



2010 IMIA Compensation Survey - Executive Summary

INTRODUCTION

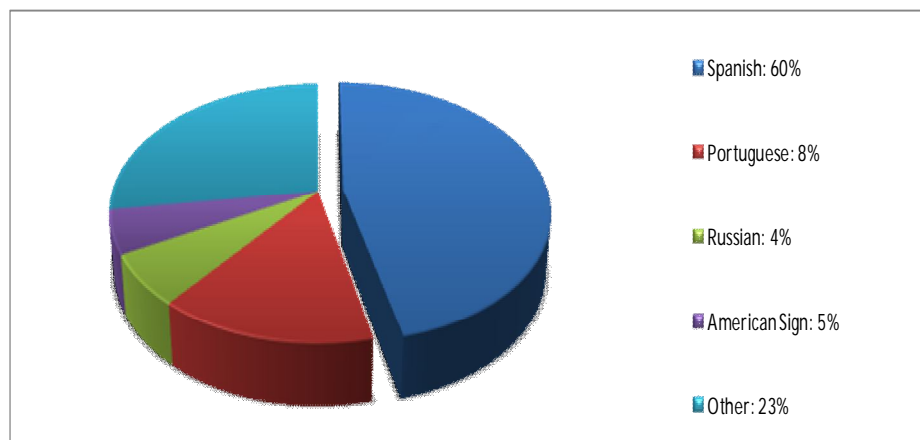
The 2010 Medical Interpreters Compensation Survey was prepared in English and distributed online to 4,357 medical interpreters and administrators of medical interpreting services. Respondents were asked 57 questions related to compensation for medical interpreters. 1083 respondents completed the survey anonymously from 46 states resulting in a response rate of 25%. The following states are *not* represented in the survey: Arkansas, Louisiana, Minnesota, North Dakota, Montana, and Wyoming. Respondents reported currently working in twenty eight countries: Afghanistan, Albania, Argentina, Australia, Belgium, Brazil, Bulgaria, Canada, China, Congo, Costa Rica, Georgia, Haiti, India, Italy, Japan, South Korea, Mexico, Nicaragua, Nigeria, Russia, Somalia, Sri Lanka, United Arab Emirates, United Kingdom (United Kingdom of Great Britain and Northern Ireland), United States of America, and Vietnam.

A. RESPONDENT DEMOGRAPHICS

79% of respondents were female and 47% self-identified as Hispanic or Latino, 44% White, 9% Asian, 4% African American, Black or African, American Indian or Alaskan Native (maintains tribal enrollment or community affiliation) and 7% other. The largest age groups were 40-49 (29%) and 50-59 (29%) years old. The respondents who answered our survey are an educated group. 71% possess a Bachelor's Degree or higher, of which 25% possess a Master's Degree, and 5% possess a PhD.

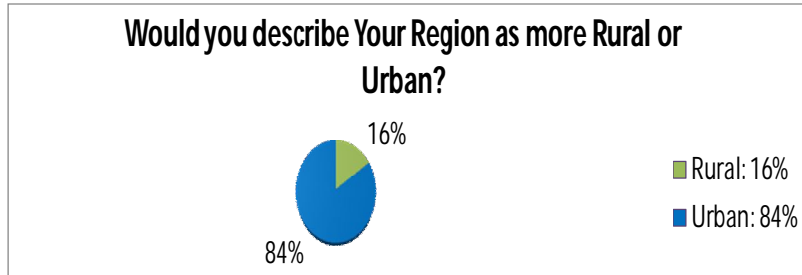
A.1 Working Languages

The survey reveals that medical interpreters are called upon to interpret in many different languages. The distribution represents concentrations of immigrant groups that have migrated to the United States. Respondents reported 48 languages used in medical interpreting. The language most reported in use by professional Medical Interpreters is Spanish at 60%. The top 10 languages following Spanish are: Portuguese, American Sign Language, Russian, Haitian, Arabic, Chinese (Mandarin and Cantonese) Korean, French, and Vietnamese. The top five languages are below.



