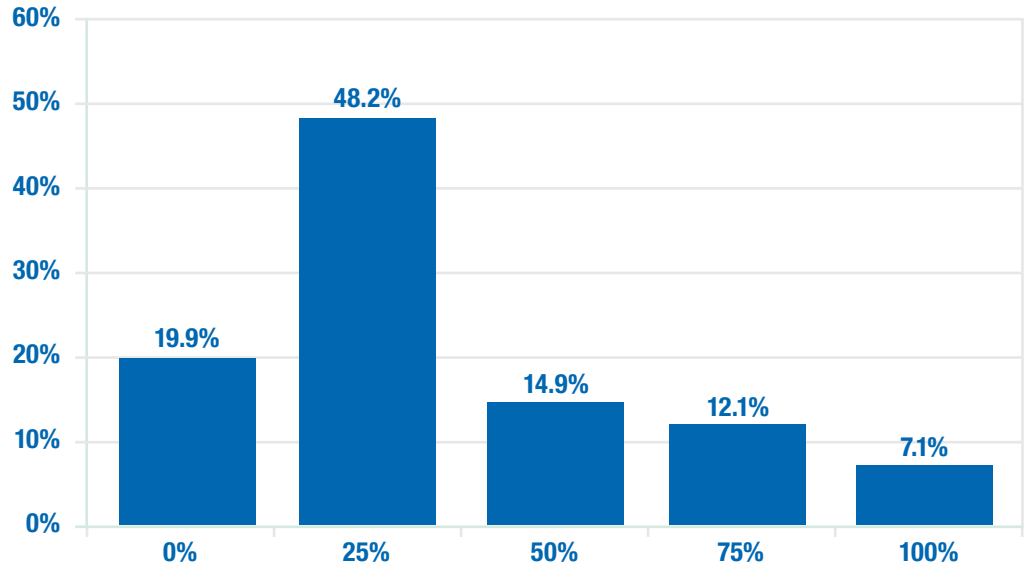
Figure 38: Utilization of HCIs



What percentage of your appointments with limited English proficient (LEP) patients used interpreter services in 2017? (An LEP is an individual who does not speak English as their primary language and who has a limited ability to read, speak, write, or understand English.)

This question was asked as a follow-up to the previous question. The results below suggest that only 7.1 percent of providers worked with interpreters for all their LEP appointments, 48.2 percent worked with interpreters for 25 percent of their appointments, 19.9 percent did not work with interpreters for their LEP

Figure 39: Proportion of LEP appointments in 2017 that utilized HCIs



appointments, 14.9 percent worked with interpreters for 50 percent of their LEP appointments, and 12.1 percent worked with interpreters for 75 percent of their LEP appointments.

A contingency table in the appendix (A2) was performed to determine the use of interpreter services by provider organizations. The distribution of the results suggests that only 20 percent of PCPCHs used interpreter services for all of their LEP appointments; 12 percent used interpreter services for 75 percent of their LEP appointments; another 12 percent used interpreter services for 50 percent of their LEP appointments, 52 percent used interpreter services for only 25 percent of appointments, and 20 percent of their LEP appointments did not use any interpreter services.

For large hospitals, only 12.5 percent used interpreter services for all their LEP appointments; 12.5 percent used interpreter services for 75 percent of their LEP appointments; 25 percent used interpreter services for 50 percent of their LEP appointments, 37.5 percent used interpreter services for only 25 percent of appointments while 12.5 percent of their LEP appointments did not use any interpreter services. The distribution was similar for non PCPCHs, 16.7 percent used interpreter services for all their LEP appointments; 8.3 percent used interpreter services for 75 percent of their LEP appointments; 16.7 percent used interpreter services for 50 percent of their LEP appointments, 27.5 percent used interpreter

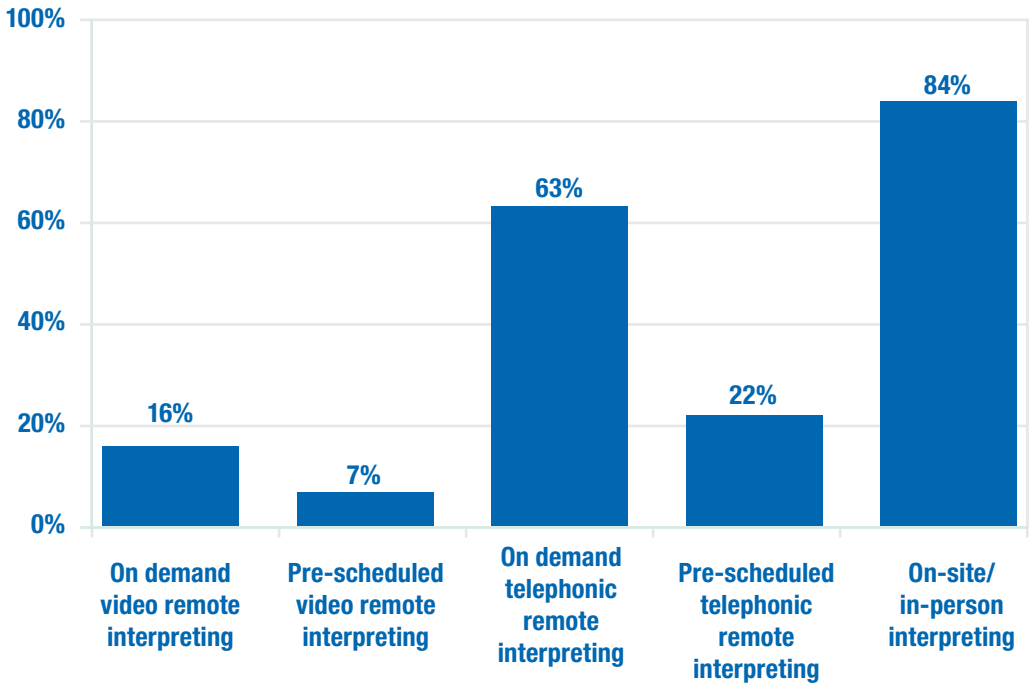
services for only 25 percent of appointments while 20.8 percent of LEP their appointments did not use any interpreter services.

