Language Assistance Plan
For Spoken and Sign Language Services

Call to Best Practice: Goals and Rationale

Goal

HealthPartners and its family of care organizations (hereafter HealthPartners) aims to provide patient-centered communication to meet the individual needs of each patient, family member and member. For patients, family members and members who need language assistance, our goal is to provide high quality spoken and sign language assistance services to support the Triple Aim – Health, Experience and Affordability – and decrease health care disparities. This includes:

- Providing language assistance services;
- Using trained interpreters consistently and appropriately, rather than friends or family;
- Documenting interpreter services; and
- Creating a HealthPartners culture of knowledge and expectation about the use of trained interpreters.

The Triple Aim

HealthPartners is committed to providing services to persons with limited English proficiency (LEP) or who are Deaf, Hard-of-Hearing or DeafBlind that support the Triple Aim. The Triple Aim calls for accomplishment of three critical objectives simultaneously:

- Improvement of the **health** of the population served;
- Improvement in the **experience** of each individual; and
- Improved **affordability** as measured by total cost of care.

These three objectives are inextricable, and each influences the others. As a large, integrated health care system, we have a unique view of these relationships. This allows us to understand, influence and partner to improve care, experience and financing at the same time.

Language barriers negatively affect access, quality of care, patient and member satisfaction, and provider satisfaction, while increasing costs of care and legal liability. Providing language services promotes high quality of care and service and makes good business sense, given the changing demographics of the communities we serve. There also are legal and regulatory requirements and guidance supporting these practices.

Health Care Disparities

Language assistance services are a key strategy to address health care disparities. Reducing these disparities is a top national and Minnesota public health priority.

The 2002 Institute of Medicine (IOM) report, "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care," states that we need to: "Increase awareness of racial and ethnic disparities in health care among the general public and key stakeholders and to increase health care providers' awareness of disparities." The Chair of the IOM study committee, Alan Nelson, MD, stated, "The real challenge lies not in debating whether disparities exist, the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them." One of the IOM recommendations is to: Promote the use of interpreting services where community need exists.

In 2010, the IOM sponsored a workshop to focus on what progress had been made to address health disparities. One major theme that emerged is that health disparities continue to persist.[1]

It has been documented that patients with limited English proficiency (LEP) and patients who are Deaf and Hard-of-Hearing often encounter obstacles, even though most health care providers want to offer them the same attention and concern as to any other patient. These obstacles can result in:

- Difficulty communicating over the telephone, which may delay making an appointment. Meanwhile, the health problem may become more severe or advanced requiring more expensive or invasive treatment.
- Misunderstandings about the time, date and location of appointments, which are more likely to occur if the patient does not understand English.
- Arriving late for appointments because of difficulty communicating with registration staff, even when patients arrive at the facility on time.
- Confusion and misunderstanding about the medical interview and examination affecting the documentation of a complete and accurate medical history and possibly the accuracy of the diagnosis.
- Miscommunication, which can result in unnecessary or inaccurate tests. Even when tests are necessary, if patients are not given instructions in a language they can understand, they may not be adequately prepared physically or psychologically to undergo the procedures.
- A lack of clear understanding of what is required for patients to comply with a treatment plan.

The provision of language assistance services increases the efficiency and effectiveness of the delivery of health care to persons who need these services. The cost of an interpreter is less than the cost of a blood test. There is a return on investment in interpreter services seen through the decreased number of unnecessary tests, procedures and repeat visits, and increased medical and prescription drug compliance.

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[1] IOM (Institute of Medicine). How far have we come in reducing health disparities?: Progress since 2000: Workshop Summary. Washington, DC: National Academy Press; 2012.

Who is Accountable?

The entire HealthPartners enterprise is accountable for the provision of language assistance services. All segments – care delivery (medical, dental, home care and others) and the health plan – have the responsibility to implement the Language Assistance Plan.

Interpreter services are a covered benefit under the HealthPartners contract with the Minnesota Department of Human Services for state public programs products – Prepaid Medical Assistance Plan (PMAP), MinnesotaCare, Minnesota Senior Care Plus (MSC+), Special Needs BasicCare (SNBC) and Minnesota Senior Health Options (MSHO). Most health plan coverage, such as commercial plans, does not include interpreter services. In these situations the federal Health and Human Services (HHS) agency requires physicians or other providers or health care entities who receive federal financial assistance from HHS to provide interpreter services at no charge to the patient.