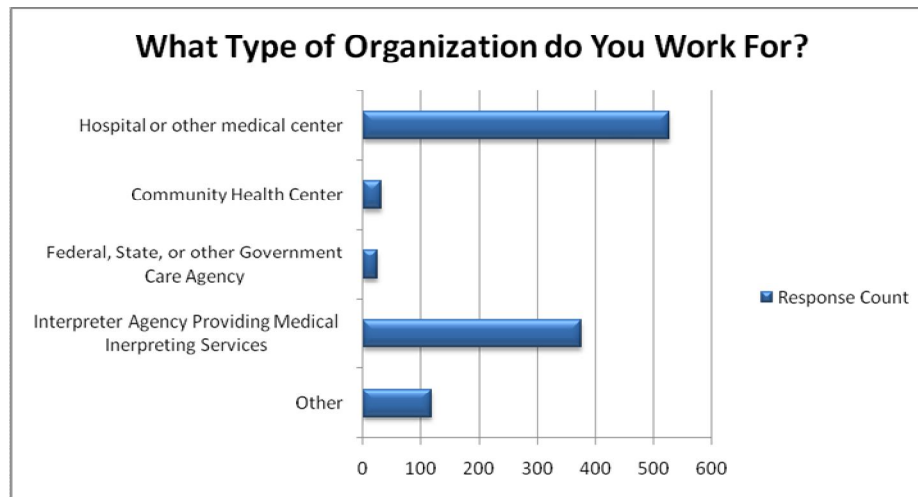
A.2 Rural Versus Urban Areas

84 % of respondents work in an urban environment. Both respondents in urban and rural regions reported local interpreter services as well developed. 73% of Respondents in Urban Regions reported local interpreter services as well developed and 64% of Respondents in Rural Regions reported local interpreters services as well developed. Rural environments denoted a 9% difference when compared to urban regions, which is not a significant difference.



A.3 Types of Organizations Medical Interpreters Work in

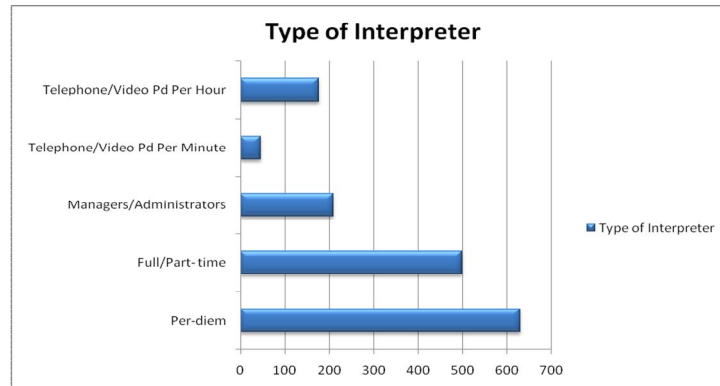
Respondents were asked to identify the type of organization that they work for. The majority, 527 respondents, reported working for a hospital or other medical facility; 33 reported working for a community health center; 26 reported working for a federal, state or other government run care agency; 118 reported working for 'other' type of agency or facility.



The data suggest that the greatest demand for interpreter services is in medical facilities that services large groups of people like hospitals or medical centers. Medical facilities frequently hire interpreters who are per-diem for less common languages due to lower demand.

A.4 Work Categorization of Interpreters

The Majority of Respondents are Per- Diem Medical Interpreters. However, it seems that there is a substantial number of full and part time interpreters (46%) as well who responded to the survey. In healthcare, hospitals are being dissuaded by their legal departments from working with independent contractors but to hire interpreters as per diem or as staff interpreters. Per Diem interpreters have all the responsibilities of staff interpreters without the benefits.



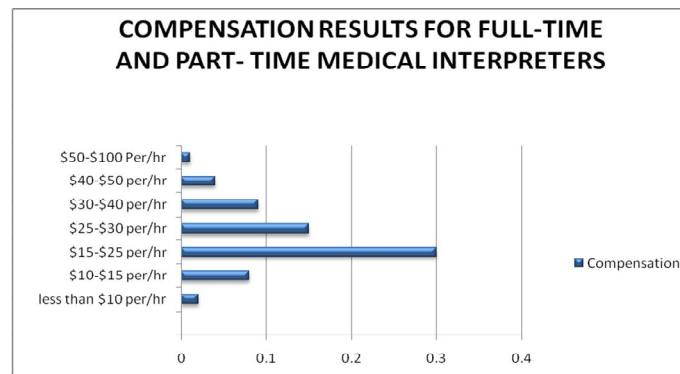
Over 600 interpreters who answered our survey are per-diem medical interpreters. 500 interpreters (46% of respondents) work full or part-time as medical interpreters. Compared to other interpreter specializations, the data seems to indicate that medical interpreting is the specialization with the highest percentage of staff interpreters.

