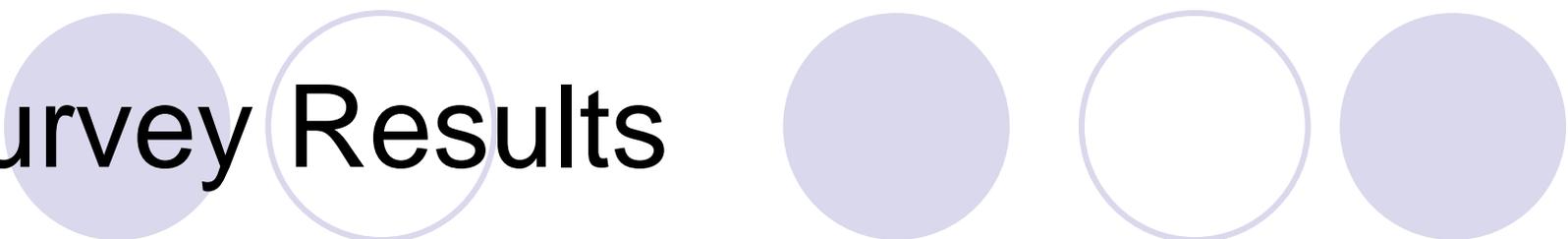
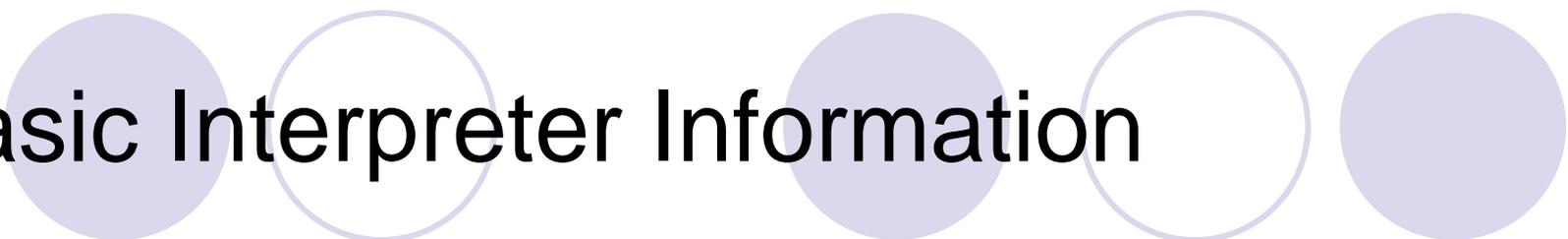


Survey Results



- 153 Surveys were mailed
- 63 Surveys e-mailed also as an attachment
- Survey was posted to the www.ct.gov/opapd website
- Received a total 64 completed surveys.



