



Medical Interpreter Compensation Survey – Five Year Analysis

ABOUT THE SURVEYS

In 2010 the International Medical Interpreters Association (IMIA) launched its Fifth National Salary Survey since its inception in 2006. The five National Medical Interpreter Salary Surveys have provided key insights into the Medical Interpreting profession. The combined data of these five consecutive surveys has provided us with the data needed to start looking at professional trends for medical interpreters. These compensation surveys reflect the rates and benefits of medical interpreters. Demand for qualified medical interpreters continues to grow at a higher rate than in other professions, according to the Bureau of Labor Statistics.

This survey data from 2006-2010 will be used to benchmark current compensation trends and create an industry standard tool to document the working conditions of medical interpreters. In 2009, more than 550 interpreters and managers from forty-two states participated in the International Medical Interpreters Association (IMIA) Annual Salary Survey; that participation was significantly higher than in the previous year. The 2010 survey has yielded the greatest response rate yet. 1083 interpreters and managers answered the survey from forty-six states, nearly double the response of last year. Moreover, the data may be used as a tool for interpreters and managers to make decisions related to medical interpreter wages.

"This national salary survey data is very important to be able to quantify national costs for our requests to the federal government for the reimbursement of medical interpreter costs. This is important work that these organizations are doing collaboratively to help our departments have a funded mandate for language access, which right now is mostly unfunded. This is the fifth year in which this data is collected, and hopefully the reliability of the data in the long run will be established." stated Oscar Arocha, Former Director of Boston Medical Center, Boston, Massachusetts.

INTRODUCTION

In 2006 the IMIA began to collect annual data on the medical interpreting profession. The compensation disparity for medical interpreters in the initial 2006 study compelled the IMIA to examine the components that determine compensation. Since 2006 the IMIA has expanded their research tools and methods by increased sample size, advanced survey technology, revised survey questions, and conducted an annual survey to build upon. This year marks the fifth year that that the IMIA has consistently collected data on interpreter compensation trends. Since 2006 the study has evolved into a nationwide survey for medical interpreters with a record high of forty-four states participating in 2010. By documenting trends in compensation and collecting data on medical interpreter profiles the IMIA was able to identify trends in compensation and factors that influence compensation. The analysis in this report will compare and contrast the past five years of data. The IMIA will review how compensation has changed and explore the components that have contributed to this change

2006 COMPENSATION SURVEY

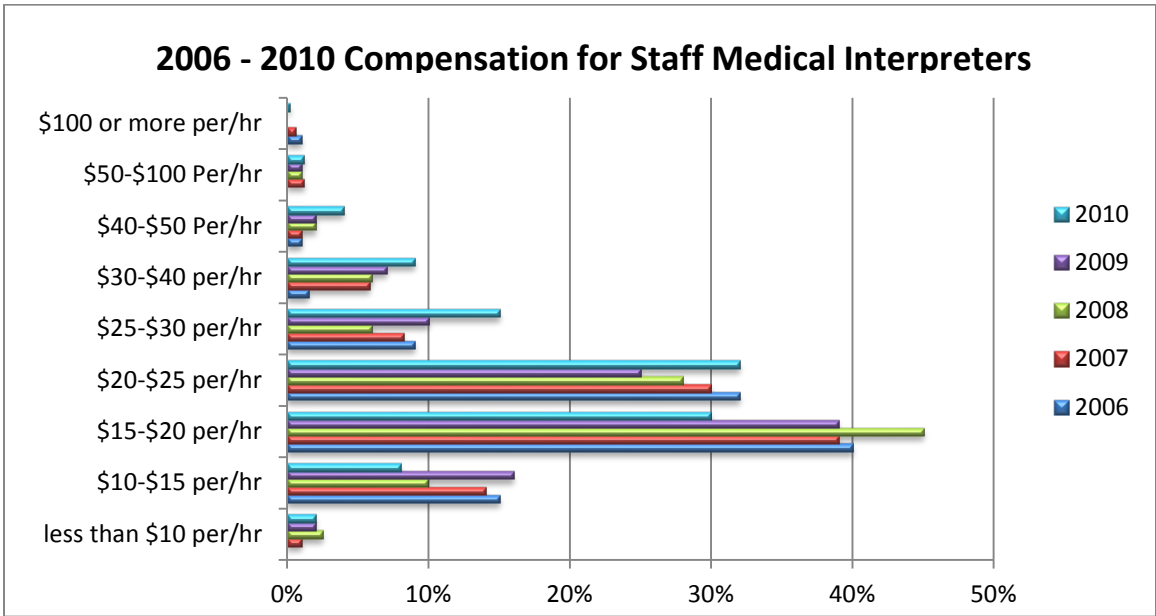
The initial salary survey conducted in 2006 collected data on interpreters from a number of different settings. From this initial study the IMIA was able to determine the compensation disparity for medical interpreters and launch its subsequent surveys. Since the data from 2006 is an anomaly it has been broken down to give the reader a description of the data points that were measured initially.