B. COMPENSATION FOR MEDICAL INTERPRETERS

Compensation rates for interpreters vary based on the type of employment, education, and position. Despite these variables the survey reveals that the differences are not as distinct as expected. Some of the variables that effect pay are *general education, certification, interpreter language, and experience.*

B.1 Compensation Results for Full and Part-time Interpreters

The chart below indicates that there is a wide range in the pay scale for full time/part time medical interpreters. Over 30% of medical interpreters earn \$15-\$25/hour.

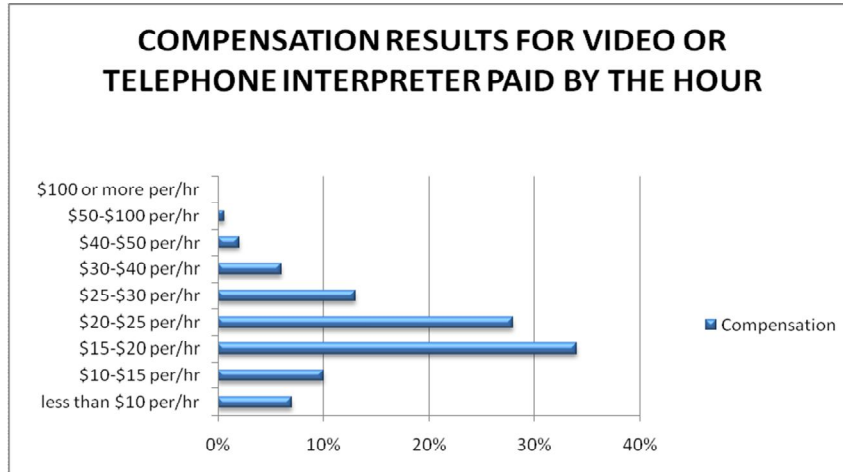


B. 2 Compensation Rates for Remote Interpreters

63% of remote interpreters who responded to this survey are paid by the hour, 16% are paid by the minute and 20% are paid by the hour. Usually those paid by the hour are paid for the hours they are work, while those paid by the minute are only paid for the minutes they interpret.

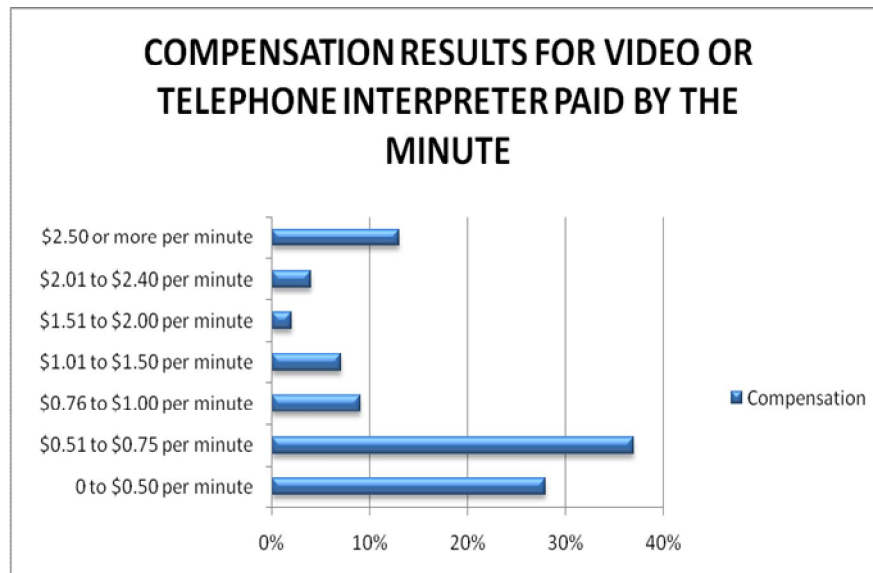
B.2.1 Compensation Rates for Remote Interpreters by the Hour

Over 55% of video or telephone interpreters paid by the hour earn between \$15 and \$20 per hour compared to 30% of full-time or part-time medical interpreters who earn \$15-\$25 per hour. Overall it looks like face to face interpreters make a little more than remote interpreters. 62% of video/telephone interpreters have a two hour minimum per assignment.