The HHS Office for Civil Rights[2] states that any recipient of HHS federal financial assistance **must provide meaningful access** to programs, information and services to persons with limited English proficiency. This extends to the entity's **entire operation**, not just the part receiving federal financial assistance. Recipients of HHS federal financial assistance include:

- Hospitals, nursing homes, home health agencies and managed care organizations
- Universities and other entities with health or social service research programs
- State, county and local health agencies
- State Medicaid agencies
- State, county and local welfare agencies
- Programs for families, youth and children
- Head Start programs
- Public and private contractors, subcontractors and vendors
- Physicians and other providers who receive Federal financial assistance from HHS

Title III of the Americans with Disabilities Act prohibits discrimination by "public accommodations" (including most health care organizations) on the basis of disability. These organizations are **required to make available** appropriate auxiliary aids and services where necessary that is free of charge and without undue delay to ensure effective communication. Examples of these auxiliary aids include qualified interpreters, note takers and written materials.

[2] The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Minnesota for health and human services agencies and providers.

Authorities

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S. Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964.
- Section 1557 of the Affordable Care Act (ACA) (Section 1557). https://www.gpo.gov/fdsys/pkg/FR-2016-05-18/pdf/2016-11458.pdf
- Office for Civil Rights Policy Guidance, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 68FR 47311 (2003). http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/policyguidancedocument.html
- Department of Justice regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination of Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation. http://www.justice.gov/crt/grants_statutes/corregt6.txt
- Communications Services, Minnesota Status § 15.441, subd (1), (2), (3), (4). https://www.revisor.leg.state.mn.us/statutes/?id=15.441&format=pdf
- Information for persons with limited English language proficiency, Minnesota Status §256.01 subd 16. https://www.revisor.mn.gov/statutes/?id=256.01

Section 1557 of the Affordable Care Act (ACA 1557) Language Requirements

Effective in 2016, we are under new regulations that govern nondiscrimination in health programs and activities. Consistent with longstanding principles under civil rights laws, the rule makes clear that the prohibition on national origin discrimination requires covered entities to take reasonable steps to provide meaningful access to each individual with limited English proficiency who is eligible to be served or likely to be encountered within the entities' health programs and activities.

- An individual with limited English proficiency is a person whose primary language for communication is not English and who has a limited ability to read, write, speak, or understand English.
- Reasonable steps may include the provision of language assistance services, such as oral language assistance or written translation.[3]
- The standards in the final rule are flexible and context-specific, taking into account factors such as the nature and importance of the health program and the communication at issue, as well as other considerations, including whether an entity has developed and implemented an effective language access plan.
- HealthPartners has created a notice of nondiscrimination that is made available to members and patients that complies with the requirements of these regulations. The

[3] HealthPartners contracts with qualified translators or translating agencies to assist in translating documents.

notice informs individuals of their rights, and provides contact information for where individuals can file a grievance both within the HealthPartners organization and with government entities, including the Office of Civil Rights.

The requirements we must follow are outlined below:

Requirements
1. Post notice about communication assistance for individuals with LEP
2. Post taglines in top 15 languages indicating the availability of language assistance*
3. Prohibition against relying on unqualified staff or interpreters when providing language assistance services
4. Development and implementation of a written language access plan to ensure reasonable steps are taken to provide meaningful access to each individual that may require assistance
5. Language assistance services must: a. Be provided free of charge b. Be accurate and timely c. Protect the privacy and independence of the individual with LEP
6. Work with a qualified translator when translating written content in paper or electronic format
7. May not: a. Require an individual with LEP to provide his/her own interpreter b. Rely on an adult accompanying an individual with LEP to interpret or facilitate communication except: i. In an emergency* when a qualified interpreter isn't immediately available or ii. If the LEP individual specifically requests this for interpreting or to facilitate communication c. Rely on staff other than qualified bilingual/multilingual staff to communicate directly with individuals with LEP
8. Prohibition against using low-quality video remote interpreting services – Video Remote Interpreting (VRI) services requirements: a. Real-time, full-motion video and audio over a dedicated high speed, wide-bandwidth video connection or wireless connection that delivers high quality video that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication b. A sharply delineated image that is large enough to display the interpreter's face and the participating individual's face regardless of the individual's body position c. A clear, audible transmission of voices; and d. Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI
9. Acceptance of language assistance services is not required. If an offer of language assistance services is declined, the offer and declination in the individual's file or record should be noted.

*Top languages vary by state and health plan product. Contact your area's appropriate subject matter expert with questions.

How Success Will be Measured

Satisfaction data are a key indicator of our success. Various measurement tools will be used, such as patient, member and provider satisfaction surveys.

Definitions

See Attachment A for a definition of terms used in this plan.

Annual Review of This Document

HealthPartners reviews the Language Assistance Plan annually to adjust or modify the information based on demographic data or organization changes.

Demographics of Our Population

HealthPartners is accountable for monitoring our community demographics and ensuring that our language assistance services match the community need. Our data collection efforts enable our ability to monitor and match the need.

See Attachment B for information on the demographics of our area and organization that help us understand the language needs of our patients, members and community.