In 2006 we conducted a survey that focused on interpreters in a number of different milieus including: staff medical interpreters, freelance medical interpreters, freelance legal interpreters, staff legal interpreters, staff human/social service interpreters, freelance human/social service interpreters, staff translators and freelance translators. Over 50% of respondents were medical interpreters, 16% were translators, 15% human/social service interpreters, 7% legal interpreters and 9% fell into the other category. We found that in general freelance interpreters make more than staff interpreters. Freelance interpreters often earn more

since they are not entitled to employee benefits. We found that legal interpreters earn the most with approximately 70% earning more than \$30 per hour. 65% of human/social service interpreters earn more than \$25 per hour. Lastly, 72% of medical interpreters earn \$15-\$25 per hour. The data indicated that medical interpreters report the lowest wages. The compensation disparity for medical interpreters in the 2006 data prompted the IMIA to focus all subsequent compensation surveys, in this five year analysis, on medical interpreters.

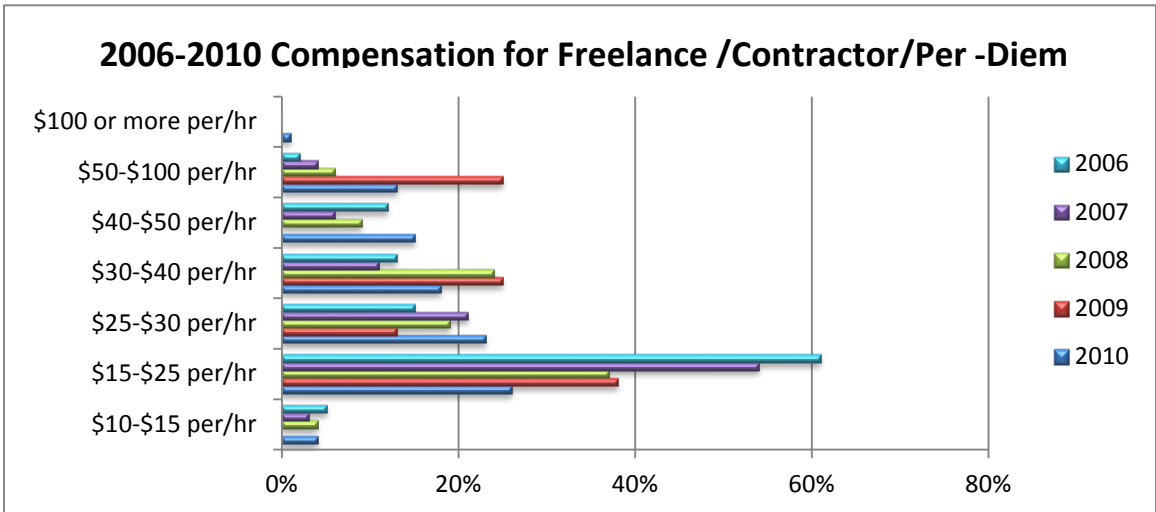
FIVE YEAR ANALYSIS