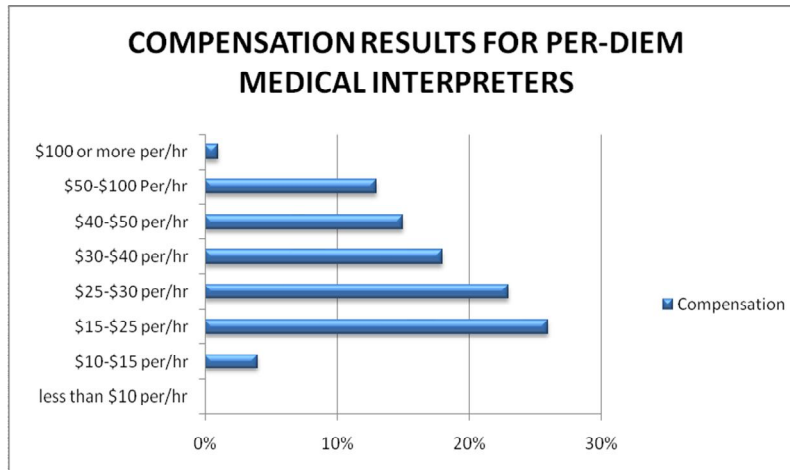
B.2.2 Compensation Rates for Remote Interpreters by the Minute

Over 55% of interpreters get a rate of 55 cents per minute interpreted, where most are in the 51-75 cent range. However, it is interesting to that there are interpreters making over 1 US dollar per minute, depending on the language, experience, and specialization.



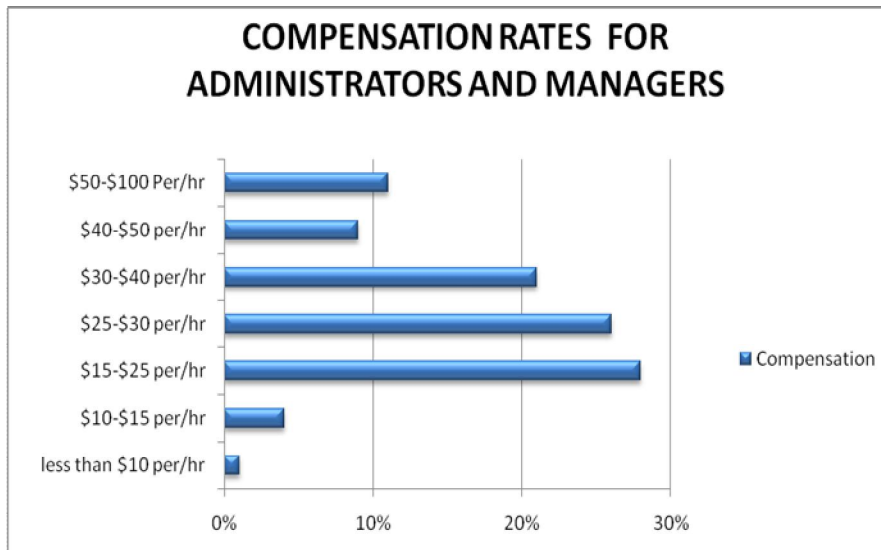
B. 3 Compensation Results for Per-Diem Interpreters

Over 45% of per-diem medical interpreters make \$15-\$30 per hour. The majority of full-time/part-time and per-diem medical interpreters fall into this same pay range. However, a closer look indicates that a greater percentage (23%) of per-diem interpreters are making \$25-\$30 per hour compared to full-time/part-time medical interpreters (15%). Per-diem interpreters make slightly more because they usually are not entitled to the same benefits package as staff employees. Many facilities and organizations choose to hire per-diem on an as-needed basis due to irregular demand. They are not usually entitled to the same benefits (i.e. health insurance, vacation, retirement plans) as full-time and part-time employees.