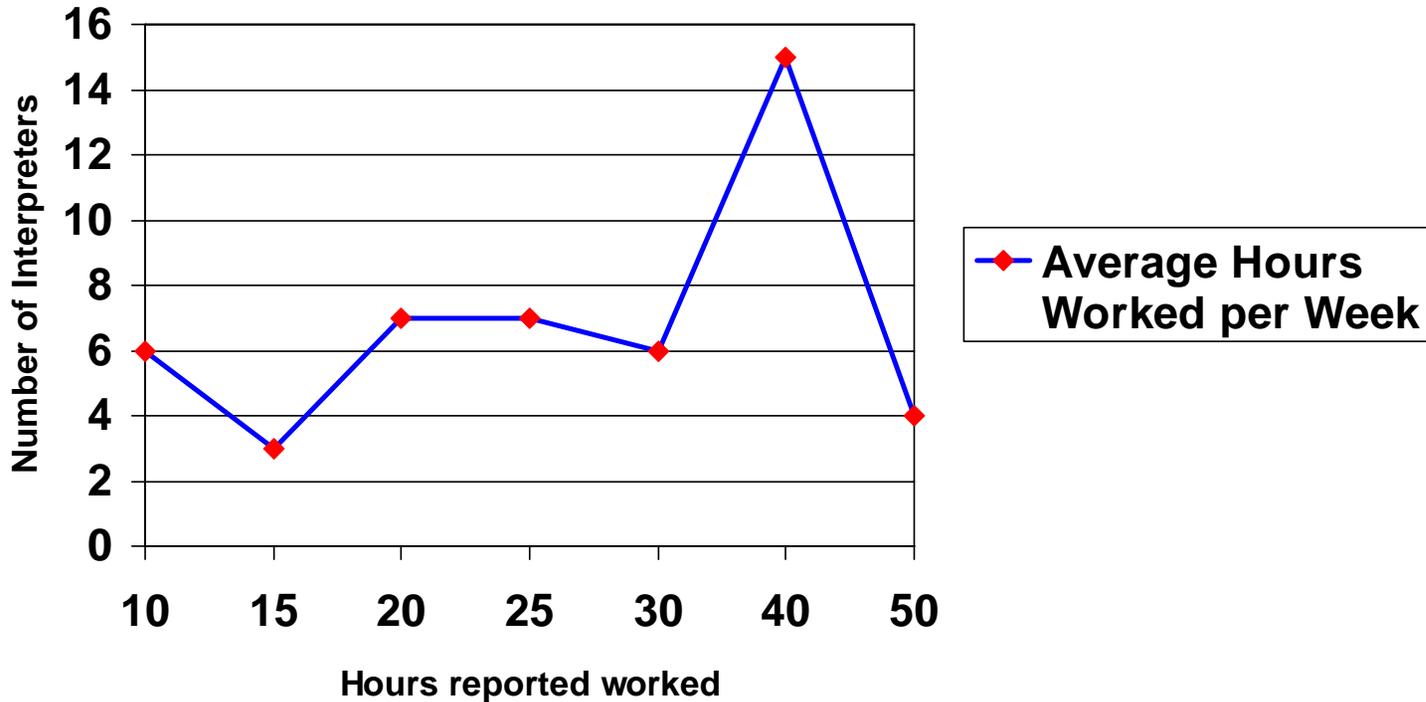
Basic Interpreter Information

- 60 Registered to work in Connecticut
- 47 Medically Certified
- 57 Work full or part time interpreting

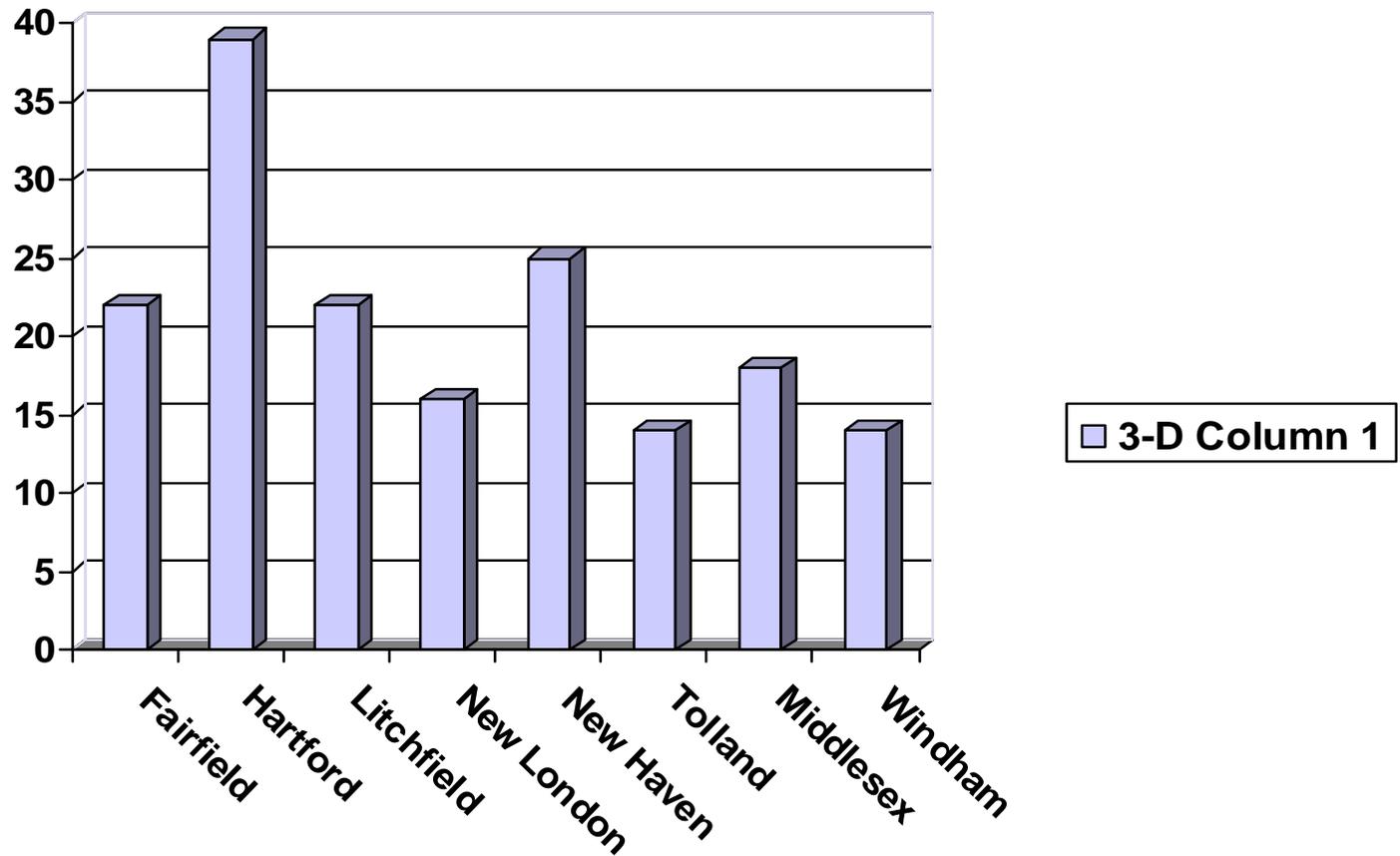
57 working interpreters

9 reported “various”