A. Compensation results for Staff Medical Interpreters for 2006-2010



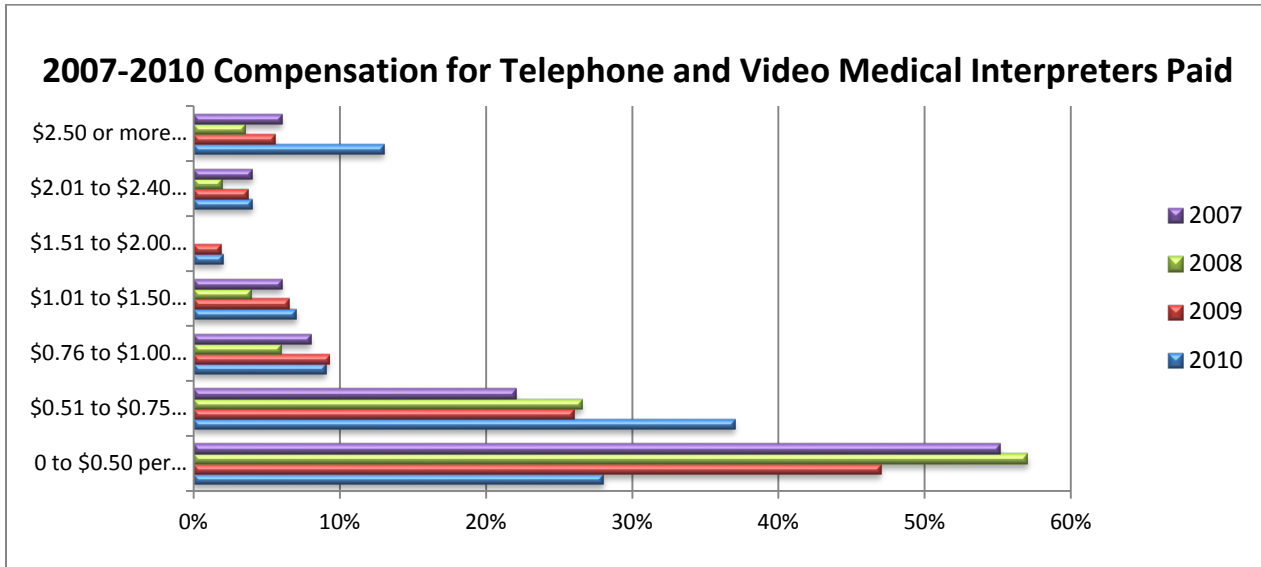
Our data indicates that staff medical interpreter’s respondents have reported an increase in wages over the past five years. The trend is that over the past five years the bottom three brackets of the pay scale have decreased, the middle bracket has remained the same (\$20-\$25 per hour) and the top brackets have increased indicating an overall upward shift. Despite the shift, the majority (63%) of staff medical interpreter respondents reported making between \$15-\$25 per hour in 2010.

B. Compensation for Freelance/Contractor/Per-diem Interpreters 2006-2010



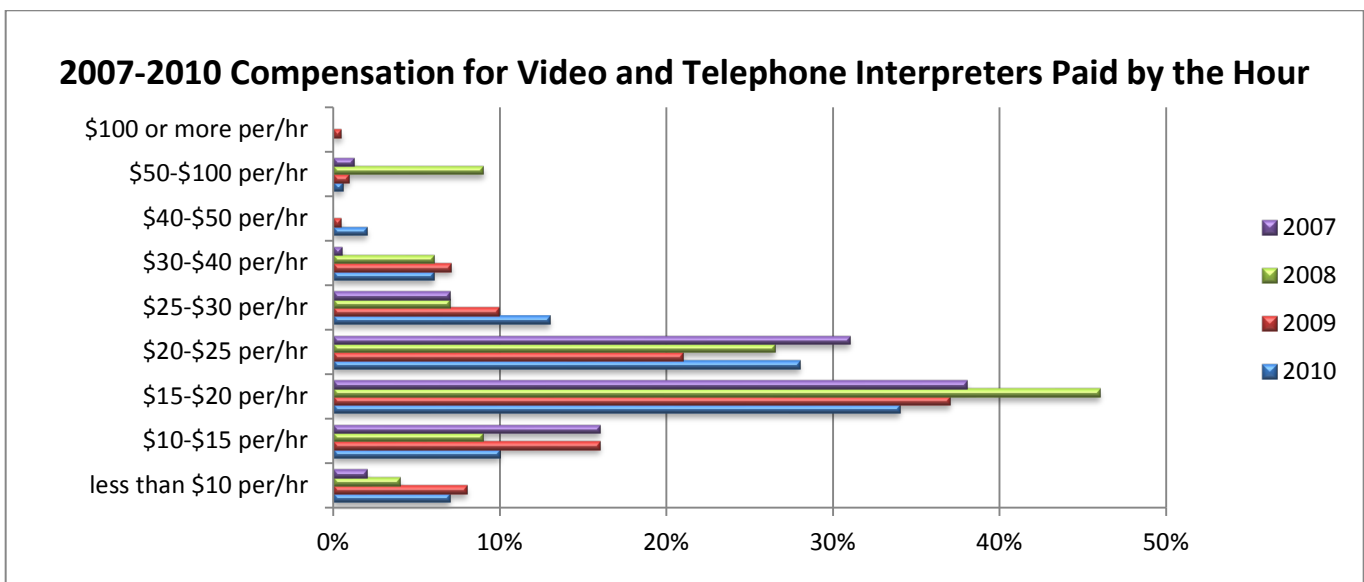
The profession indicates that there was a gradual increase in compensation for freelance/contractor/per-diem interpreter respondents over the past five years. There is a 37% decrease in the \$15-\$25 bracket from 2006 to 2010 indicating that the lower pay scale brackets are decreasing. Moreover the top pay scale brackets have increased over the past five years reflecting an upward trend for freelance/contractor/per-diem interpreter respondents. 49% of freelance/contractor/per-diem interpreters earned \$15-\$30 per hour in 2010.