This result suggests the low use of trained (qualified and certified) HCIs and supports the low interpreting appointment hours interpreters reported in 2017 (see "Interpreting Hours in 2017") and discussed in the open-ended portion of their comments (see word cloud in "Open-ended Comments on Interpreting Services"). Per federal and state laws and requirements, interpreters must be used for 100 percent of LEP appointments. While the distribution of LEP and patients who need sign language interpretation in provider panels determine the demand for interpreter services, this result corroborates other evidence on the under-utilization of interpreters, especially trained and professional interpreters.

Which types of health care interpreter services do you use?

For this question, providers could choose multiple options. The results suggest that 84 percent of providers used on-site in-person interpreters, 63 percent used on-demand telephonic remote interpreting, 22 percent used prescheduled telephonic remote

Figure 40: Types of HCI services utilized

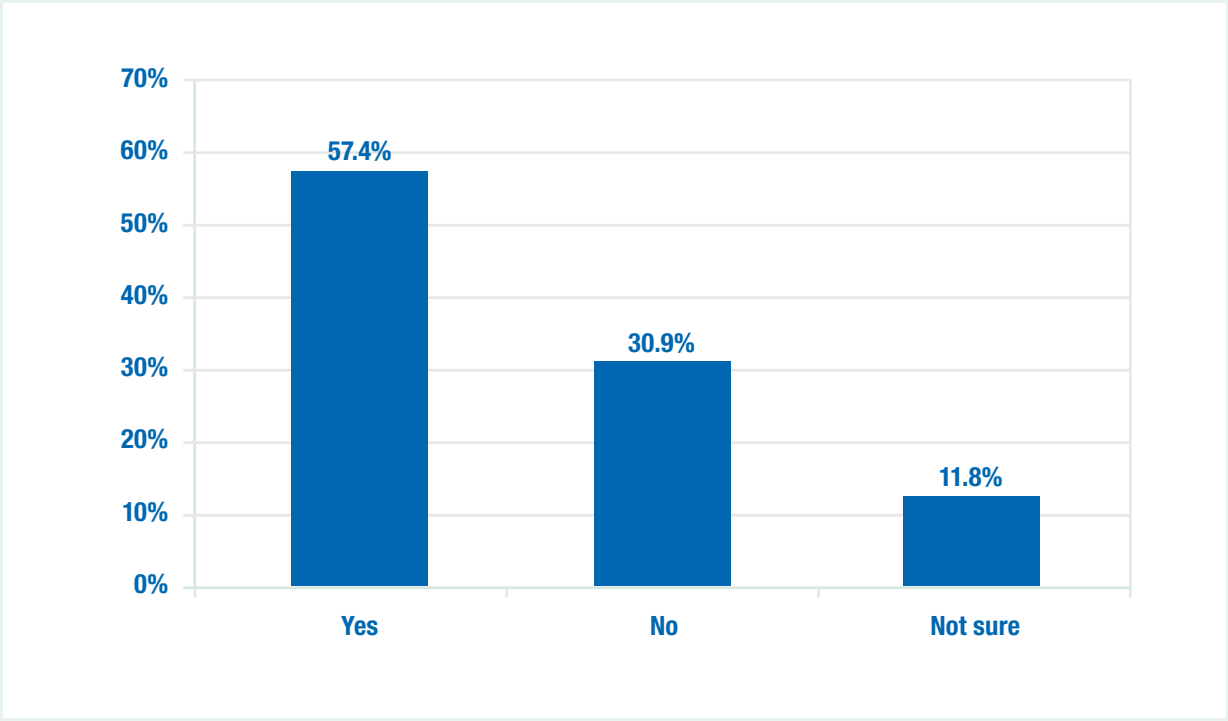


interpreting, 16 percent used on-demand video remote interpreting, and 7 percent used prescheduled video remote interpreting.

Do your bilingual employees perform health care interpreting? If yes, how would you classify their employment status?

To develop insights on bilingual staff, respondents were asked about the employment status of their bilingual staff who provide interpreter services. The results indicate that 74.7 percent of bilingual staff who perform HCI services were full-time employees, 9.3 percent were part-time, and 17.3 percent a blend of full-time and part-time employees. On whether their bilingual staff performed health care interpreting, 57.4 percent of providers said their bilingual staff performed interpreting, 30.9 percent said that bilingual staff do not provide HCI services, and 11.8 percent said they do not know or are not sure whether bilingual staff performed interpreting. The "unsure" responses could indicate their organizations have no language access plans that describe policies for using interpreters, including bilingual staff who provide interpreting.

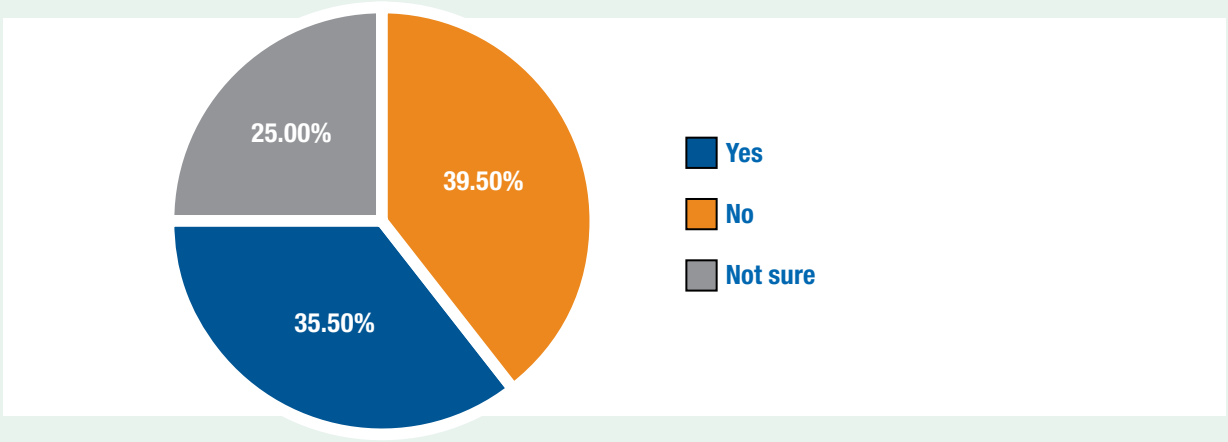
Figure 41: Bilingual staff interpretation



Do your bilingual employees who provide health care interpreting services have a pay differential?