Expectations for Providing Spoken and Sign Language Assistance

Our Strategic Plan

The HealthPartners plan to achieve its requirements for providing language access includes:

- An enterprise-wide Language Assistance Plan
- Centralized tools and resources to make it easy for our employees to implement the plan
- Models of effective and efficient delivery of interpreter services
- Performance expectations for interpreter vendors
- Oversight of interpreter services
- Monitoring and evaluation of performance
- Incorporation of expectations into interpreter vendor selection criteria
- Procedures for appropriate, third-party payer reimbursement of state public program interpreter services
- Training staff on the Language Assistance Plan and how to effectively work with interpreters

High Quality and Safe Services

HealthPartners works to ensure access to high quality and safe care and services. HealthPartners shall assess the need and communicate options for spoken and sign language assistance services using professional, trained interpreters whenever possible. HealthPartners shall take reasonable steps to provide these services.

It is important to acknowledge that language barriers can significantly affect the quality and safety of care of our patients and members with limited English proficiency, as well as increase our legal and regulatory risks. In order to increase the quality and safety of care, as well as reduce our risk, the use of a professional interpreter is expected.

The HealthPartners expectation is to provide a professional interpreter and document how interpreting is provided. Use of any kind of interpreter should be documented in the record at each encounter.

Methods of Providing Language Assistance Services
The following options are methods for providing professional interpreting for language assistance services:

- Communication services for Deaf and Hard-of-Hearing persons including: sign language and oral interpreters; written communication; adaptive equipment such as TDDs (Telecommunication Devices for the Deaf); Video Remote Interpreters (iPads); closed caption television; and visual aids.
- In-person qualified interpreters – employees or vendors – trained in third party (triadic) interpreting.
- Telephonic spoken language interpreter services, especially when an interpreter is needed instantly or when services are needed for an unusual or infrequently encountered language.
- Video Remote Interpreters (VRI)(iPads) when available, provided by qualified interpreters.
- Bilingual providers/employees:
    - May work with a patient or member for direct communication.
    - Should not routinely act as third-party interpreters since they have not been trained in third-party interpreting.
    - May interpret if they are competent in the skills of interpreting. However, they must be aware of potential conflicts of interest.

Use of Nonprofessional Interpreters

Some individuals with limited English proficiency may request that a family member or friend act as an interpreter. Working with family members or friends raises quality concerns such as:

- Greater likelihood of medical errors
- Mistaken naming of body parts
- Mental health diagnoses being missed due to family shame
- Inadequate testing due to inadequate history
- Breach of confidentiality
- Reluctance of patients or family members to disclose information critical to their situation
- Increased legal risk to provider and institution

Working with professional interpreters, and not family members or friends, is the expectation. In particular, minors should not serve as interpreters. Working with family members or friends as interpreters could result in a breach of confidentiality or reluctance on the part of patients and members to disclose information critical to their situation.

When receiving a request for family members and friends as interpreters, remind them about the organization's obligation to provide meaningful access. We must make the individual aware that the provider or physician must provide an interpreter without charge and in a timely manner. If the patient or member declines the qualified interpreter, that is their right. However, and as best practice, the provider also has a right to choose to request a qualified interpreter to be present on their behalf.

See *Your Guide to Interpreter Services* on *myPartner* or *Facets* Interpreter Services page for suggestions about how to discuss working with interpreters with patients and members and working with bilingual staff.

Documentation

HealthPartners expectation is that use of any kind of interpreter, including a family member or friend, is documented in the record at each encounter. If the patient or member declines the use of professional interpreters, document it in the record.

When to Provide Language Assistance Services

We provide language assistance services when a patient, member, family member, guardian, assigned caseworker, provider or staff person identifies a barrier to communication. HealthPartners, without undue delay and at no cost to members, patients and their families, provides meaningful access to information and services to all individuals with limited English proficiency and/or their families with whom we come in contact.

Situations for which an interpreter should be present include, but are not limited to:

- Encounters with the doctor, provider or plan representative
- Taking a patient's medical history
- Informed consent discussions prior to medical tests, surgery or procedures
- Explaining treatment planning
- Explaining medicine prescription and regimen
- Providing patient education or counseling
- Describing discharge and follow-up plans and instructions
- Ancillary services
- Admitting to the hospital, emergency room or urgent care
- Benefit, claims and service inquiries (usually done telephonically)
- Any time the patient or their family member or companion who is involved in the care requests language assistance

How to Arrange for Language Assistance Services

HealthPartners colleagues, see *Your Guide to Interpreter Services* on *myPartner* to learn how to schedule interpreters and use the Language Line Solutions. Park Nicollet colleagues, see *Your Guide to Interpreter Services* on *Facets* Interpreter Services page for specific information on scheduling interpreters and access to telephonic interpreting services.