C. Telephone and video medical interpreters paid by the minute 2007-2010



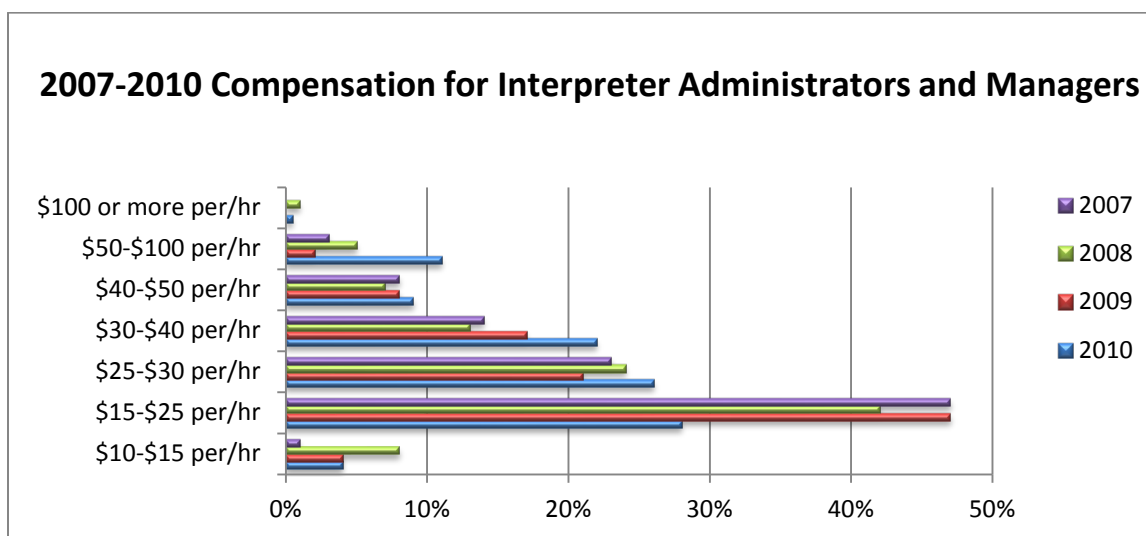
The IMIA started surveying remote medical interpreters in 2007 so there is not data available for 2006. Over the past four years our respondents have reported a significant decrease in the bottom pay scale bracket of \$0.00-\$0.50 per minute by over 25%. As the bottom pay scale bracket has decreased the subsequent bracket of \$0.51 – \$0.75 has increased by %15 indicating a compensation trend shift from under \$0.50 to over \$0.51 per minute. Subsequent brackets over \$0.76 have reflected little change in compensation with the exception of the top pay scale bracket of \$2.50 or more, which reflected a 7% increase over the past four years.

