Hispanic Health Council

Testimony Before the Human Services Committee

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S.B. 198 An Act Concerning the Availability of Interpreter Services Under the Medicaid Program

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Good morning Senator Harris, Representative Villano and members of the Human Services Committee. My name is Jeannette DeJesús and I am the Executive Director of the Hispanic Health Council. I am here to testify in support of **S.B. 198 – An Act Concerning the Availability of Interpreter Services Under the Medicaid Program**.

Quality health care is something that all people deserve, regardless of wealth, race, culture, class, educational status or language. It is easy to agree with this sentiment but difficult to act on it. However, as legislators, you have the ability to return the health care debate to its core- the right of all people to quality health care.

I am here to talk to you today about medical interpretation, a critical component of quality health care for many in Connecticut. In order to give equal access to quality health care to all people in Connecticut, we need to remove the barriers that prevent individuals from accessing health care. In a recent report, *A Profile of Latino Health in Connecticut*, published by the Hispanic Health Council's Latino Policy Institute, we identified language and the shortage of trained medical interpreters as significant barriers to accessing health care services.

For individuals with limited English proficiency (LEP) language is a major barrier to accessing health care and plays an important role in cultural and socio-economic health disparities. With few trained medical interpreters available throughout the state, patients are forced to rely on untrained hospital staff, friends, family members and even children to interpret for them. While well meaning, these interpreters are rarely trained in medical interpretation, which requires a specialized vocabulary. Medical interpretation involves not only direct translation, but also cultural sensitivity and understanding. The lack of proper training can result in misunderstandings, incorrect diagnosis and even loss of life. When people are unable to communicate with their doctors serious mistakes can occur.

If the Department of Social Services participates in the federal Medicaid match program for medical interpretation services, we can provide access to medical interpretation services to the more than 22,000 Medicaid participants in CT with limited English proficiency. The CT Health Foundation has estimated that the costs of making medical interpretation service available to Medicaid participants would be approximately $4.7 million dollars. That means, with the federal match, the total cost to the state would be $2.35 million. This amount is quite reasonable when you look at the benefits in quality of care received, improved diagnosis, decreased visits to the emergency rooms and improved quality of life.

I urge you to support **S.B. 198 and to work to improve the quality of care available to individuals with limited English proficiency in Connecticut.** With over **60** languages spoken in Connecticut, this is an issue that affects citizens from all areas and all walks of life. It is an important first step towards reducing the barriers to quality health care that prevent many individuals across Connecticut from accessing the health care that they need and deserve.

A PROFILE OF LATINO HEALTH IN CONNECTICUT

The Case for Change in Policy & Practice

CULTURAL AND LINGUISTIC ISSUES IN ACCESS TO CARE

Growing awareness of the impact of cultural and linguistic barriers to health care has resulted in federal requirements for culturally and linguistically appropriate care, and initiatives in many parts of the country intended to address these issues. There is still much work to be done for Connecticut's health care system to fully meet these mandates.

The landmark Unequal Treatment report of the Institute of Medicine report includes among sources of health disparities: "cultural and linguistic barriers in health care settings" and "disparities arising from the clinical encounter, possibly due to bias, uncertainty or stereotyping."

The Office of Minority Health (OMH) of the U.S. Department of Health and Human Services has established National Standards on Culturally and Linguistically Appropriate Services (CLAS). CLAS Standards regarding Culturally Appropriate Care are not mandated, but are recommended by OMH for adoption as federal mandates. They include the assurance that health care staff from all disciplines receive ongoing training in culturally and linguistically appropriate service delivery.

Culture is a broad term with multiple interpretations; thus the education and training provided to staff of health care institutions is varied in its content. In recent years, there has been growing awareness that limiting training to what has commonly thought of as 'culture' runs the risk of ignoring some of the most important sources of the stereotyping referred to in the Institute of Medicine (IOM) report.

Training approaches have begun to use a broader definition of culture, one that includes economic class, gender, race, ethnicity, disabilities, sexual orientation, social class, literacy, language, age and spirituality.

Such training requires profound conceptual exploration and personal reflection, and is therefore process-rich and time consuming. A challenge to the adequate training of Connecticut's health care professionals and students is the lack of time within busy clinical work days and packed academic curricula to effectively deliver this content.