How to Respond to Telephone Callers with Limited English Proficiency

- Use the Language Line Solutions/OPI (See Your Guide to Interpreter Services on *myPartner* or *Facets* to learn how to use the Language Line Solutions/OPI)
- Work with a bilingual employee working in the scope of their job description

Quality of Language Assistance Services

Performance expectations are built into our selection and retention of interpreters. Interpreters must have training, meet requirements for providing high quality interpreter services and demonstrate their competency. New interpreter agencies are selected after a request for proposals (RFP) process to assess their capability to provide high quality services.

HealthPartners uses vendor selection criteria that reflect guidelines from HHS and Culturally and Linguistically Appropriate Services (CLAS). The vendor selection criteria address these elements:

- Quality of interpreters
- Quality of customer service
- Business practices
- Performance indicators to monitor language services providers

Professional Interpreters

Spoken language interpreters must:

- Have demonstrated competency. Certification, while not mandatory for spoken language interpreters, is encouraged. This includes as any or all of the following National Interpreter Certifications:
  - National Board of Certification for Medical Interpreters for languages in which certification is available
  - Certification Commission for Health Care Interpreters (CCHI) certification, or CCHI's Core CHI certification
- Uphold professional code of conduct
- Be active on the Minnesota Department of Health (MDH) Roster
- Be trained in HealthPartners-specific expectations
- Be trained in medical terminology
- Be otherwise qualified if certification is not available through:
  - Understanding of and sensitivity to cultural issues
  - Demonstrated proficiency in both English and the other language, including demonstrated ability to convey accurate information in both languages
  - Orientation and training that include the skills and ethics of interpreting and the standards of practice (e.g., confidentiality)
  - Fundamental knowledge in both languages of medical terminology and our programs

Sign Language interpreters must:

- Have RID Certification (National Registry of Interpreters for the Deaf)
- Uphold professional code of conduct
- Be trained in HealthPartners-specific expectations
- Be trained in medical terminology
- Be understanding of and sensitive to cultural issues
- Demonstrate proficiency in both English and the other language, including demonstrated ability to convey accurate information in both languages
- Undergo orientation and training that includes the skills and ethics of interpreting and the standards of practice (e.g., confidentiality)
- Have a fundamental knowledge in both languages of medical terminology and our programs

Bilingual Providers and Staff

Competency requires more than just self-identification as bilingual. Self-assessment is not a reliable way to determine the level of language competency needed for the complicated skill of providing linguistically complete and accurate medical care. It is highly recommended that competency is demonstrated in some manner. See *Your Guide to Interpreter Services* for a list of websites with more information on determining competency for interpreting.

Bilingual providers and staff can communicate directly with patients and members in their preferred language, but should not act as third party interpreters unless they have been trained as interpreters. Training for performing triadic interpreting represents best practice. For example, a bilingual medical office assistant should not work as an interpreter for a medical encounter. A bilingual physician or nurse, however, could directly communicate with their patient during a patient encounter.

Staff Education and Communication

Employees are informed of our language assistance services and policies in several ways, including:

- New employee orientation for plan administration staff, providers, nurses, clinic staff, etc.
- Internal communications
- Website
- Staff, management and committee meetings
- Clinic-specific training via the care delivery supervisor, business systems supervisor or equivalent
- Staff training within departments

Patient and Member Communication

Patients and members are informed about language assistance services through:

- Member materials
- Posted materials in care delivery settings
- Appointment scheduling process
- Providers and clinic staff
- Member Services staff
- Signs in HealthPartners work areas that indicate that staff can also speak a language other than English

Patients and members learn about our language assistance services at various points of contact:

- Patients entering the health care delivery system
- Members receiving health plan materials or contacting the health plan
- Sales communicating with potential members
- Brokers and employer groups communicating with potential members
- Appointment Center and medical office assistant staff
- CareLine Service, Member Services and Disease and Case Management

Oversight and Monitoring

The Equitable Care Sponsor Group leads the strategic development and review of initiatives related to language assistance across the enterprise. The committee reviews implementation of the Language Assistance Plan annually.

The Interpreter Services Work Group provides enterprise-wide leadership regarding the provision of spoken and American Sign Language services for patients and members with limited English proficiency, and patients and members who are Deaf and Hard-of-Hearing. The Work Group promotes required, expected and best practices in interpreter services system-wide, based on the principles of providing care and service to patients and members with limited English proficiency or who are Deaf and Hard-of-Hearing under the Triple Aim. (See Attachment C for membership of these committees.)

Monitoring may be accomplished through data collection, surveys, complaint investigations, regular review (including annual executive updates) and community feedback. HealthPartners identifies the languages needed by our populations in several ways as outlined below.