D. Compensation for video and telephone interpreters paid by the hour



The IMIA started surveying remote interpreters in 2007 so there is no data available for 2006. This chart reflects data for remote interpreter respondents who are paid by the hour. Over the past four years there has been some significant change in compensation for video and telephone interpreters paid by the hour. Once again we see a trend in the bottom of the pay scale brackets decreasing (with the exception of less than \$10 per hour) and some upper brackets increasing, reflecting an upward shift in remote interpreter respondent compensation. Over the past four years there has been a 6% decrease in the \$10-\$15 per hour bracket and a 4% decrease in the \$15-\$20 bracket. The data indicates a 6% increase over the past four years in the \$25-\$30 per hour bracket. Lastly, the data shows that over 50% of video and telephone interpreters paid by the hour earned \$15 to \$25 per hour all four years.

E. Compensation for interpreter administrators and managers



The IMIA did not have data available for 2006 interpreter administrator and manager respondents. The data reflects an upward shift in compensation over the past four years. The majority of the bottom pay scale brackets have decreased while upward pay scale brackets have increased among survey administrator and manager respondents. Perhaps the most notable changes are an 8% increase in the \$30-\$40 bracket and a 19% decrease in the \$15-\$25 per hour bracket. The compensation gap is narrowing as in 2010 22% of interpreter administrators and managers earned \$30-\$40 per hour. In 2010 54% of respondents reported earning \$15 to \$30 per hour with 28% in the \$15-\$25 per hour bracket. Despite the trend upward, the bottom pay scale bracket of \$10-\$15 per hour increased 3% over the four year period. Further study is needed to explore the differences between administrators, managers, directors, supervisors, and coordinators.

F. Five year analysis over view

The data from the five year analysis has indicated an overall increase in compensation over the past five years for medical interpreter respondents. Compensation trends indicate that the number of respondents who fall into the lowest wage brackets have decreased while the upper brackets have increased reflecting an overall upward shift in pay. Our staff medical interpreter respondents reported that 63% earned \$15-\$25 per hour, an annual salary of approximately \$31, 200- \$52, 000 for full-time staff interpreters in 2010¹. Freelance/contractor/per-diem interpreter respondents reported that 49% earned \$15-\$30, an annual salary of approximately \$31,200 -\$62,400 in 2010. The data indicates that freelance/contractor/per-diem interpreter respondent are not earning much more than staff-interpreters ;an interesting finding since freelance/contractor/per-diem workers usually earn more because they do not receive benefits.

Remote medical interpreter respondents paid by the minute did not report an upward shift in all pay scale brackets. The most significant change was that remote medical interpreter respondents paid by the minute reported an overall shift in compensation to over \$0.50 per minute. 37% earned \$0.51 to \$0.75 in 2010 while the other pay scale brackets remained remarkably unchanged over the four year period. While remote medical interpreter respondents paid by the minute had little change over the four year period, remote hourly medical interpreter respondent’s data followed the trend of the lower pay scale brackets shrinking pushing

¹ annual salary is calculated as a 40 hour work week/52 weeks per year.

compensation upward. Staff medical interpreter respondents and remote hourly medical interpreter respondents reported a similar trend for 2010. In 2010, 65% of remote medical interpreters paid by the hour earned \$15-\$25 per hour compared with 63% of staff medical interpreters who also fell into the \$15-\$25 per hour bracket. Similarly, Over 50% of remote medical interpreter respondents paid by the hour and over 50% of staff medical interpreters respondents both earned \$15 to \$25 per hour all four years.

Medical interpreter administrator and manager compensation data followed the previously stated trends. While the lower pay scale brackets generally decreased the upper brackets increased creating an upward shift in compensation. Interpreter administrators and manager respondents reported that 54% earned \$15-\$30 per hour, like freelance/contractor/per-diem interpreters, an annual salary of approximately \$31,200 -\$62,400 in 2010. In 2010 22% of interpreter administrators and managers earned \$30-\$40 per hour, 54% of respondents reported earning \$15 to \$30 per hour with 28% in the \$15-\$25 per hour bracket. Despite the trend upward, the bottom pay scale bracket of \$10-\$15 per hour increased 3% over the four year period. Perhaps the most surprising finding is that the majority of freelance/contractor/per-diem interpreters and interpreter administrators and managers have reported earning the same wages, \$15-\$30 per hour, an annual salary of approximately \$31,200 -\$62,400 in 2010. As noted above, 5% more of interpreter administrator and manager respondents are earning \$15-\$30 per hour than freelance/contractor/per-diem interpreter respondents indicating that administrators and managers still have a slight advantage. Further analysis is needed to distinguish the differences between administrators and managers.