Based on state language differential polices for employees who speak and use their second language skills as part of their job functions,[13] respondents were asked whether their bilingual staff who performed interpreting services received a pay differential. A little over one-third (35.5 percent) of respondents said their bilingual staff received a pay differential, 39.5 percent said they did not, and 25 percent were not sure. It can be inferred from the results that less than half of provider organizations that use bilingual staff provide a pay differential for performing interpreting services.

Figure 42: Bilingual HCIs with pay differential



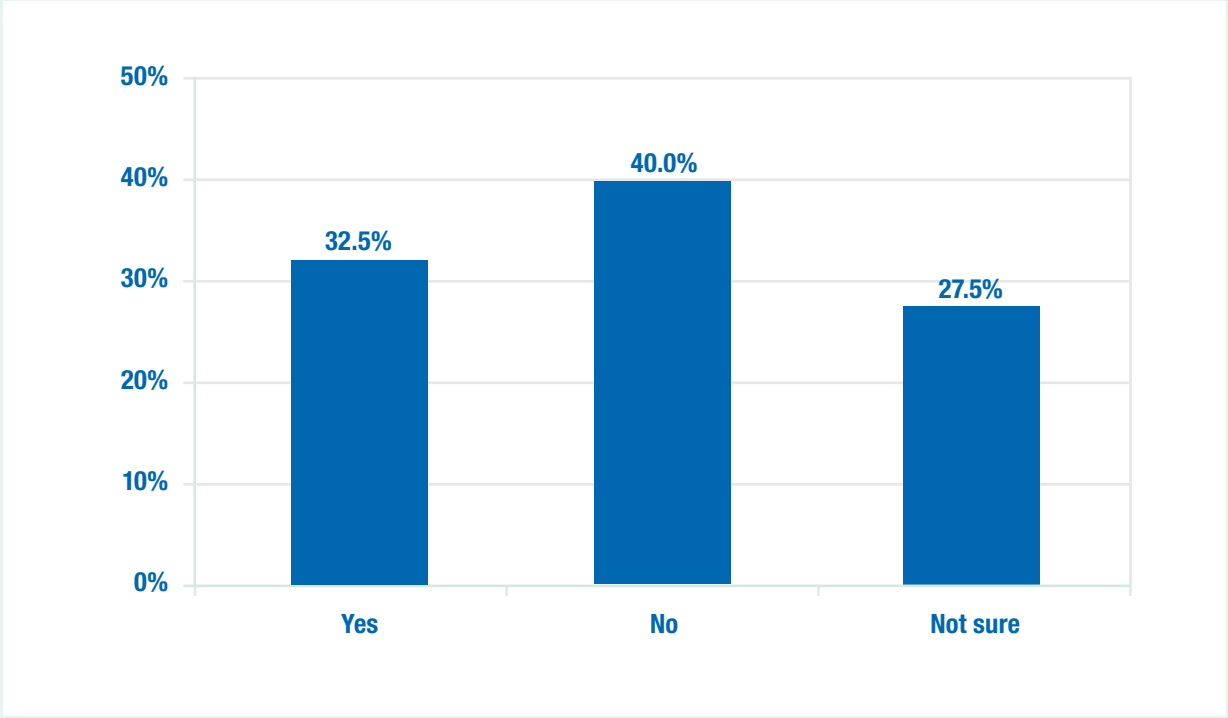
Have your bilingual staff employees who provide interpreting attended an OHA-approved 60-hour training?

State and federal laws require all health care interpreters, including bilingual staff, to complete HCI training.[14] In addition, state law prescribes the types of training and curriculum interpreters must complete as part of their training.[15] In this survey, 32.5 percent of respondents said their bilingual staff attended an OHA-approved 60 hours of training, 40 percent said their bilingual staff have not, and 27.5 percent were not sure. It can be inferred from the results that more than half of respondents said their bilingual staff who provide interpreting either have not

13 Oregon Department of Administrative Services: Pay Differential Policy (2020) (https://www.oregon.gov/das/Policies/20-005-11.pdf).
14 Federal Register, Volume 81#96(2016) (https://www.govinfo.gov/content/pkg/FR-2016-05-18/pdf/2016-11458.pdf).
15 OAR 333-002-0060(https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=51960).

attended any of the required OHA-approved training or are unsure whether they have attended or completed such training.

Figure 43: Bilingual who completed HCI training



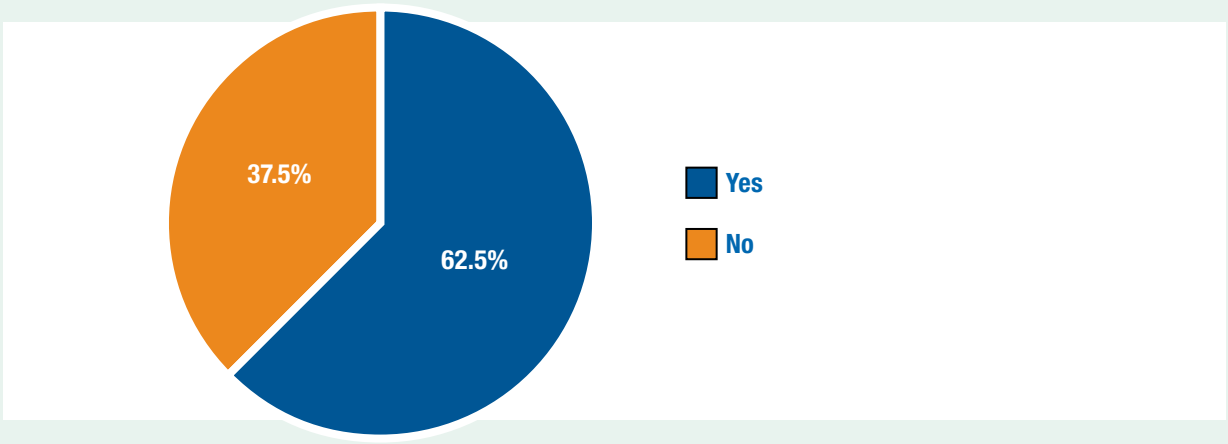
Awareness about OHA's qualification and certification program for HCIs

Are you aware of OHA's certification and qualification process for health care interpreters in Oregon?