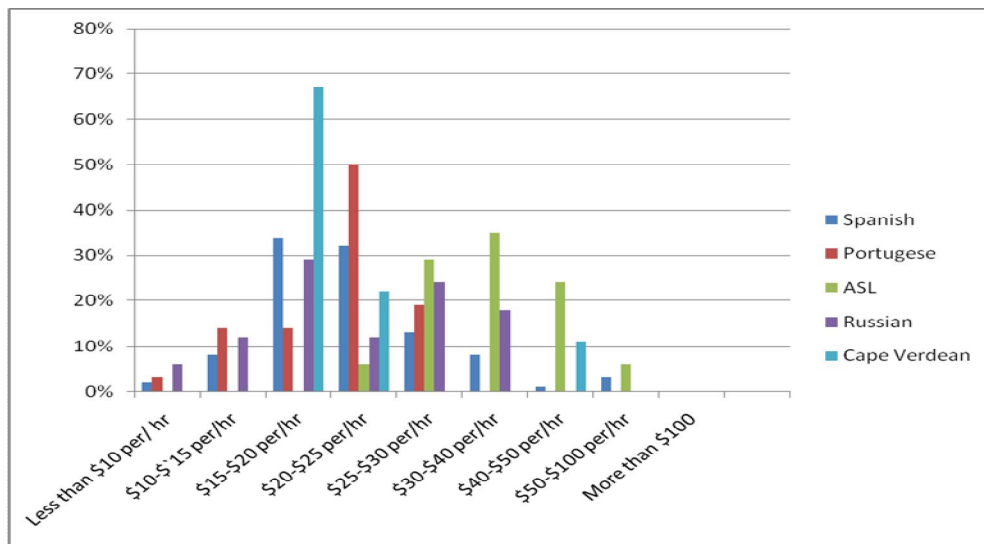
C. COMPENSATION RATES FOR MEDICAL INTEPRETER ADMINISTRATORS

The compensation rates for administrators/managers and per-diem interpreters are surprisingly similar. In both groups approximately 30% are earning between \$15 and \$25 per hour and approximately 25% are earning \$25-\$30 per hour. Overall administrators/managers and per-diem interpreters earn considerably more than full-time and part-time interpreters. Over 45% of administrators/ managers earn \$25-\$40 per hour, compared to 45% of full time/ part time Interpreters who earn \$15-\$30 per hour. Further study is needed to differentiate administrator salary rates based on their positions (coordinators, supervisors, managers, directors). The data seem to indicate that the administrators who responded were probably mostly coordinators and supervisors.



D. COMPENSATION RESULTS FOR TOP FIVE LANGUAGES

Respondents were asked to identify the language(s) that they interpreted in to determine the most frequently used languages in relation to compensation. We found that ASL interpreters are consistently paid a higher wage/rate than spoken language interpreters. For example, 34% of Spanish interpreters earn \$15-\$20 per hour, compared to 35% of ASL interpreters who earn \$30-\$40 per hour. Perhaps the reason why ASL interpreters are paid more is their certification credentials, and compensation benchmarks are well established.



E. COMPENSATION IN RELATION TO YEARS OF EXPERIENCE

Medical interpreting is a practice profession, which indicates that *practice*, or *experience* is an important aspect of the knowledge and expertise of a medical interpreting professional. The more experienced a medical interpreter has, the more valuable he or she will be to his or her clients and employer. We asked respondents to tell us how many years experience they had working in the interpreting field so that we could study how experience impacts compensation. The results were insightful and indicated that the climb up the compensation ladder is arduous and slow. The data seem to indicate that the profession is still a very flat profession. The pay range does not change significantly until an interpreter has more than 20 years experience. Salaried employees who stay in the same organization typically see their salaries raised, especially if unionized, where increase rates based on years of service are mandatory, but per diem interpreters can work for the same client for years and not see an increase in pay.

Experience	Compensation per hour
Less than 3 years	79% made \$15-\$25
3-5 years	67% made \$15-\$25
6-10 years	66% made \$15-\$25
11-15 years	79% made \$20-\$25
16-20 years	52% made \$20-\$30
More than 20 years	47% made \$30-\$40

F. COMPENSATION IN RELATION TO YEARS OF EDUCATION

Educational research demonstrates that ones educational level will reflect directly on one's level of communication skills and general vocabulary. Interpreters were asked to report their educational level so that the relationship between their general education and compensation could be determined. The results were surprising and revealed that education did not have an impact

on compensation. 52% of those who had a PhD earned \$15-\$25 per hour compared with 75% who had a high school diploma, also earned \$15-\$25 per hour.

General education is one of the criteria that Human Resource departments utilize to set compensation for a position, be it a per diem or a staff position. While the majority of interpreters (71%) have a Bachelor’s Degree, most employers do not require a Bachelors Degree. The data seem to indicate that employers are not taking into consideration the interpreter’s general education when setting compensation rates or interpreter position levels. While specialized training (in medical interpreting) and certification are important factors, general education is usually an important factor to be considered in most professional activities.

