

Human Service Committee Public Hearing
Testimony of Karen D'Angelo, MSW.

SB 198

An Act Concerning the Availability of Interpreter Services Under the Medicaid Program.

Good Morning Senator Harris, Representative Villano and members of the Human Service Committee:

My name is Karen D'Angelo. I reside in Cheshire Connecticut, and am a cross-cultural trainer for CEHDL, the Connecticut Center for the Elimination of Health Disparities Among Latinos. I am here to ask you to support Senate Bill 198, An Act Concerning the Availability of Interpreter Services Under the Medicaid Program.

Clear evidence from the US Centers for Disease Control and Prevention, the National Institutes of Health, and the Institute of Medicine, demonstrates that significant health disparities exist among racial and ethnic minorities, as compared with Whites. Studies show that even when healthcare access levels are the same, racial and ethnic minorities are receiving lower quality healthcare and are thus experiencing worse health outcomes. Recent evidence further illustrates that unfortunately these disparities are not diminishing; rather they are likely to get worse as our nation's population continues to diversify over the next couple of decades.

The 2003 Institute of Medicine report, *Unequal Treatment*, cites language barriers as one of the factors that contribute to health disparities. Effective communication between the provider and the patient is instrumental to the provision of quality care.

Because many Limited-English Proficiency patients tend to be poor, many depend on Medicaid for their healthcare.

By providing professional interpretation services to such patients, we will...

- protect the confidentiality of the patient by not requiring him or her to use family members and/or non-trained office staff as the interpreter
- ensure that patients will make informed health care choices
- reduce wasted time spent on ineffective communication between a provider and a patient caused by a language barrier
- enable the provider and patient to develop a strong rapport, which is critical for a therapeutic relationship
- inevitably help reduce health disparities by eliminating one significant injustice from our health care system

Through my work, I regularly engage with health care providers around issues of cultural competence, and the need for professional translation services often come up as one of their major concerns.

I have heard many "horror" stories from providers about how their inability to communicate effectively with a patient resulted in less than optimal care for that patient.

Some examples from Hartford-based providers include...

- a female provider removing her own shirt to show a new, desperate mother how to help her newborn successfully latch on to the breast and suckle milk;
- a provider having to run through a "charade" game with a patient in order to conduct a common physical exam, which not only took far longer than the 15 minute allotment of time, but was humiliating for both her and the patient
- a provider who lost control of the exam after a non-professional translator began berating a suicidal patient in Spanish, after the patient explained he was suicidal due to the fact he had physically abused his wife and she therefore left with his children.

As policy makers, *you* have the ability to eliminate grave language barriers for Medicaid LEP patients, which will have a profound effect on improving the quality of their healthcare.

In 1964 the Civil Rights Act made it illegal to discriminate against patients with limited-English proficiency by not providing them with translation services; today it is time for Connecticut to protect the rights of our most vulnerable patients, and fund that mandate.

Please support SB 198, and thank you for your time.

Please feel free to contact me with any questions.

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