The results indicate that more than half (62.5 percent) of respondents who used HCI services were aware of the state's recognition process for interpreters, while 37.5 percent were not.

The proportion of providers who were not aware of OHA's HCI program suggests the need for education and outreach, including technical assistance for providers about the HCI program, recognition process, and requirements for working with trained interpreters.

Figure 44: Awareness about OHA's HCI program

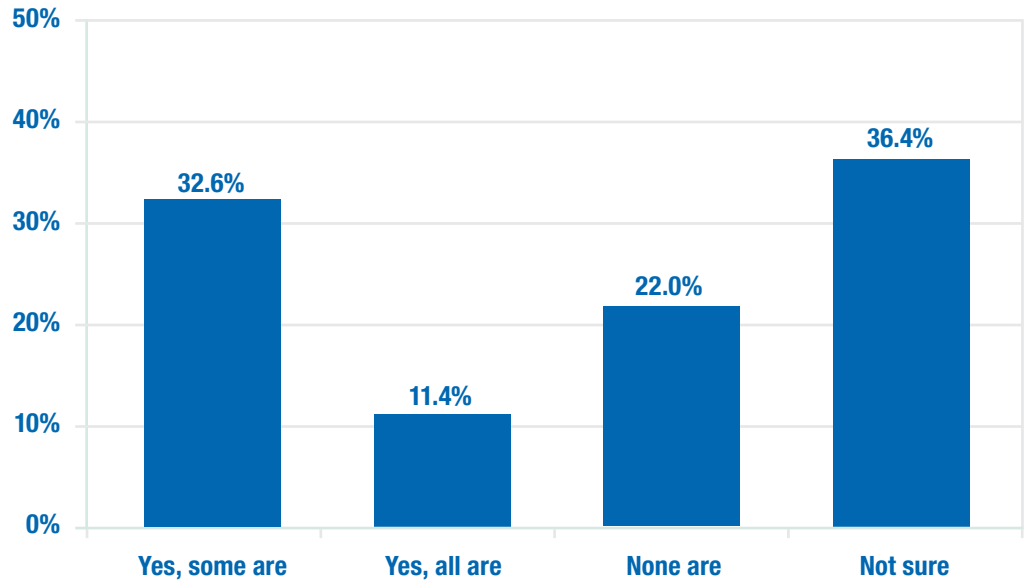


Are your bilingual staff who provide health care interpreting or the interpreters you contract with for health care interpreting services certified or qualified by OHA?

To evaluate the adherence to state and federal laws and policies in the use of trained (qualified and certified) interpreters, respondents were asked about their use of HCIs. Only 11.4 percent of respondents said all the HCIs they work with (including bilingual staff and contracted interpreters) are qualified or certified by OHA, 32.6 percent said some are, 22 percent said none are, and 36.4 percent were not sure.

The contingency table in Appendix A was created to determine the use of OHA approved HCIs by provider organizations. The results suggest that only 6 percent of PCPCHs said all their interpreters, including bilingual staff, were OHA qualified or certified; 48 percent said some are; 14 percent said none are, and 32 percent were unsure whether their interpreters were OHA certified or qualified. For large hospitals, 12.5 percent said all their interpreters including bilingual staff were OHA approved qualified or certified; 25 percent said some are; 37 percent said none are; and 25 percent were unsure whether their interpreters were OHA certified or qualified. For non PCPCHs 22 percent said all their interpreters, including bilingual staff, were OHA approved qualified or certified; 16.7 percent said some are; 27.8 percent said none are; and 33 percent were unsure whether their interpreters were OHA certified or qualified.

Figure 45: The utilization of OHA approved HCIs



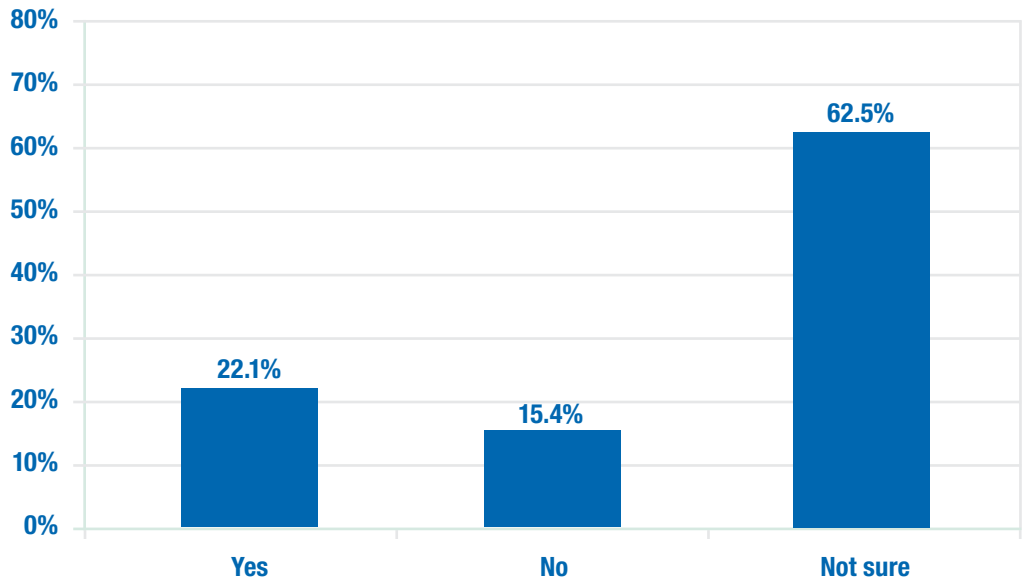
This analysis corroborates the low utilization of trained (qualified and certified) HCIs across provider settings, the low interpreting appointment hours interpreters reported in 2017, and the open-ended comments from interpreters.