Direct Data Collection from Patients and Members

HealthPartners collects data so that we can provide better care and service. Data on race, language and country of origin are collected directly from patients and members at many touch points throughout the organization, including:

- Electronic medical and dental record in HealthPartners Medical and Dental Group clinics and hospitals
- Health plan member website
- Disease and Case Management member contacts
- Member Services member contacts
- CareLine Service member and patient contacts

Patient/Member Satisfaction Measures

- Patient and member satisfaction surveys

Complaints and Appeals Data and Monitoring

- Health plan data and delivery system data monitoring system
- HealthPartners Customer Service System (HCSS) centralized system collects health plan and care delivery interpreter data and monitoring, which includes a centralized complaint system

Members and patients can file complaints with HealthPartners, the Minnesota Department of Human Services, and/or the U.S. Department of Human Services Office of Civil Rights:

- HealthPartners

  Civil Rights Coordinator
  Office of Integrity and Compliance, MS 21103K
  HealthPartners
  P.O. Box 1309
  Minneapolis, MN 55440-1309
  Phone 1-844-363-8732 (phone)
  Fax 952-883-5522
  integrityandcompliance@healthpartners.com
- Minnesota Department of Human Services (DHS), Limited English Proficiency (LEP) Coordinator

  Alejandro Maldonado
  P.O. Box 64997
  Saint Paul, MN
  55164-0997
  Phone 651-431-4018, MN Relay 711 or 1-800-627-3529
  Fax 651-431-7444

- Office for Civil Rights (OCR), Region V – Chicago, IL

  Celeste Davis, Regional Manager
  Office for Civil Rights
  U.S. Department of Health and Human Services
  233 N. Michigan Ave., Suite 240
  Chicago, IL 60601
  Voice Phone (800) 368-1019
  Fax 312-886-1807
  TDD 800- 537-7697
  http://www.hhs.gov/ocr/civilrights/complaints/index.html

Physician/Provider Satisfaction Measures

- Provider satisfaction surveys about interpreter services provided by vendors and employees

Community Feedback

- Annual meetings with key community organizations

Effectiveness Evaluation

- Health care disparities monitoring
- Patient satisfaction levels
- Organizational measures shared on a monthly basis with clinics regarding an improved documentation rate of use of interpreters for applicable patients

Regular Update Process

- Annual review by the Equitable Care Sponsor Group and the Interpreter Services Work Group

Attachment A: Definitions

Bilingual: A term describing a person who has some degree of proficiency in two languages. A high level of bilingualism is the most basic of the qualifications of a competent interpreter, but by itself, does not ensure the ability to interpret.[4]

Bilingual staff: Person who has met and demonstrated the minimum linguistic proficiency and fluency requirements in both languages (target and source languages) and has demonstrated cultural responsiveness and HealthPartners has documented the above. If the bilingual staff is going to act as interpreter for others, the above criteria are required in addition to at least one of the following:

- is a Healthcare Certified Interpreter (CHI, CoreCHI), Certified Medical Interpreter (CMI), Federal or State Court certified interpreter
- has received healthcare interpreting training (minimum of 40 hours)
- has received community interpreting training (minimum of 40 hours)
- has developed skills and abilities as an interpreter
- understands boundaries and roles as an interpreter
- abides by the National Code of Ethics and Standards of Practice for Healthcare Interpreters by NCIHC, or Canons and professional code of ethics
- maintains skills by receiving interpreting continuing education of at least 8 hours annually

HealthPartners keeps records and documentation of the above.

Culturally appropriate services: The utilization or application of services, testing and any other methodology that does not have the effect of subjecting individuals with LEP, and/or their families to discrimination because of their race, color, or national origin, or do not have the effect of defeating or substantially impairing accomplishment of the objectives of the program with respect to individuals of a particular race, color, or national origin. 45 CFR 80.3(b)(2).

Effective communication: In healthcare settings, effective communication occurs when staff have taken the necessary steps to make sure that a person with Limited English Proficiency is given adequate information to understand the services and benefits available and receives the information and services for which they are eligible. Effective communication also means that a person with Limited English Proficiency (LEP) is able to communicate the relevant circumstances of their situation to the provider and staff, and for the provider and staff have access to the adequate information to do their job.

Interpreting: The oral, verbal, or spoken transfer of a message from the source language into the target language. There are different modes of interpreting such as consecutive, simultaneous, sight-translation and summarization.

Encounter: A communication event in which the services of an interpreter are required (for purposes of this document).

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[4] *Terminology of Health Care Interpreting: A Glossary of Terms,* published by The National Council on Interpreting in Health Care, 2001.

Language Block: A block of text that informs readers, in 15 different languages, how they can get free help interpreting the information on a particular document or included as an insert in appropriate documents. Also called taglines under the Affordable Care Act Section 1557.

Limited English Proficiency (LEP) or Persons with LEP: A person with limited English proficiency or "LEP" is not able to speak, read, write or understand the English language well enough to allow him/her to interact effectively with health and social service agencies and providers. [5] (Note: This may not be easy to identify. Some people may know enough English to manage basic life skills, but may not speak, read or comprehend English well enough to understand in a meaningful way some of the more complicated concepts they may encounter in the health and human services systems.)