The United States Bureau of Labor Statistics compiled data for translators and interpreters in 2008. They reported that wage and salary interpreters and translators had median annual wages of \$38,850 in May 2008, the middle 50 percent earned between \$28,940 and \$52,240. The lowest 10 percent earned less than \$22,170, and the highest 10 percent earned more than \$69,190. Individuals classified as language specialists in the Federal Government earned an average of \$79,865 annually in March 2009 (<http://www.bls.gov/oco/ocos175.htm>). Like our study, the Bureau of Labor Statistics also found that salaries of interpreters can vary widely. Compensation depends on a number of different factors including: language, skill, experience, education, certification, and type of employer. Interpreters who know languages for which there is a greater demand, or which relatively few people can translate, often have higher earnings.

Medical interpreting is a form of public service interpreting. The interpreting consists of communication among medical personnel, the patient and his or her family to ensure that the patient and family members understand the medical services and industry that are available to them. A medical interpreter, who may or may not be formally certified, will facilitate the communication. Each state and medical facility will determine the qualifications of a medical interpreter. In some situations medical employees who are multilingual may interpret informally. In order to effectively serve both the patient and the medical personnel the medical interpreter must have a strong knowledge of medicine, common medical procedures, the patient interview, the medical examination processes, and the daily workings of the hospital or clinic where he or she works. Moreover, and very important, medical interpreters often are cultural liaisons for people (regardless of language) who are unfamiliar with or uncomfortable in hospital, clinical, or medical settings. Currently, medical interpreters are employed in a number of different ways including as managers or administrators, full-time or part-time employees, per-diem, or independent contractors. Medical interpreting can be performed face-to-face or remotely.

Medical interpreting is in the process of establishing itself in the market place. Historically medical interpreting has followed an informal trend as family members and bilingual employees have been pulled in to interpret for patients who do not speak the same language as their medical providers. Medical interpreting has establishing itself as a credentialized field with clear competency requirements. National certification became available to Spanish language interpreters in 2009, who account for 70% of healthcare interpreters in the United States. As the awareness for minimum competency increases and more languages are added to national certification the profession will command more earning power in the market place in the future.

Many interpreters obtain employment by submitting resumes and samples to different healthcare providers and interpreter agencies and then wait to be contacted when an agency matches their skills with a job. Work is often acquired by word of mouth or through referrals from existing clients.

F. Job outlook over the next decade 2008-2018

According to the United States Department of Bureau Statistics job prospects are projected to increase 22% over the next decade for interpreters and translators. The increase in demand is a result of globalization and a growing immigrant population. Urban areas currently provide the largest number of employment opportunities for interpreters however as the immigrant population

continues to grow, interpreter services will also grow in rural areas of the United States. Future employment prospects are predicted to be especially good for interpreters working in the healthcare industry as it is crucial that language is interpreted accurately. Spanish language interpreters will have more job opportunities available to them as the increase in the Latino population is expected to increase significantly over the next ten years. Lastly, ASL interpreters will continue to have favorable employment prospects as there is currently a demand for qualified ASL interpreters that has gone unmet.

G. About the International Medical Interpreters Association

It is an umbrella association that promotes all standards and best practices in the field of medical interpreting. As an international trade association of medical interpreters, it represents practicing medical interpreters as the ultimate experts in medical interpreting. It is also the only national trade association of medical interpreters in the US, and is an official active member of FIT, the Federation of Interpreters and Translators, an international organization comprised of trade associations of interpreters and translators worldwide. It is a partner member of AILIA, the Languages Industry Association headquartered in Canada. IMIA developed the first code of ethics, standards, annual conference, and certification for medical interpreters and continues to be a pioneer in the field with its recent work to develop the first Interpreter Educators Code of Ethics and National Education Registry. It's most current work involves developing an accreditation for medical interpreter training program. (www.imiaweb.org)

I. All data contained in the annual salary survey reports were collected by the IMIA and is posted at <http://www.imiaweb.org/about/salariesurvey2008.asp>