Does your institution have a language access plan on file in accordance with the Department of Justice's requirement?

Health care providers are required to develop language access plans that describe their policies and explain operational details about the provision of spoken and sign language services.[16] Respondents were asked whether they have such language access plans. Only 22.1 percent have such a plan on file, 15.4 percent do not, and 62.5 percent were unsure. The results suggest that almost 78 percent of respondents said their organization did not have plans or were unsure whether they had such plans.

16 Language Access Assessment and Planning Tool for Federally Conducted and Federally Assisted Programs (https://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf).

Figure 46: Language access plan



Quality of health care interpreting services

The following questions were designed to evaluate the quality of HCI services from the providers' perspective. On a scale from 1 (poor) to 5 (excellent), providers were asked to evaluate the quality and professional behavior of interpreter services they received through contracting or their bilingual staff. The results are shown in pairs, first comparing the quality of bilingual and contracted interpreting services, then comparing the professionalism of bilingual and contracted interpreting services.

- How would you characterize the quality of bilingual staff interpreting in your organization?
- How would you characterize the quality of contracted interpreting services your organization receives?

The breakdown of responses for quality of service indicates that almost 79 percent of respondents said the quality of bilingual staff interpreter services was either excellent or very good, while almost 62 percent of respondents said the quality of

their contracted interpreter services were either excellent or very good. The average ranking for bilingual staff interpreter services was 4.1, while the average ranking for contracted interpreter services was 3.8. The results suggest that respondents considered bilingual staff interpreters as providing higher quality services than contracted interpreters.

Figure 47: Quality of bilingual interpretation

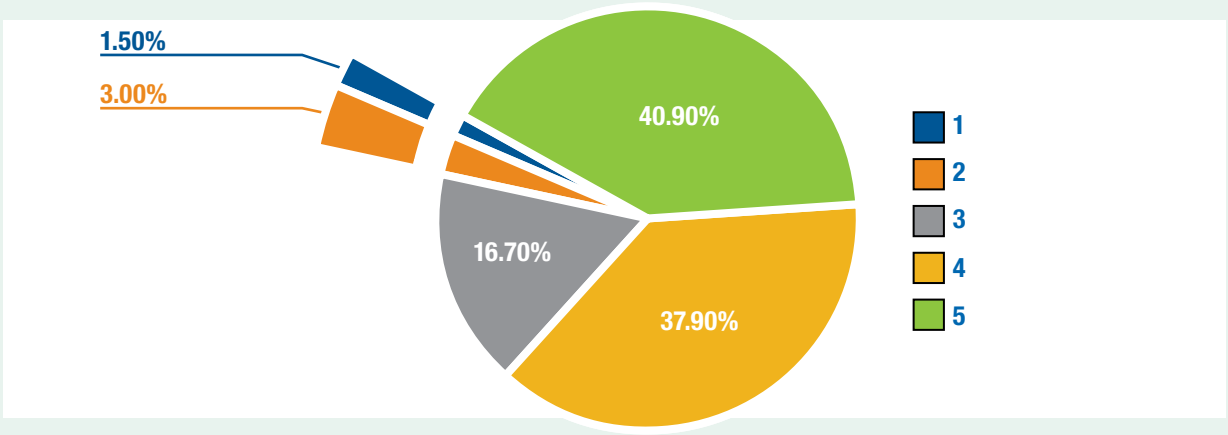
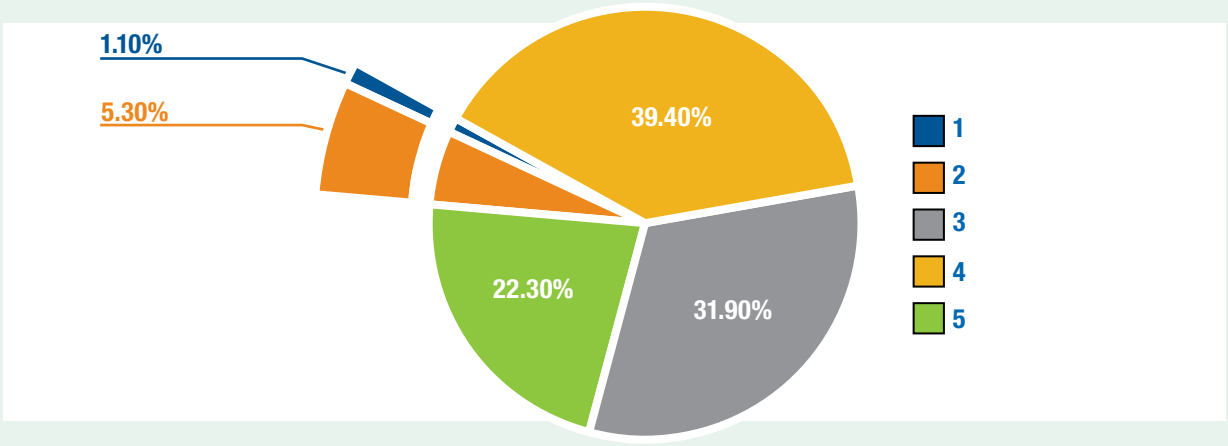


Figure 48: Quality of contracted interpreters



Professional behavior:

- How would you characterize the professional behavior (dress, punctuality, customer service) of the contracted interpreters in your organization?
- How would you characterize the professional behavior (dress, punctuality, customer service) of the bilingual staff interpreters in your organization?

The responses below indicate that almost 81.2 percent of respondents said the professionalism of bilingual staff interpreters was either excellent or very good, while about 74.5 percent of respondents said the professionalism of contracted interpreters was either excellent or very good. The average ranking for bilingual staff interpreters was 4.3, while the average ranking for contracted interpreters was 4. The results suggest that respondents considered bilingual staff interpreters as more professional than contracted interpreters.

