

**New Hampshire**

**Medical Interpretation Strategic Plan:**

**A Roadmap for Linguistically**

**Appropriate Services**

**February 2008**

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**NEW HAMPSHIRE MEDICAL INTERPRETATION  
ADVISORY BOARD**

# Medical Interpretation Advisory Board Participants

## MEMBER REPRESENTATION

Area Agency of Nashua  
Anthem Blue Cross Blue Shield  
Bi-State Primary Care Association  
Catholic Medical Center  
Community Health Access Network  
Child Health Services  
City of Manchester  
City of Manchester Health Department  
Community Council of Nashua  
Concord Hospital  
Cross Cultural Communication Systems  
Dartmouth Hitchcock  
Disabilities Rights Center  
Easter Seals – New Hampshire  
Elliot Hospital  
Endowment for Health  
Foundation for Healthy Communities  
Greater Manchester AIDS Project  
Granite State Independent Living  
Harvard Pilgrim Health Care Foundation  
International Institute  
Latin American Center  
Lutheran Social Services  
Manchester Community Health Center  
Manchester Community Resource Center  
Mental Health Center of Greater Manchester  
National Alliance on Mental Illness – New Hampshire  
Nashua Area Health Center  
New Hampshire Department of Health and Human Services  
New Hampshire Hospital Association  
New Hampshire Legal Assistance  
New Hampshire Medical Society  
New Hampshire Minority Health Coalition  
New Hampshire Office of Refugee Resettlement  
New Hampshire Registry of Interpreters for the Deaf  
New Hampshire Community Technical College  
North East Deaf and Hard of Hearing Services  
Planned Parenthood of Northern New England  
Southern New Hampshire Area Health Education Center  
Southern New Hampshire Medical Center  
Southern New Hampshire Services  
St. Joseph’s Hospital  
VNA Home Health & Hospice  
WORDS Foreign Language Translation and Interpreting Services, Inc.

## Introduction

Accurate communication between a patient and her/his medical provider is critical to the delivery of quality health services. Deaf and hard of hearing patients and patients with limited English proficiency present unique communication challenges for physicians and other health care and social service providers. Medical interpretation is a tool to help providers and patients reduce communication barriers, and ensure quality clinical care that every patient deserves.

Today, throughout New Hampshire, over 75 languages are spoken. According to the 2000 Census approximately 30,000 residents speak English less than very well, which is a 22% increase over the 1990 Census. By comparison, the New Hampshire general population has grown only 12% during that same timeframe. Much of the state's linguistic diversity is concentrated in southern New Hampshire. Hillsborough County is home to 59% of the state's Latino population and 53% of residents with limited English proficiency.

Although statistical data on the number of deaf and hard of hearing individuals in New Hampshire is not currently available, the U.S. Department of Health and Human Services estimates that 8.6 % of the population 3 years and older have hearing problems. Applying this national average, over 109,000 New Hampshire residents – the equivalent of the population of Manchester – are estimated to be deaf or hard of hearing.

In 2001, a diverse group of stakeholders assembled to examine how to improve health care for New Hampshire's deaf, hard of hearing (D/HH), and limited English proficient (LEP) patients. The Medical Interpretation Advisory Board (MIAB), as it became known, began analyzing how medical interpretation is financed, the composition of the interpretation workforce, and what mechanisms for data collection currently existed. The MIAB served in an advisory capacity for important new pilots including creation of the state's first spoken-language medical interpretation training and a Language Bank. The MIAB also directed a research report, *Assessing Language Interpretation Capacity Among New Hampshire Health Care Providers*, which was authored by the Access Project and the Cultural Imperative. The results of that research, anecdotal stories from D/HH and LEP patients, and the MIAB's shared experiences with the existing service delivery system served as the impetus for a medical interpretation strategic planning process. Facilitator and consultant Wendy Frosh, Principal of Health Care Management Strategies, led the strategic planning process.