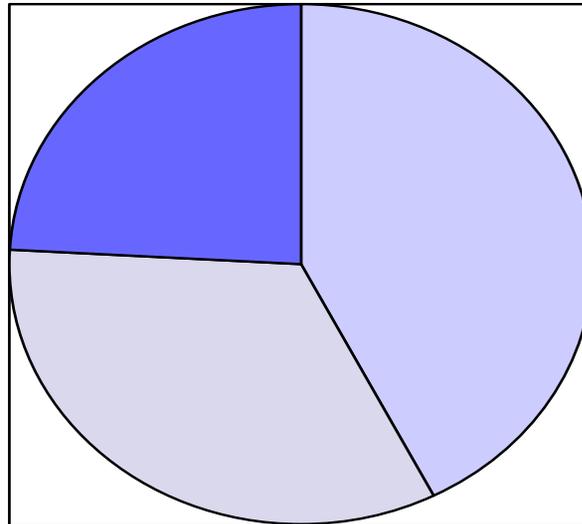
48 reported approximate hours:

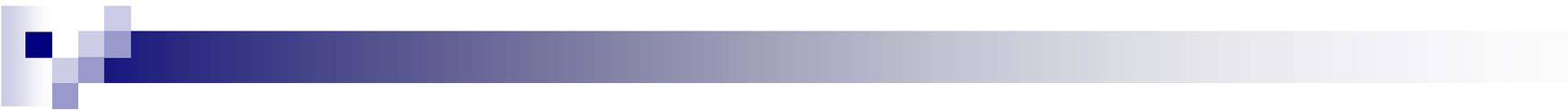


County Coverage



Who do they work for?





Half of Respondents indicated they were not available for urgent medical interpreting calls. Reasons cited for not accepting medical/hospital assignments

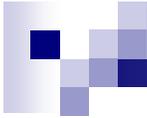
- 1) Family Care responsibilities
- 2) Committed to other demanding work
- 3) Erratic Scheduling
- 4) Not certified for medical interpreting
- 5) Scheduling conflicts

15 added “other reasons” stressing compensation issues and competing demand on time.



Compensation is important issue

- Rated extremely important by majority on all scales of the survey;
- Most frequently cited in encouraging other to be available;
- Stipend for “on-call”, pay differential for late night/holidays
- Portal to portal and mileage reimbursement



“Money is a key”

“For an on-call system to be effective it must recognize our time is valuable and compensate us accordingly”

“Better pay – stipend for being on-call instead of nothing. If we have to carry the pager or be ready at a moments notice we should get compensated... .”



Don't waste my time

- Driving long distances
- Waiting for test results, doctors and social workers;
- Train hospitals to expedite and prioritize;



Don't waste my time

- “emergency room waiting, waiting, waiting”
- “going out in the cold and driving to the hospital only to find the deaf person has a simple problem [or that they communicated in writing and left]”
- “it is exhausting to wait in an emergency room and have nowhere to sit, put down a pocketbook, or have the respect of being a professional”



Help hospitals understand my role

- Interpreters not companions, caretakers, or “babysitters”;
- Information about culture, language, and fact that *effective communication* takes time;



Help hospitals understand my role

- “dealing with hospital staff is difficult they have no idea what your role is ... we are like a third wheel”
- “being called for an emergency and waiting for hours to have anyone see the patient or waiting for test results. Most of the wait time I am cramped into a chair in the hallway trying to stay out of hospital staff’s way or in the corner of the patient's room to avoid personal communication with the patient.”



I need more training opportunities

- HIPPA and certification rules, perceived as barriers
- Need mentoring program/opportunities;
- Interpreters should be involved in determining content and format of in-service trainings



I need more training opportunities

- “Help me get certified.”
- “Workshops with specific situation – not general – in-depth ‘how to interpret a colonoscopy’, etc.”
- Other topics requested: demand control theory (with Robyn Dean); Team Interpreting; Interpreting with a CDI – best practices; Medical classifiers with Jim Lipsky; Interpreting for Deaf-Blind people; drug and alcohol settings; anything with Leslie Warren;



Agency Support vs.Independent Contracting

- 53 responders prefer agency support
- 21 prefer/interested in direct contracting
- Issues:
 - Availability of back-up and CDIs
 - Getting information about identity and communication needs of individual
 - Billing/payment/insurance/contract language



Other suggestions:

- ✓ Get more interpreters trained and certified;
- ✓ Use technology more;
 - ✓ VRI
 - ✓ Blackberry to communicate assignments
- ✓ Assign regionally
 - ✓ know people/institutions
 - ✓ Minimize travel time expenses