Figure 49: Professionalism of bilingual staff

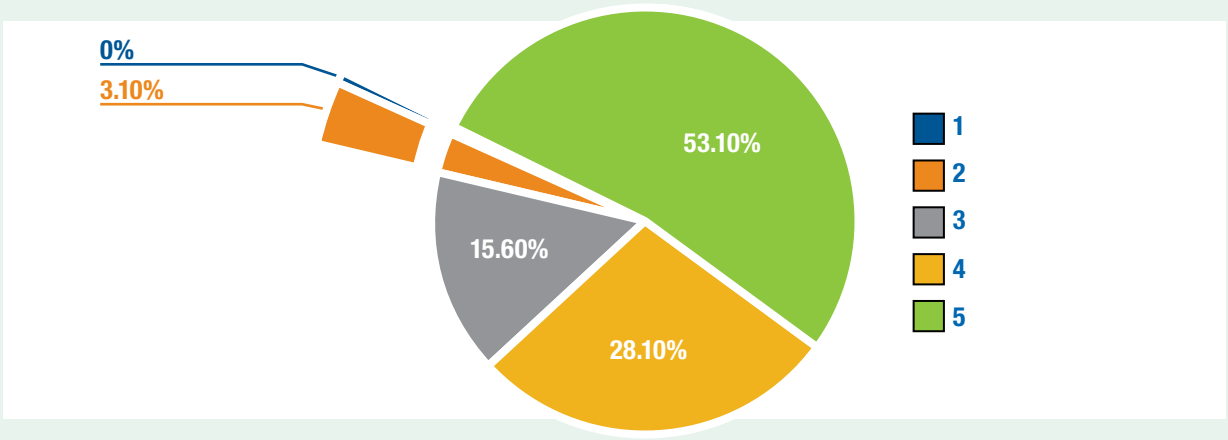
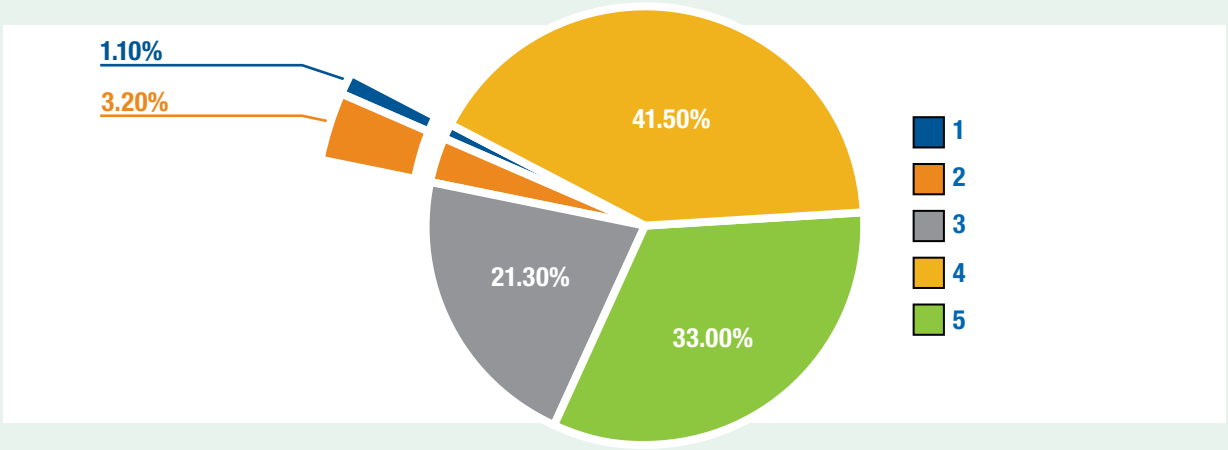


Figure 50: Professionalism of contracted interpreters



Open-ended comments on interpreter services

Respondents were provided open-ended text fields with a hundred-word maximum to provide additional comments about interpreter services. The word cloud below is a summary of their comments.

The word cloud was further grouped into two main levels. Level 1 words are bold and large, and the cost of interpreting service is the main concern. Level 2 words are comparatively smaller and include family, interpreters, language, providers, qualified, paid, bilingual, charged, deaf, phone, difficult, patients, service, and time. A detailed review of the comments reveals the following:

- Providers say they lose income from hiring and paying interpreters for LEP and sign language appointments, especially for Fee-for Service appointments, because the services are not directly reimbursable.
- While some providers said they prefer in-person interpreting over telephonic interpreting, they default to telephonic because it is less expensive than in-person.
- Providers often used bilingual staff interpreters, but some bilingual staff interpreters are not trained, and they do not receive differential pay for their language skills.
- The availability of trained spoken and sign language interpreters is a concern that was captured in the following comment, slightly edited for clarity:

"As I am a deaf person [and] interpreting is a big issue here in Southern Oregon. Many are [qualified] interpreters and cannot afford to get RID interpreting [certified] this frustrated many of us who are deaf, and we need the qualified interpreters who are good signers and good sign readers too. Without them live [in-person] interpreters, it becomes frustrated in the ER or deep discussion about our health care system or mental health issues many qualified interpreters who are

good are being tested by hearing people this needs to be tested by deaf person it my opinion we better judges where hearing people think ohm, you did not pass because you don't have your rid that is wrong and unfair we need more interpreters who are qualified to be able to do the interpreting in doctor's office, mental health, and the ER and counseling too"[sic].

Key findings and recommendations: Expanding the availability of in-person interpreters statewide

The benefits of using trained interpreters, and the demand or preference for in-person interpreting (96.9 percent of HCI respondents provide on-site interpreting), suggest the need for more trained HCIs to work alongside providers to provide quality language access services statewide. Survey respondents were from 21 of the 36 counties in Oregon, and about 73.9 percent of all respondents lived in four counties: Multnomah, Washington, Marion and Clackamas. While the need for interpreters in these counties is larger because of the population and their languages access needs, expanding HCI training in rural communities and other counties that are experiencing growth in language access needs could help increase the availability of trained in-person interpreters to work alongside providers and provide quality interpreting.

The results also suggest that about 22 percent of respondents were not trained or accredited by the state. This may be an underestimate, but the size of this cohort makes it imperative to expand HCI training, as well as outreach to providers about the benefits of using trained interpreters for LEP (spoken or sign language) appointments. Doing so would help to improve the quality of interpreting, the use of trained interpreters for spoken and sign language appointments, and health outcomes for patients and families who need interpreters for their appointments.

