

## TESTIMONY REGARDING

### AN ACT CONCERNING THE AVAILABILITY OF INTERPRETER SERVICES UNDER THE MEDICAID PROGRAM.

**Presented by  
Alfreda Turner, President & CEO  
Charter Oak Health Center, Inc.  
Hartford, CT**

February 27, 2007

Senators Toni Harp, Denise W. Merrill and members of the Appropriations Committee, my name is Alfreda Turner, President and CEO of the Charter Oak Health Center in Hartford, CT. On behalf of Charter Oak and the twelve Federally Qualified Community Health Centers (FQHCs) of Connecticut, I am here to support SB198, AN ACT CONCERNING THE AVAILABILITY OF INTERPRETER SERVICES UNDER THE MEDICAID PROGRAM. As you probably know, the FQHCs are the front line providers of health care to many persons of color and diverse ethnicities. According to 2005 data, 42% of community health center patients are better served by a language other than English. Forty-eight percent of health center patients are Hispanic/Latino, and there are many patients from Africa, Eastern Europe and other countries. The need for medical interpretation is great. I would like to read two accounts from health centers in regards to medical interpretation. The first is from a provider from New Haven:

"I have several stories, but the very saddest was of Mr. Y. a Turkish man in his late 50's for whom we could never get translation for about 6 years. He was alone having lived in the US for years, but with most of his family abroad, with a severe heart problem. He was disabled and financially destitute and my social worker and I worked for several years, getting him emergency heating assistance and other things. But it was impossible to communicate with him about his severe medical conditions, multiple medications, referrals, etc. Despite multiple requests, he never brought a translator with him - sometimes we used the owner of the pizza place next door by phone and in person to help, but Mr. Y was clearly humiliated with that and it was inappropriate from a privacy standpoint. He ultimately became severely depressed, stopped his pills, seemingly indicating that he was so despondent that there was no point in taking any of his medicines. I asked the clinic about how I could get help with translation to intervene in this, feeling quite worried about his depression and was directed to Maria M. who really only knew about a CHN translation service for which he didn't qualify, and Yale hospital wouldn't provide service outside the hospital. So, no attempts to get a translator to help were effective and he was found unconscious/dead within a couple of months of his appearance at our center having stopped his medicines... so seemingly depressed. I

believe that the inability to communicate with him was a core element in his untimely demise.”

A second story came from a provider in Torrington:

“A few weeks ago a Spanish speaking patient called our center. Fortunately our bilingual medical assistant was on. She found out the patient was going to kill her/himself. With the medical assistant’s help, we got crisis intervention to the home and the patient was hospitalized.”

There are many more stories like this that will you probably hear today. Our health center patients Already experience too many barriers to accessing adequate health care, such as poverty, lack of health insurance and low education. Inability to communicate medical information in the English language can, and should, be deleted from this list of their impediments.

In an effort to help address this need, employees at Charter Oak Health Center in Hartford speak seventeen different languages. Even so, our patient population communicates in a number of additional languages and dialects that are unknown to staff. Also, translators of health information need to complete a certification course to ensure adept skills in communicating the exact words of the medical provider, versus paraphrasing what could be critical information. Good communication between a provider and a patient is one of the most important predictors of a good health outcome. Let’s fix something that is easily fixable. Please support SB198.

Thank you.