Primary language: Language other than English that are most commonly spoken in the service area. HealthPartners follows the direction of the state and federal government and lists taglines in the top 15 languages in the Affordable Care Act 1557 Statement of Nondiscrimination for the appropriate service area. The top languages vary by state and health plan product.

Qualified Interpreter: A person who has either met training and competency requirements, or who is a certified healthcare, certified federal or state court interpreter and in good standing before their certifying body, and adheres to the interpreter National Code of Ethics and Standards of Practice for Interpreters in Health Care (National Council on Interpreting in Health Care – NCIHC), the canons of ethics and conduct for court interpreters, etc.

Sight translation: The verbal translation (transfer) of a written document from the source language into the target language.

Sign(ed) language: Language of hand gestures and symbols used for communication with deaf and hearing-impaired people.

Translation: The written transfer of a message from the source language into the target language.

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[5] Minnesota Department of Human Services, www.dhs.state.mn.us

Attachment B: Demographic Description

HealthPartners regularly monitors demographic and other data to help us understand the language needs of our patients, members and community.

Deaf and Hard-of-Hearing population

About 20% (48 million) of adults in the United States report some degree of hearing loss. At age 65, one out of three people has a hearing loss.

Source: Hearing Loss Association of America

Deaf and Hard-of-Hearing population in Minnesota, 2009

Category	Range	Percent of total population
Some hearing loss	530,000-742,000	10.0-14.0%
Hard-of-hearing	519,000-625,000	9.8-11.8%
Deaf	11,000-117,000	0.2-2.2%

Source: Deaf and Hard of Hearing Services Division, Minnesota Department of Human Services

Population with limited English proficiency

More than 11% (565,153) of the population in Minnesota speak a language other than English at home. As shown in the table below, this percentage has increased in the seven-county metro area since 2000.

Percent of population speaking language other than English at home in Minnesota (age 5+), 2000-2015

Area	2000	2010	2015
St. Paul	21.80%	26.60%	27.80%
Minneapolis	19.30%	19.40%	23.20%
Anoka Co.	5.70%	10.10%	11.20%
Carver Co.	6.20%	N/A*	N/A
Dakota Co.	7.60%	12.10%	1.38%
Hennepin Co.	12.80%	16.50%	18.20%
Ramsey Co.	15.80%	20.10%	21.90%
Scott Co.	6.90%	13.20%	12.40%
Washington Co.	5.70%	9.10%	9.30%
Minnesota	8.50%	10.50%	11.15%

*Insufficient data available

Source: U.S. Census Bureau, Decennial Census and American Community Survey

Languages Spoken in Minnesota, 2000-2017

Language	Percent of Total Population 2000	2010	2017
English Only	91.5%	89.5%	88.1%
Spanish	2.9%	3.8%	3.8%
Asian & Pacific Island	2.3%	2.9%	3.5%
Other Indo-European	2.4%	2.1%	1.9%
Other Languages	1.0%	1.7%	2.7%

Source: U.S. Census Bureau, American Community Survey

As shown in the table below, in 2017, 2.4% of households in Minnesota were "limited English-speaking households," meaning no persons in the household 14 years or older speak only English or speak English "very well." Within language groups, the percentages of linguistically isolated households varied.

Limited English speaking households in Minnesota by language, 2017

Language	Percent of households
Other	29.0%
Asian & Pacific Island	21.8%
Spanish	18.5%
Other Indo-European	9.9%
All households	2.4%

Source: U.S. Census Bureau, American Community Survey

English proficiency of population (age 5+) speaking non-English primary language at home in Minnesota, 2017

Language	Percent Speak English "very well"	Percent Speak English less than "very well"
Other Indo-European	75.9%	24.1%
Other	58.0%	42.0%
Spanish	59.0%	41.0%
Asian & Pacific Island	55.9%	44.1%
All non-English languages	60.5%	39.5%

Source: US Census Bureau, American Community Survey

In 2018, more than 73,700 (8.3%) of K-12 students in Minnesota enrolled in public school were English Language Learners.

Source: Minnesota Department of Education

Minnesota’s Immigrant Population

- Minnesota has one of the largest Hmong populations in the U.S. and the largest Somali population in the U.S. In 2017, Minnesota did not rank in the top ten states of residence for refugees and asylum seekers arriving.

Source: Migration Policy Institute

- In 2015, the largest groups of foreign-born Minnesotans were born in Mexico (about 66,605); Somalia (27,373); India (28,403); Laos, including Hmong (25,436); Vietnam (18,330); China, excluding Hong Kong and Taiwan (19,900); Ethiopia (17,536); and Thailand, including Hmong (17,260).