Gross and net income for interpreters

The distributions of net and gross income are similar and suggest that there are more interpreters in the $5,000-$19,000 income bracket than any other bracket and almost a quarter of interpreters earned less than $5,000 in gross or net income in 2017. Net

income is generally lower than gross income, because net income is gross income minus taxes and other deductions, and that is what we found.

The reported gross and net incomes suggest that at least the 27 percent of interpreters who said all their household's income in 2017 was from their language services appointments may be eligible for state and federal poverty income assistance, if their incomes and family size were within the U.S. Federal Poverty Level (FPL) and they qualified for such assistance. The FPL guidelines in 2019 were $12,490 for a one-person household, $16,910 for a two-person household, $21,330 for a three-person household, $25,750 for a four-person household, and $30,170 for a five-person household.[17]

About 19 percent of respondents said they are OHP recipients. Their participation in OHP, a means-tested program for participants, reflects a need to change interpreter compensation rates. It can be argued from a workforce-development perspective that addressing interpreter compensation and other systemic issues that affect the use of interpreters in health systems would be important to the development of a viable and sustainable HCI workforce across the state.

Interpreting work benefits

A review of responses on other compensation-related work benefits reveals that the proportion of respondents who received 100 percent reimbursement for appointments cancelled due to no-shows and appointments cancelled within 24 hours was higher in court than in health care and education settings — 81.8 percent and 63.6 percent respectively for courts, 62.7 percent and 51.8 percent for education, and 57.5 percent and 43.7 percent for health care. On the other hand, the proportion of respondents who were not reimbursed for appointments cancelled due to no-shows and appointments cancelled within 24 hours was higher for health care appointments than for court and education appointments — 29.8 percent and 35.7 percent respectively for health care, 24.3 percent and 27.4 percent for education, and 13.6 percent and 15.9 for courts.

While the disparities in payments for the cancellation of appointments are disincentives to all interpreters, it can be argued that they disproportionately affect health care interpreters, because HCIs are the largest group of interpreters in the state. The disparities could adversely affect the development of a sustainable HCI workforce. Since interpreter compensation is comparatively low, especially for HCIs, instituting a 100 percent payment or reimbursement policy for the cancellation of

17 Federal Register, Annual update of the HHS Poverty Guidelines: A Notice by the Health and Human Service Department on 02/0/019. Retrieved from (https://www.federalregister.gov/documents/2019/02/01/2019-00621/annual-update-of-the-hhs-poverty-guidelines).

all HCI appointments (no-show and within 24 hours), will be an important policy recommendation to improve interpreter compensation.

This recommendation would not significantly increase the cost of business, because most contracts between providers and interpreting agencies include payments for when patients do not show up or appointments are cancelled by providers within 24 hours. Policy changes to require interpreting agencies to share a proportion of such payments with interpreters could significantly reduce the financial burden on interpreters who, due to the shortage of appointment hours, are unable to schedule replacement appointments when their previously scheduled appointments are cancelled, especially within 24 hours.

Working with HCIs during limited English proficient appointments

The HCI and provider survey results suggest low demand for interpreters and interpreter services across delivery systems and settings. While interpreters reported low interpreting hours in 2017 and requested more interpreting appointments, providers were not working with HCIs for all their LEP appointments as required by state and federal laws (Title VI of the Civil Rights Act of 1964; Section 1557 of the Patient Protection and Affordable Care Act). About 92 percent of providers said they worked with interpreters, but a follow-up question on the proportion of their LEP appointments they worked with interpreter services varied. Only 7.1 percent of providers said they worked with interpreters for all their LEP appointments.

The comparatively low proportion of providers who worked with interpreters for all their LEP appointments confirms the low demand for interpreters and interpreter services. While some providers may have used bilingual staff to meet their interpreting needs, most bilingual staff who perform interpreting have not completed the required HCI training and language proficiency requirements. The results suggest that comparatively low levels of bilingual staff have completed their HCI training and requirements — 32.5 percent, versus 40 percent who have not been trained and 27.5 percent who are unsure whether their bilingual staff have been trained. While providers may prefer to use bilingual employees, there are potential risks to using them to interpret if they are not professionally trained. If not addressed, the potential consequences for such practices could adversely impact health outcomes and the development of a high-quality HCI workforce in the state.

The importance of language access plans

Language access plans are foundational to the delivery of high-quality interpreter services, including preparing providers and their staff members to provide

appropriate spoken and sign language services to their patients. According to the U.S. Centers for Medicare & Medicaid Services Strategic Language Access Manual, organizations that receive federal funds must have language access plans on file.[18]This includes hospitals, health plans, community-based organizations, and those that are accredited by the Joint Commission or the National Committee for Quality Assurance. However, only 22.1 percent of providers who responded to the survey said their organizations have language access plans on file, 15.4 percent did not have any such plan, and 62.5 percent were unsure whether their organizations had language access plans on file. The results imply that more than half of respondents did not have a plan or were unsure whether such plans existed.

While there was no requirement on who could respond to the survey on behalf of provider organizations, the expectation was that respondents would be knowledgeable about the delivery of language access services in their respective organizations. Therefore, the proportion of respondents who said they were unsure could imply that their organizations do not have existing plans or strategies for providing language access services.

Employing and working with trained and accredited interpreters

The federal and state laws requiring providers to work with trained interpreters are based on strong evidence supporting the benefits of working with trained and accredited interpreters[19,20,21]. However, the survey results suggest low utilization of trained interpreters. Only 11.4 percent of providers who responded to the survey said all their bilingual staff or interpreters they contract with were OHA-approved qualified or certified interpreters. 32.6 percent said some of their bilingual staff or interpreters they contract with were OHA accredited, 36.4 percent were not sure, and 22 percent said they worked with bilingual staff or interpreters who were not OHA accredited.

OHA's HCI program was established to develop an HCI workforce through training and accreditation, but the results show gaps in provider awareness of and adherence to OHA's accreditation process — including for bilingual staff who provide

18 Building an Organizational Response to Health Disparities: Guide to developing a language access plan, retrieved from (https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan.pdf) on October 1, 2019.