The initial plan was created over a two-year period. Three subcommittees – data collection, workforce needs, financing alternatives – and the larger MIAB met regularly to complete the Plan and begin to prioritize each of its goals and objectives. The strategic planning process engaged new participants and provided the opportunity for shared learning between representatives of the deaf and hard of hearing community and communities for whom English is not a primary language.

Since the initial plan was create over 2 years ago, the Medical Interpretation Advisory Board has acted upon it to make the health care delivery system more culturally effective - increasing access to and the quality of services for D/HH, and LEP patients. More work needs to be done, but a fresh look at our principles, goals, objectives, and strategies was needed. From the beginning, the Strategic Plan was to be a “living” document, a document meant to be modified as implementation of the recommendations began and as national, regional, and state specific research and best practices emerged. Therefore, in the Fall of 2007 the Strategic Plan underwent a review by the

Medical Interpretation Advisory Board Steering Committee and by the full Board. There continues to be areas in the Plan where significant progress has already been made, and other areas where goals are more long-term. While much has already been accomplished, continued collaboration will be critical to make institutional systemic change.

New Hampshire is one of the fastest growing states in New England and, as the state grows, it continues to diversify. The immigrant and deaf and hard of hearing (D/HH) communities add to the richness of our New Hampshire culture. According to the report, *Assessing Language Interpretation Capacity Among New Hampshire Health Care Providers*, the number of linguistic minorities and D/HH patients will continue to grow as the state ages, immigration continues, and birth rates of linguistic minorities outpace those of the general population. The MIAB believes it is prudent for NH's health care delivery system to take immediate steps to make services more culturally effective including ensuring access to medical interpreters.

Raising cultural awareness and recognition of the importance of medical interpretation to the delivery of high quality health care is a priority for the Medical Interpretation Advisory Board and the Foundation for Healthy Communities' Cultural Effectiveness and Quality Health Care Project. As health care providers, social service agencies, advocacy organizations, and members of the New Hampshire community, we recognize the critical nature of providing medical interpretation and are committed to supporting organizations in their efforts to improve their capacity to serve LEP and D/HH populations. We encourage you to join us in our efforts to make our health care delivery system more culturally effective.

## Vision

The limited English proficient and Deaf and hard of hearing populations in New Hampshire will have access to high quality health care services. Medical Interpretation will be a means to achieving that end, and will be universally available to and utilized by all individuals in need of those services.

## Recommendations

**PRINCIPLE I: The need for medical interpretation services in New Hampshire will be identified and understood.**

**Goal:** Quantify the needs of New Hampshire's LEP and D/HH populations for interpretation services and develop processes to disseminate this information.

- **Objective 1:** Develop ongoing mechanism to collect and share information about the distribution and density of New Hampshire's LEP and D/HH populations

**Strategies:**

- Review existing data sets
- Survey community residents, health care professionals, community-based agencies
- Evaluate access to publicly funded programs by LEP and D/HH populations
- Assess the understanding within the LEP and D/HH communities regarding the availability and use of interpreter services
- Develop plan for ongoing dissemination of data sets
  - ❖ Review DHHS and NHPH communication plans
  - ❖ Review NH Health Data Inventory
  
- **Objective 2:** Inventory and share information about interpretation services currently available across the state

**Strategies:**

  - Survey hospitals, community health centers, mental health centers, key medical practices to determine the scope and nature of resources being used to provide medical interpretation
  - Identify resources provided by both proprietary and not-for-profit interpretation service providers
  - Determine capacity of publicly funded programs to serve LEP and D/HH populations
  
- **Objective 3:** Develop and share data collection and quality improvement systems to monitor the use and effectiveness of medical interpretation services

**Strategies:**

  - Promote collection of race, ethnicity and language data for all health service users
  - Incorporate assessment of the adequacy of language services when evaluating medical errors and outcome disparities in the care LEP & D/HH patients
  - Ensure that data are collected in conformance with national standards