Source: State Demographic Center, Minnesota Department of Administration

Region of birth of persons obtaining legal permanent resident status in Minnesota, 2000-2010

	2000		2005		2010	
Region	Number	Percent of Total	Number	Percent of Total	Number	Percent of Total
Africa	1,900	21.9%	6,073	40.9%	5,076	40.9%
Asia	3,050	35.2%	4,397	37.9%	4,697	37.9%
North America	1,356	15.6%	1,723	9.6%	1,196	9.6%
Europe	1,900	21.9%	2,452	7.4%	919	7.4%
South America	391	4.5%	686	3.7%	459	3.7%
Oceania	49	0.6%	83	0.4%	54	0.4%
Unknown	25	0.3%	42	0.1%	7	0.1%
Total	8,671	100.0 %	15,456	100.0%	12,408	100.0%

Source: State Demographic Center, Minnesota Department of Administration

Foreign born population in Minnesota, 2000-2015

	2000		2010		2015	
Area	Number	Percent population	Number	Percent population	Number	Percent population
Minneapolis	55,475	14.5%	57,846	17.1%	70,769	16.1%
St. Paul	41,138	14.3%	50,366	17.6%	56,514	18.6%
Anoka Co.	10,771	3.6%	21,150	6.4%	26,998	7.8%
Carver Co.	2,399	3.4%	5,442	6.0%	4,799	4.9%
Dakota Co.	18,049	5.1%	31,611	7.9%	37,353	9.0%
Hennepin Co.	110,496	9.9%	149,450	12.9%	175,724	14.4%
Ramsey Co.	54,263	10.6%	69,089	13.6%	82,502	15.3%
Scott Co.	3,620	4.0%	13,348	10.2%	12,432	8.8%
Washington Co.	6,860	3.4%	13076	5.5%	19,680	7.8%
Minnesota	260,463	5.3 %	378,483	7.1%	457,185	8.3%

Source: U.S. Census Bureau, American Community Survey

Hispanic/Latino population

In 2015, Hispanic residents made up 5.2% percent of Minnesota's population. This represents a 95.6% increase from 2000. The Latino population is projected to grow from 196,300 in 2005 to 551,600 in 2035. All regions of the state are expected to see increases. Almost two-thirds of the total Latino population is projected to live in the seven-county Twin Cities area by 2035.

Source: State Demographic Center, Minnesota Department of Administration

Hispanic/Latino population in Minnesota and selected counties, 2017

County	County Population	Percent of population identified as Hispanic/Latino
Anoka County	351,373	4.6%
Carver County	102,119	4.2%
Dakota County	421,751	7.1%
Hennepin County	1,252,024	7.0%
Olmsted County	154,930	5.0%
Ramsey County	547,974	7.6%
St. Louis County	200,000	1.7%
Scott County	145,827	5.2%
Sherburne County	94,570	2.5%
Stearns County	157,822	3.4%
Washington County	256,348	4.2%
Wright County	134,286	3.0%
Minnesota	5,576,606	5.3%

Source: U.S. Census Bureau, American Community Survey

HealthPartners Demographics and Data

Patients/members who have a primary language other than English:

- 5.4% of active HealthPartners Medical Group Clinics patients and 4.85% of active Park Nicollet Clinics patients had a primary language other than English between January and October 2017.
- 8.0% of patients admitted to Regions Hospital and 5.3% of patients admitted to Methodist Hospital between January and November 2017 had a primary language other than English.
- Of the 47% of HealthPartners health plan members (commercial and public programs) whose language was documented in October 2018, 4.0% have a primary language other than English.

Top non-English languages spoken by HealthPartners plan members (commercial and public programs), HealthPartners Medical Group patients (all insurers) and Park Nicollet patients (all insurers)

	HealthPartners Plan Members*		HPMG Patients**		Park Nicollet Patients**	
Language	Number	Percent of Non-English Languages	Number	Percent of Non-English Languages	Number	Percent of Non-English Languages
Spanish	5,456	25.2%	7,578	21.2%	9,308	27.5%
Vietnamese	2,972	13.7%	3,778	10.6%	3,129	9.2%
Somali	2,888	13.3%	6,539	18.3%	9,807	29.0%
Hmong	1,816	8.4%	2,090	5.9%	847	2.5%
Oromo	1,190	5.5%	2,416	6.8%	463	1.4%
Amharic	1,035	4.8%	1,972	5.5%	411	1.2%
Cambodian	689	3.2%	1,099	3.1%	1,366	4.0%
Mandarin Chinese	587	2.7%	688	1.9%	727	2.1%
Russian	526	2.4%	659	1.8%	1,498	4.4%
Nepali	509	2.4%	1371	3.8%	67	0.2%
Arabic	399	1.8%	872	2.4%	645	1.9%
Laotian	363	1.7%	196	0.5%	930	2.7%
Cantonese	318	1.5%	387	1.1%	421	1.2%
French	294	1.4%	252	0.7%	446	1.3%
American Sign Language	257	1.2%	1,349	3.8%	500	1.5%
Karen	221	1.0%	1,841	5.2%	11	0.0%

*Reflects plan members whose language is documented in October 2018. 47% of health plan members' language is documented.
**Reflects patients seen from January 2017 through October 2017. Over 99% of patients' language is documented.