19 Karliner, Jacobs, Hm Chen & Mutha (2007) Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. Health Research and Educational Trust, 42(2).

20 Lindsay AC, de Oliveira MG, Wallington SF, et al (2016). Access and utilization of healthcare services in Massachusetts, United States: a qualitative study of the perspectives and experiences of Brazilian-born immigrant women. BMC Health Serv Res.16(1):467.

21 Hadziabdic, E (2011) The use of Interpreter in Healthcare: Perspectives of Individuals, Healthcare staff and families. Retrieved from (https://www.diva-portal.org/smash/get/diva2:444194/FULLTEXT01.pdf) on 2/20/2019).

interpreting. For example, while 62.5 percent of providers were aware of OHA's HCI program requirements, and 57.4 percent said their bilingual staff perform interpreting, 67.5 percent of respondents said their bilingual staff had either not completed their required HCI training or they were unsure whether their staff had taken or completed such training. The gaps in the training of bilingual providers who provide interpreting, and in the use of trained interpreters generally, suggest the need for increased education about the HCI training program requirements, as well as technical assistance to support the training of interpreters across delivery systems.

Strengths of the survey

- This is the first survey of its kind done by a state government as far as we are aware, and the response rate (62 percent) and completion rate (74.9 percent) for the HCI survey are high enough to indicate that it is representative of the HCI profession. It provides data to drive program-level as well as policy-level and system level improvements in the development of a viable and sustainable HCI workforce across the state.
- It provides insights into the working conditions of interpreters.
- It integrates the perspectives of providers to develop a more comprehensive understanding about interpreting in the state.
- It will be repeated periodically to develop a longitudinal understanding of the HCI community.

Limitations of the survey

- While the completion rate for the provider survey was close to 50 percent, we are unsure about the widespread use of the results because of our inability to establish the appropriate response rate.
- The results show that the survey data and analysis would have been more robust with additional follow-up or clarifying questions to, for example:
  - » Determine a livable wage for interpreters.
  - » Evaluate whether some of the interpreters who worked part-time in 2017 did so by choice, for lack of hours, or other reasons. While we can infer that most of them worked part-time because of lack of appointment hours, the

follow-up questions would provide details and context.

  - » We did not ask the rate of reimbursement for compensation-related expenses and will do so in our follow-up survey.

- We did not ask interpreters about the number of hours they want to work per week and the size of their households. Therefore, this analysis is based solely on their income levels and may not accurately reflect the criteria for federal or state income assistance programs.
- For the provider survey, the large proportion of "not sure" responses could be read in multiple ways that affect the quality of the data. Respondents may truly have not known the answer to the question, or they may not have wanted to say "no." The survey instructions did not include who in the provider organization should respond to the survey. Subsequent surveys could specify that respondents should work in language access services or be knowledgeable about language access services in the organization.
- Questions were sometimes unclear. Subsequent surveys will endeavor to clarify some of the questions, improve the sequence of asking related or follow-up questions, and provide additional explanation to guide respondents.
- The HCI survey was long. Subsequent surveys will clarify questions, introduce logic into answers and use various methods including pipping of previous answers to reduce potential drop off in the response rate.

Appendix A

Contingency table on the proportion of LEP appointments which providers worked with interpreters

	How would you describe your organization?						
What percentage of your appointments with LEP patients used interpreter services in 2017?	Large hospital	Small hospital	PCPCH Clinic	Non PCPCH Clinic	None of the above	Other	Row total
0 percent	1	0	10	5	5	4	25
	4.00%	0.00%	40.00%	20.00%	20.00%	16.00%	17.7%
	12.50%	0.00%	20.00%	20.80%	26.30%	10.80%	
25 percent	3	2	26	9	8	20	68
	4.40%	2.90%	38.20%	13.20%	11.80%	29.40%	48.2%
	37.50%	66.70%	52.00%	37.50%	42.10%	54.10%	
50 percent	2	0	6	4	2	7	21
	9.50%	0.00%	28.60%	19.00%	9.50%	33.30%	14.9%
	25.00%	0.00%	12.00%	16.70%	10.50%	18.90%	
75 percent	1	1	6	2	3	4	17
	5.90%	5.90%	35.30%	11.80%	17.60%	23.50%	12.1%
	12.50%	33.30%	12.00%	8.30%	15.80%	10.80%	
100 percent	1	0	2	4	1	2	10
	10.00%	0.00%	20.00%	40.00%	10.00%	20.00%	7.1%
	12.50%	0.00%	4.00%	16.70%	5.30%	5.40%	
Column total	8	3	50	24	19	37	141
Column total %	5.70%	2.1%	35.50%	17.00%	13.50%	26.20%	100.00%

Contingency table on the proportion of bilingual staff who provide health care interpreting or contracted interpreters who are certified or qualified by OHA?

	How would you describe your organization?							
Are your bilingual staff who provide interpreting or the interpreters you contract with for Health Care Interpreting services certified or qualified by OHA?	Large hospital	Small hospital	PCPCH Clinic		Non PCPCH Clinic	None of the above	Other	Row total
Yes, some are	2	1	24		3	3	10	43
	4.70%	2.30%	55.80%		7.00%	7.00%	23.30%	32.60%
	25.00%	25.00%	48.00%		16.70%	16.70%	29.40%	
Yes, all are	1	2	3		4	1	4	15
	6.70%	13.30%	20.00%		26.70%	6.70%	26.70%	11.40%
	12.50%	50.00%	6.00%		22.20%	5.60%	11.80%	
No	3	0	7		5	7	7	29
	10.30%	0.00%	24.10%		17.20%	24.10%	24.10%	22.00%
	37.50%	0.00%	14.00%		27.80%	38.90%	20.60%	
Not sure	2	1	16		6	7	13	45
	4.40%	22.00%	35.60%		13.30%	15.60%	28.90%	34.10%
	25.00%	25.00%	32.00%		33.30%	38.90%	38.20%	
Column total	8	4	50		18	18	34	132
Column total %	6.10%	3.00%	37.90%		13.60%	13.60%	25.80%	100.00%

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