**Goal:** Develop and disseminate evidence based guidelines regarding the levels of service necessary to the provision of accessible, high quality care

- **Objective 1:** Assess the effectiveness of providing medical interpretation through such means as telephonic, video conferencing and face-to-face interpretation
  - Strategy:**
    - Evaluate efficacy of interpretation models in a range of clinical situations, i.e., emergencies, procedures, mental health visits, medical office visits, home visits
  
- **Objective 2:** Draft recommendations based on clinical service requirements and population density
  - Strategies:**
    - Convene provider workgroup to review/revise recommendations
    - Disseminate recommendations
    - Monitor implementation of recommendations, revise as necessary

**PRINCIPLE II: The workforce will be developed and organized to sustain access to culturally competent care for the LEP and D/HH populations**

**Goal:** Build and retain a multi-cultural workforce that reflects the community's diversity

- **Objective 1:** Determine level of competency required for medical interpreters and bi-lingual staff
  - Strategies:**
    - Develop certification/credentialing criteria
      - ❖ Support and contribute to national credentialing efforts
      - ❖ Provide guidance to health care provider organizations on how to assess interpreter competency and hire interpreters
    - Promote national standards of practice and ethics for medical interpreters
  
- **Objective 2:** Assure the availability of trained, competent medical interpreters
  - Strategies:**
    - Expand the reach of comprehensive training programs for medical interpreters

- ❖ Develop recommendations for minimum training standards based upon such national standards as RID, NCIHC, ASTM, ATA, and NH State Licensing Boards
- ❖ Establish a promising practice for what defines a trained interpreter
- ❖ Disseminate information on existing training programs
- ❖ Work to improve training in identified gap areas
- ❖ Routinely disseminate information regarding best practices to Interpreters and provider organizations
- ❖ Offer professional development/continuing education opportunities to interpreters
- Recruit interpreters from within LEP communities
  - ❖ Develop a scholarship program with community funders
  - ❖ Promote career ladders for bi-lingual staff working within health care facilities
  - ❖ Promote salary differentials for bi-lingual staff serving in dual roles
- **Objective 3:** Recruit bi-lingual/multi-cultural health care providers to communities with significant populations of LEP individuals
 

**Strategies:**

  - Establish statewide recruitment center
    - ❖ Evaluate recruitment models currently in place in NH and other states
    - ❖ Determine feasibility of collaboration with Bi-State PCA
  - Encourage health care career development and/or medical interpreter education among students from multi-cultural communities including deaf communities.
  - Encourage universities and colleges to access federal dollars for programs that train bi-lingual/multi-cultural healthcare professionals
  - Support new models of education to prepare bilingual foreign trained providers for NH licensure.
- **Objective 4:** Develop systems for providing interpreter services with 24 hour/7 days per week capability
 

**Strategies:**

- Identify existing models of community-based interpreter banks
- Assess capabilities of NH-based organizations
- Identify potential funding partners
- Develop business plan
- Ensure linkages between interpreter services and care coordination/case management services
- Identify care coordination/case management service providers
- Provide in-service education
- Establish information sharing protocols

**Goal:** Promote the cultural effectiveness of the medical provider workforce

- **Objective 1:** Support provider organizations in efforts to improve capacity to serve LEP & D/HH populations

**Strategies:**

- Conduct educational forums for providers and provider organizations regarding the rights and responsibilities attendant in providing services to the LEP & D/HH populations
- Develop curricula for use in medical education and residency training programs
- Promote model medical interpretation policies and procedures for use in all provider organizations
- Advocate for representatives from LEP and D/HH communities to serve on boards and committees at major provider organizations
  - ❖ Encourage provider organizations to include medical interpretation in community benefits plans

- **Objective 2:** Develop cultural effectiveness training for health care providers to improve utilization of trained medical interpreters within the health care system.

