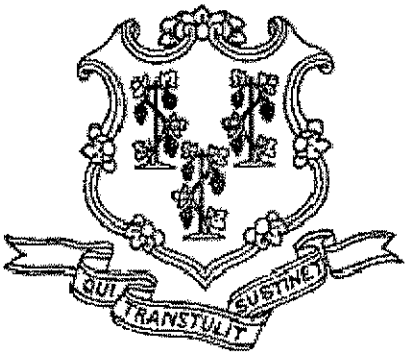

AFRICAN-AMERICAN AFFAIRS COMMISSION
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Public Health Committee

Public Hearing

Monday, March 3, 2008, 10:00 AM in Room 1D of the LOB

Good morning/afternoon Senator Handley, Representative Sayers and members of this Committee. My name is Frank Sykes and I am the Legislative Analyst representing the African-American Affairs Commission (AAAC). I am speaking in support of the following bills:

Senate Bill. 458 (Raised) – An Act Concerning Linguistic Access In Hospitals And Diversity In The Health Care Workforce.

House Bill. 5705 (Raised) – An Act Concerning The Prevention Of Cardiovascular Disease Through Community-Based Physical Activity Programs.

Senate Bill. 459 (Raised) – An Act Promoting The Early Detection, Diagnosis And Treatment Of Lung Cancer, Breast Cancer And Cervical Cancer.

The Commission supports ***Senate Bill. 458*** but prefers to see language added to address the need for cultural competency training for medical professionals. As

the 2000 census demonstrates the U.S. is becoming an increasingly racially and ethnically diverse society. In the 2000 census, minorities constituted 30 percent of the population. It is predicted that this figure will grow to at least 47 percent by the year 2050, nearly half of the U.S population.[1] A number of states have responded to this change in demographics, as such, have incorporated a cultural component in the medical school curricula. It is our belief that the health of Connecticut's residents will be better served if the state follows this path. This is critical especially when people's lives depend on the decisions that doctor's make in service delivery. Medical educators in the state need to understand the role that culture plays in all aspects of the doctor–patient relationships, an appreciation of the complexity of cultural awareness, training in methods to work effectively with culturally diverse populations and the tools to understand their own biases.

An estimated 32.5 percent of African-American adults were classified as obese in one year.[2] The dangers of obesity are well documented, increased risk of diabetes, high blood pressure, heart disease, and gall bladder disease. Obesity and poor fitness don't only affect functionality, but poor health conditions increase health care costs. The Commission recognizes that the solution to the battle against obesity is better nutrition, and increased physical fitness. ***House Bill. 5705*** should help offset future health care costs to the state by investing in prevention rather than cure.

In reference to ***Senate Bill. 459*** breast cancer screening is urgently needed in African American communities yet is inaccessible to many who fall below certain income levels. Nationally 40,460 females were predicted to die from cancer in 2007.[3] A disproportionate number of the casualties are likely to be African-American women. Most of these women diagnosed probably had breast cancer in its advanced stages; as a result had shorter survival time. In Connecticut

[1] U.S. Census Bureau, *Demographic Trends*
[2] Trust For America's Health, *Obesity Rates*
[3] National Cancer Institute, *Breast Cancer*

African-American females experienced a 28.6 percent death rate per 100,000 in the years 2000 through 2003.[4] However research tells us with regular mammogram screenings many of these deaths are preventable. According to the Institute of Medicine, routine screening in clinical trials resulted in a 25 to 30 percent decrease in breast cancer mortality rates among women between the ages of 50 and 70.[5] This bill should help increase access for many more women at risk.

Thank you for the opportunity to testify.

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[4] American Cancer Society, *Death Rates for Selected Cancers in African-American Males and Females, by State, 2000-03*

[5] American Lung Association, *Lung Cancer and African-Americans*