Level of General Education	% earning \$15-\$25
High School	75%
Associates Degree /Some College	71%
Bachelors Degree	60%
Masters Degree	54%
Doctoral Degree	52%

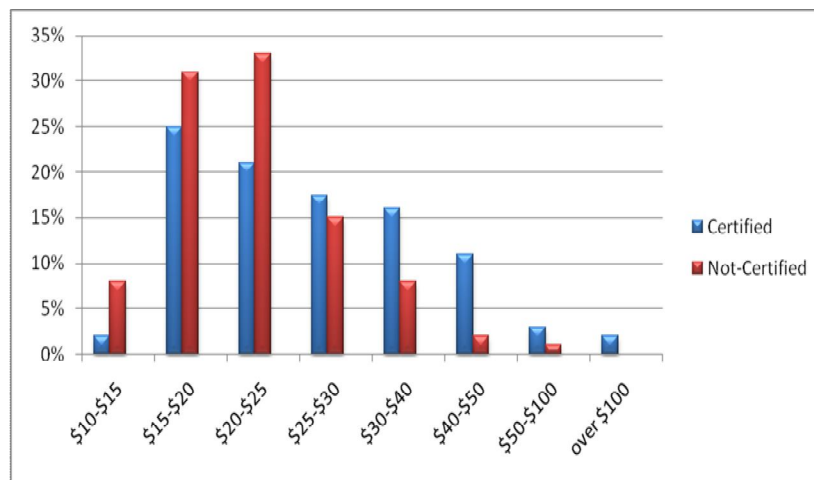
G. INTEPRETERS OPINIONS ABOUT NATIONAL CERTIFICATION

The interpreting profession is an evolving field that has only recently established a national certification standard for spoken language interpreters, while ASL interpreters have had a general national certification since the 1970s. It is possible that professional certification will lead to a more established profession and an increase in wages/rates.

Only 15% of medical interpreters who responded to the survey are nationally certified.

- 58% of respondents’ believe that wages will increase with national certification. Many responds expressed a need for standardized credentials to unify the profession and close the achievement gap.
- 73% of all respondents believe that national certification will make the interpreting profession more attractive. Respondents reported that the lack of standards has had a negative effect on the perception of the profession as a whole
- 61% believe that national certification will improve medical interpreters working conditions. The chart below offers a breakdown of full-time or part-time medical interpreters wages compared to certification.

G.1 Compensation in relation to national certification



H. INTERPRETER VOICES

“In your opinion, what characteristics are needed in your area for the medical interpreting specialization to be highly developed”?

Below are included some of the responses to illuminate the voices of the medical interpreters who responded to the survey.

- We need higher standards for interpreter training, hiring and work experience at MANY hospitals and definitely need the same at nearly ALL smaller institutions and doctors' offices. To clarify, many hospitals in the Atlanta area have reasonable standards for hiring and managing professional interpreters. However, several hospitals and clinics are perceived as having inferior standards for hiring and/or managing interpreters, especially where the managers are not themselves bilingual or trained and experienced interpreters.
- Educate the medical and health care professionals about the advantages of using certified interpreters. Discourage them from using agencies and make available a list of local interpreters. Legislation to allocate funding for interpreters. Inspection of compliance with federal guidelines. Separate responsibilities of bilingual employees and interpreters.
- Better standardization and availability of training programs at a higher education level.
- Recognition by other medical professions that this is a profession and cannot be substituted by non professionals such as so called bilinguals--family, providers, etc.
- Strict adherence to standards for interpreting -- oral & written skills, etc.
- Uniform curriculum & testing
- Education, training, conferences, seminars, certificate programs not only for aspiring interpreters but for medical interpreters who are trained, experienced and employed as medical interpreters.
- Educational options for those who are not interpreting such as cultural competency, courses on how to use an interpreter.
- Medical provider training on the importance of using trained medical interpreters vs. available staff or bilingual friends and relatives of the patient. This will be extremely tough, because providers are trying to save costs to serve the low-income (Medicaid) population, for whom they are reimbursed so poorly as it stands. Where trained interpreters are present, I believe it should be law to hire only trained interpreters. Where they don't exist in a particular language, some leniency must, for practical reasons, be allowed.
- I also believe that agencies hiring medical interpreters should pay a minimum wage that is livable. Some agencies offer insulting prices. Newcomers to the field or part-timers take whatever they can find, thereby prolonging the poor wage scale and doing a disservice to the patient and provider.
- Disparities in pricing are huge depending on location: I know Washington DC interpreters who demand and get \$75/hr with \$140-150 minimums. I've seen agencies in Indiana pay \$20/hr with no minimum. One even offered \$15/hr. It's disgusting. While it's a caveat emptor world, there is no justification for such an outrageous disparity.