**Strategies:**

- Increase awareness and understanding among clinicians of roles and responsibilities for providing culturally competent care
- Provide training on working effectively with interpreters for clinicians
- Assess existing training initiatives at federal, regional and local levels

- Support development and improvement of local training initiatives
- Disseminate information on training opportunities

**PRINCIPLE III: Medical interpretation will become a component service within all organizations and offices that provide, manage or fund health care.**

**Goal:** Ensure sustainability of medical interpretation by establishing funding streams for services and removing financial barriers to access

- **Objective 1:** Encourage funding for interpretation systems

**Strategies:**

- Improve the quality of the dialogue regarding funding language access via creating an education/marketing toolkit for health care providers and payers outlining the financial issues related to providing language access.
- Evaluate current “system” of funding medical interpretation to identify its strengths and weaknesses
- Encourage health care charitable trusts to include un-reimbursed medical interpretation costs in community benefit plans
  - ❖ Develop language to be included in plan/reports
  - ❖ Influence what people do with community benefits dollars
- Explore federal and foundation grants to support establishment of a statewide interpreter bank or other models of service provision
- Identify sources for low-cost loans for new business start-up

- **Objective 2:** Identify existing opportunities for preferred pricing for communications services and devices

**Strategies:**

- Work collaboratively with existing Group Purchasing Organizations to expand services they offer to include language access services
- Promote language access preferred pricing offered by existing Group Purchasing Organizations
- Explore other options for preferred pricing arrangements

- **Objective 3:** Encourage direct reimbursement for medical interpretation

**Strategies:**

- Plan for improved interpreter enrollment into Medicaid
  - ❖ Explore National Provider Identifier for interpreter enrollment
  - ❖ Encourage direct enrollment by interpreters
  - ❖ Influence system development for improved process
- Pursue rate increase for interpreter services from Medicaid
  - ❖ Collaborate with Medicaid staff on modifying rule
  - ❖ Continue external pressure to increase rate
  - ❖ Conduct outreach and communication with DHHS Commissioner
- Evaluate opportunity for reimbursement from Medicare and SCHIP programs
- Explore requirements for insurance companies to reimburse for medical interpretation
  - ❖ Advocate for direct reimbursement for medical interpretation services
  - ❖ Advocate for enhanced reimbursement levels to subsidize services provided by safety net providers to the uninsured
- **Objective 4:** Explore new technologies for providing language access
 

**Strategies:**

  - Explore current technology for expansion possibilities to include language access
  - Research best practices, new and evolving technologies

**PRINCIPLE IV: The importance of medical interpretation to the delivery of high quality health care to the LEP and D/HH populations will be accepted throughout New Hampshire**

**Goal:** Mount a statewide advocacy program to raise awareness of the clinical quality and legal implications of providing appropriate medical interpretation.

- **Objective 1:** Encourage accrediting organizations – i.e. JCAHO, NCQA – to address safety and quality issues that arise from language barriers
 

**Strategies:**

  - Explore JCAHO Process

- Identify Surveyors to share information about language access and learn what guideline they use and how JCAHO enforces them.
- **Objective 2:** Explore the potential for advocacy  
**Strategies:**
  - Develop an Policy Advocacy Strategy that is appropriate for the MIAB, and for the State of NH
- **Objective 3:** Conduct educational sessions with policy makers and elected officials
- **Objective 4:** Promote awareness of rights within LEP and D/HH communities  
**Strategies:**
  - Work with the NH Dept. Of Education to share curriculum with ESL teachers on an LEP's right to an interpreter.
- **Objective 5:** Support education and skill training within LEP and D/HH communities

**Goal:** Create the infrastructure necessary to assure implementation of Plan goals and Objectives

- **Objective 1:** Assign responsibility for implementation of Plan goals and objectives  
**Strategies:**
  - Assess makeup of MIAB
  - Recruit new members as necessary
- **Objective 2:** Monitor the success of implementation of Plan goals and objectives  
**Strategy:** Review and revise the Plan as necessary