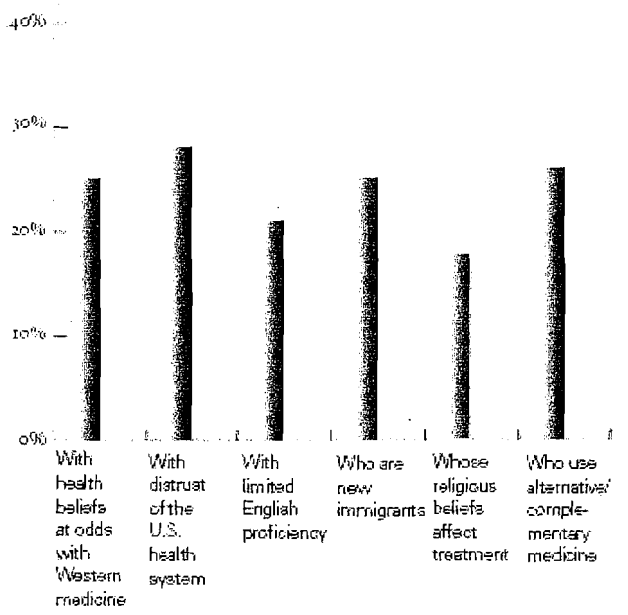
Among the barriers to quality health care experienced by Connecticut's Latinos, language is one of the most serious. The Commonwealth Fund (Doty, 2003) found that 44% of Latino adults report that they usually or at least sometimes have a hard time speaking with or understanding a doctor because of language issues. Indeed, of all ethnic groups, Latinos, especially Spanish-speaking Latinos, are the most likely to report problems understanding and communicating with a physician. A study on access barriers to health care for Latino children indicated that 25% of parents surveyed indicated that the inability to communicate in the same language with their doctors was the single largest barrier to getting health care for their children (Flores et al., 1998).

Poor health outcomes often result when Latino patients see language discordant doctors. These patients are more likely to omit medication, miss office appointments and rely on the emergency room for care (Carillo et al., 2001). Conversely, language concordance between physician and patient has a positive impact on health behaviors.

A study conducted at the General Medical Practice of the University of California, San Francisco, found that Spanish monolingual patients whose physicians spoke Spanish had better recall of their physician's recommendations and asked more questions during their visit than their counterparts seen by non-Spanish speaking clinicians (Perez-Stable et al., 1997).

As noted in Figure 5, 22% of physicians report being unprepared to treat patients with limited English proficiency, a problem that is further exacerbated by the lack of language interpreter services in health settings. Generally, it is estimated that only half of Latino patients needing interpreter services actually receive them (Latino Commission on AIDS, 2001), although cost estimates by the U.S. Office of Management and Budget (OMB) indicate that language services would only add $4.04 to the average cost of a health care visit (U.S. OMB, 2002). Especially rare is the availability of a trained medical interpreter, even though when such an interpreter is available Latinos report that their ability to understand a doctor's instruction goes up by 70%. Undoubtedly, health care institutions limit opportunities for patient education and treatment compliance when they fail to recognize and address the needs of their limited English proficiency patients. This is particularly important in Connecticut where 268,045 Latinos (over five years of age) or 8% of residents report speaking Spanish at home (U.S. Census Bureau, 2000b).

Figure 5 | Percent of Resident Physicians Very Or Somewhat Unprepared to Treat Patients... 2005*



*Source: Connecticut Office of Health Care Access, 2005

Unfortunately, as Hofmann and Hooper (2001,17) note, "The ability of Connecticut's health care providers to communicate with non-English speaking people is very limited." The lack of Latino physicians in Connecticut poses an especially difficult challenge; 2002 estimates indicate that there are only 235 nonfederal* Latino physicians in the entire state of Connecticut accounting for 2% of the state's physicians (12,742) (KFF 2002e).

OMH Culturally and Linguistically Appropriate Services Standards mandate Language Access Services, including requirements for free language assistance services, including bilingual staff and interpreter services, at all points of contact, in a timely manner during all hours of operation, and the provision of competent language assistance by trained interpreters and bilingual staff. (OMH, 2000). According to the Connecticut Health Foundation report, *Estimates for the Cost of Interpretation Services for Connecticut Medicaid Recipients*:

> Approximately 5% of Connecticut's residents are of limited English proficiency (LEP).
>
> About 49% of low-income Spanish-speaking Connecticut residents have LEP.
>
> More than 22,000 people with LEP were enrolled in the state's Medicaid program in 2003, and used about 5% of the program's health services.

- About half of these low-income, LEP Connecticut residents speak Spanish.
- Health care providers are not aware of those medical interpretation services available to their patients.
- It is feasible for the medical interpretation to be funded through the state's Medicaid Program.
- A work group is needed to raise awareness of the need for and availability of interpreters, and to create an effective system for implementing an interpretation system across provider types.

In summary, the growing number of uninsured Latinos and the persistent lack of access to culturally and linguistically appropriate health care services are fueling a health crisis within Connecticut's Latino population that is likely to worsen without substantial reforms in provider recruitment/training and health policy and practice.