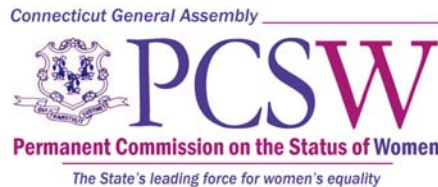


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**Written Testimony of  
The Permanent Commission on the Status of Women  
Before the  
Public Health Committee  
Wednesday, February 11, 2009**

**In Support of:**

**S.B. 655, AA Requiring Cultural Competency Instruction for Physicians**

**H.B. 6361, AAC the Establishment of a Sexual Assault Forensic Examiners Program**

Senator Harris, Representative Ritter and members of the committee, thank you for this opportunity to provide written testimony on behalf of the Permanent Commission on the Status of Women (PCSW) and a coalition it convenes, the Connecticut Women's Health Campaign (CWHC), a statewide coalition of organizations representing consumers, providers and policy experts who have been committed to and working for the health and well-being of Connecticut women and girls for over ten years. The PCSW and CWHC are in support of **S.B. 655, AA Requiring Cultural Competency Instruction for Physicians**, which would require cultural competency as part of a physicians training, and **H.B. 6361, AAC the Establishment of a Sexual Assault Forensic Examiners Program**, which would make sexual assault forensic examiners available to victims of sexual assault.

**S.B. 655, AA Requiring Cultural Competency Instruction for Physicians**

The PSCW is particularly concerned about gender, racial, and ethnic diversity in the health care because there is a clear racial and ethnic disparity as African-American and Hispanic women are at a greater risk for certain diseases than White women. The extent of the problem with Asian populations is unknown due to lack of sufficient data. We believe that the lack of diversity, including language barriers, impacts the quality of care for gender, racial and ethnic communities.

According to the Center for Women in Politics & Public Policy<sup>1</sup>, Blacks and Hispanics make up more than 18% of the population, but represent less than 5% of doctors, 8% of dentists, and 8% or registered nurses are Black and Hispanic. Although females dominate in the registered nursing and diagnostic fields at 92% and 77% respectively, they represent only 25% of doctors.

When race is considered the numbers are even lower for women of color. Of the female healthcare workforce, women of color are 7% of doctors; 4% of dentists; 9 % of registered nurse, and 11% of diagnostic technicians. The only areas in which women of color are significantly represented are as LPNs at 21.7% and health aides at 33.9%.<sup>2</sup>

Inability to communicate with a health care provider means many patients and providers resort to using untrained staff, friends, or family members, including children. This can result in misdiagnosed or undiagnosed medical conditions, delayed or inappropriate care, medical mistakes, and higher costs for the entire system, as well as compromised quality of care with regard to confidentiality and dignified provision of services.<sup>3</sup>

An estimated 22,000 Medicaid recipients in Connecticut face an additional barrier to accessing health care due to limited English proficiency.<sup>4</sup> Sixty-five different languages are spoken by low-income residents with limited English proficiency (LEP) in Connecticut.<sup>5</sup>

A study published by the American Journal of Public Health found that patients who had access to culturally competent services such as access to an interpreter, had significant increases in the receipt of preventive services, physician visits, and prescription drugs, which suggests that culturally competent services enhanced these patients' access to primary and preventive care for a moderate increase in cost.<sup>6</sup>

### **H.B. 6361, AAC the Establishment of a Sexual Assault Forensic Examiners Program**

The PCSW supports the creation of a sexual assault forensic examiners (SAFE) program. Access to a SAFE increases the likelihood that a victim will receive timely and compassionate care. Currently, victims may<sup>7</sup>:

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<sup>1</sup> The Center for Women in Politics and Public Policy. *Spotlight on Connecticut, Gender and Race in CT*.

<sup>2</sup> Ibid

<sup>3</sup> The CT Coalition for Medical Interpretation. *Medicaid-Reimbursed Medical Interpretation Fact Sheet*

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> American Journal of Public Health. "Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services" May 2004.

<sup>7</sup> <[http://www.ojp.usdoj.gov/ovc/publications/bulletins/sane\\_4\\_2001/welcome.html](http://www.ojp.usdoj.gov/ovc/publications/bulletins/sane_4_2001/welcome.html)>.

- Endure long waiting periods before being seen.
- Be treated by a nurse or physician who is not trained in forensic evidence collection.
- Not be treated with the sensitivity and respect they deserve due to a lack of understanding about the specific needs of sexual assault victims.

A SAFE program would help ensure that victims of sexual assault get the care they need as well as increase the likelihood that evidence collection is done appropriately and successfully. Additionally, victims who are treated by a SAFE may be more likely to stay involved with the case and may have less secondary health effects associated with sexual assault.

In addition to the benefits for the victim, a SAFE program would also improve prosecution of sex offenders and the utilization of evidence. When evidence is collected properly the ability to solve crimes and successfully arrest and prosecute offenders is greater.

We look forward to working with you on these important issues. Thank you for your consideration.