- Interpreters themselves often don't consider themselves professionals. If everyone flatly refused to work for low pay, the agencies and providers would have to pay more.
- One concern regarding the providers: economic constraints being what they are, I genuinely believe that when given the choice between hiring a professional interpreter at a higher price to serve the low-income population, paying the outrageous prices from sources such as the Language Line (which pays its interpreters pennies per minute while it charges dollars per minute) or taking the free/cheap staff member or patient relative, they will either choose the latter and take their chances on the outcome or else refuse to see Medicaid patients at all.
- A real standard professionalization of the people in the profession. I believe there are more differences in quality (of language, of professional conduct, of educational background) in this profession than in many others, and it shows in the lack of due respect we get sometimes/

CONCLUSIONS

The results of this study are vast, and this is by no means a comprehensive analysis of the data set. It is simply a starting point. This executive summary outlined some of the most salient findings of the Fifth Annual IMIA Compensation Survey (2010). The data collected over the past five years, by the IMIA, will provide a baseline for future data collection in the medical interpreting field. Below are a few conclusions that can be drawn from the data.

- **The slight majority of medical interpreters work per-diem or as an independent contractor.** Per-diem employees are not entitled to training benefits through their employment, therefore interpreters are less likely to fund their own continuing education and training courses. These interpreters charge a two hour minimum per assignment and are able to accept or reject an assignment based on availability. Most per diem interpreters work for multiple 'clients' and set their own rates, which a client may or may not accept.
- **The number of full-time or part-time medical interpreters has increased steadily since 2006.** In 2006 25% of our respondents reported being employed as a staff interpreter. This year (2010) 47% of respondents are part-time or full-time medical interpreters. These interpreters are working directly at health organizations and 80% reported having benefits (health insurance, workers comp, unemployment, retirement, life insurance and vacation). Hospitals that have enough demand for a certain language are deciding to hire interpreters, which sometimes is at a lower cost than relying solely on per diem interpreters or language service providers.
- **Medical interpreting is currently a very flat profession.** Experience and general education do not seem to have a significant effect on pay. It is possible for a medical interpreter who has a PhD and one who has a high school diploma to work side by side and earn the same pay. It is also possible for an interpreter who has been working for 15 years to make the same pay as one who has just entered the field. This is something that needs to be further explored as flat professions generally have higher attrition rates.
- **The language(s) you work in affect your compensation. Compensation for different languages varies.** This seems to be the variable that most affects interpreter compensation. All indicates in the field that this is likely due to supply and demand in the marketplace. Outside the Spanish interpreter supply in the US, other language interpreters are just not great in numbers, especially when considering different regions. Interpreters are paid more for less common languages because they have a unique qualification and there is less competition. It is noteworthy to point out that many hospitals pay interpreter agencies flat fees for all languages. This puts a burden on the vendors that are not able to charge different rates depending on the difficulty of recruiting, training, testing and retaining a more difficult to find professional. Please visit <http://www.imiaweb.org/about/salarysurvey2008.asp> to see the 2010 IMIA Compensation Survey by Language.

- **Only 15% of medical interpreters who responded to the survey are nationally certified.** Few interpreters are certified at the moment but the expectation is that these numbers will rise in the future. National certification will establish unified credentials for all medical interpreters in the profession. A national credential will improve the quality of services across the board and narrow the performance gap.
- **Hourly remote interpreters are making about the same as staff interpreters.** Approximately 30% of remote interpreters and full-time/part-time are making \$15-\$20 per hour.
- **Medical Interpreter administrators are not compensated much higher than per-diem interpreters.** Most interpreter administrators and managers are not getting compensated at a much higher rate than medical interpreters. Further study is needed to distinguish the variation in compensation between interpreter administrators and managers that hold different positions (i.e. coordinators, supervisors, managers, directors and administrators)
- **Most interpreters have had specialized training in medical interpreting in addition to their general training.** While medical interpreting training is now required by most employers, it seems that general training is not generally considered when stipulating an interpreter's compensation.