Source: HealthPartners Health Informatics

Attachment C: Program Development & Oversight Structure

Equitable Care Sponsor Group

Beth Averbeck	Senior Medical Director, HPMG
Naomi Banks	Manager, Park Nicollet Human Resources
Joan Bissen	Director, Park Nicollet Institute
Christine Boese	Vice President, Regions Patient Care Services
Shamayne Braman	Director, Diversity and Inclusion
Roxanna Gapstur	President, Methodist
Kate Kellett	Regional Clinic Director, HPMG
Kate Klugherz	Vice President, Park Nicollet Specialty Services
Susan Knudson	Senior Vice President, Health Informatics
Brian Lloyd	Executive Improvement Project Consultant, HCI
Nancy McClure	Chief Operating Officer
John Misa	Senior Medical Director, Park Nicollet
Megan Remark	President and CEO, Regions
Mike Seim	Vice President and Chief Medical Officer, Park Nicollet
Ted Wegleitner	President, Lakeview Hospital
Donna Zimmerman	Senior Vice President, Government and Community Relations

Interpreter Services Work Group

Emi Bennett Vo	Supervisor, Government Programs
Jennifer Clelland	Senior Director, Government Programs
Abdi Dahir	Manager, Interpreter Services
Larissa Hanson	Manager, Interpreter Services, Park Nicollet
Kathy Jenkins	Senior Interpreter, HealthPartners
Rhonda Klint	Manager, Provider Relations and Contracting
Annie Listiak	Clinic Manager, HealthPartners
Julie Lo	Supervisor, Appointment Center
Amy Murphy	Senior Manager, Appointment Center
Nancy Niggley	Sign Language Interpreter
Galina Polischuk-Lev	Program Manager, Integrity and Compliance
Jean Ryon	Senior Dental Clinic Systems Analyst, Dental Administration
Kate Sahnow	Supervisor, Riverview Member Services
Nathan Salzl	Project Manager and Analyst, Regions Interpreter Services
Alicia Stauffer	Manager, Patient & Health Education and Health Literacy
Joanna Taguinod	Business Operations Manager, Interpreter Services
Brenda Thommen	Service Specialist, Provider Relations and Contracting
Maria Uchidiuno	Interpreter, Park Nicollet
Sidney Van Dyke	Director, Health Equity and Language Access, Regions
Yuki Wiertelak	Manager, Interpreter Services
Donna Zimmerman	Senior Vice President, Government and Community Relations

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Attachment D: Resources

- HealthPartners Equitable Care and Service Website (http://*myPartner*)
- Federal Interagency Working Group on Limited English Proficiency: Information on the federal government's activities on language access; includes links to Language Assistance Self-Assessment and Planning Tool for Recipients of Federal Financial Assistance (www.lep.gov)
- National Standards for Culturally and Linguistically Appropriate Services in Health Care, US Department of Health and Human Services (https://minorityhealth.hhs.gov/omh/content.aspx?ID=88)
- The National Council on Interpreting in Health Care (www.ncihc.org)
- Health and Human Services Office for Civil Rights (OCR) Limited English Proficiency (LEP) guidance (www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/)
- Diversity Rx website sponsored by the National Conference of State Legislatures, Resources for Cross Cultural Health Care, and Henry J. Kaiser Family Foundation (www.diversityrx.org)
- National Association of the Deaf (www.nad.org)
- Registry of Interpreters for the Deaf (www.rid.org)
- Midwest Center on the Law and the Deaf (www.mcld.org)
- "Hospitals, Language and Culture: A Snapshot of the Nation." Report by the Joint Commission and the California Endowment, 2007 (www.jointcommission.org/assets/1/6/hlc_paper.pdf)
- "A Patient Centered Guide to Implementing Language Access Services in Health Care Organizations." The Office of Minority Health, U.S. Department of Health & Human Services (https://minorityhealth.hhs.gov/omh/content.aspx?ID=4375)
- Minnesota State Demographic Center (www.demography.state.mn.us)
- St. Paul Public Schools (www.datacenter.spps.org)
- Minnesota Department of Education (www.education.state.mn.us)
- Minnesota Department of Human Services (www.dhs.state.mn.us)
    - Deaf and Hard of Hearing Services, Publications and fact sheets
- U.S. Census Bureau, American Community Survey
    - American Fact Finder (factfinder2.census.gov)

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