



**Testimony of Maritza Rosado to the State of Connecticut Public Health Committee  
Tuesday, March 1, 2011**

**Concerning Proposed H.B. No. 5608**

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Andrea L. Stillman, Co- Chair, Elizabeth Ritter, Co-Chair, Gayle S. Slossberg, Vice-Chair, Christopher Lyddy, Vice Chair, and members of the Public Health Committee:

I am writing in support of bill H.B. No. 5608, an Act concerning the implementation of culturally and linguistically appropriate standards in health care settings. I currently serve as the Co-Chair of the Language Access Services Committee of the Connecticut Multicultural Health Partnership. The overall mission of the Partnership is to develop and implement a state plan to identify and address health disparities and multicultural health issues through the effective and systematic collaboration of a diverse, multidisciplinary group. A major focus of our plan is the implementation of the *National Standards on Culturally and Linguistically Appropriate Services in Connecticut*.

The primary goal of the Language Access Services committee are to ensure that for people who do not speak English that language is not a barrier to the receipt of appropriate health care and health education. Our committee believes that health care professionals and institutions should provide interpretation and language services to populations with language diffusions. This goal is aligned with the CLAS standards 4-7. Last year, the committee diligently exerted their efforts by implementing a statewide survey of both Local Health Departments (LHDs) and Community Health Centers (CHCs) because an evaluation of available language access services in these community resources for health has not been documented. The findings were as follow:

**Language Needs and Services of Local Health Districts and Community Health Centers**

Presented by the Language Service Committee

**Local Health Departments**

**Types of Languages Services Offered**

Translations are the most common form of language service, with three-quarters of the LHDs providing educational materials, and 70% having signs and posters or forms written in a language other than English. The most common method of providing interpretation was through bilingual staff (30%), followed by volunteer interpreters (22%).

<i>Types of Languages Services Offered by HDs (n=32)</i>			
	<b>Offer</b>	<b>Planning</b>	<b>Do not offer</b>
Translated educational materials	76%	9%	15%
Translated signs & posters	70%	6%	24%
Translated forms	52%	12%	36%
Bilingual staff	30%	3%	67%
Volunteer interpreters	22%	19%	59%
Media outlets	18%	3%	79%
Telephone language lines	18%	3%	81%
Communication Boards	6%	6%	88%
Paid interpreters	9%	6%	85%
Web-based information	6%	12%	82%



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**Survey Highlights**

- The 33 respondents provide public health services to over 2 million Connecticut residents.
- Nearly one-third of the LHDs encountered people with LEP every week and, at the other end of the spectrum, one-third had encounters less than once a month.
- Spanish was the most common language encountered, with Chinese being second.
- Slightly less than half of the LHDs conducted an assessment of the size of LEP population in their community.
- The cost of providing language services was the highest ranking barrier to address the needs of LEP community.
- Other challenges included limited availability of interpreters and limited availability of translated materials for some languages.

**Community Health Centers**

**Types of Language Services Offered**

Face-to-face independent or contractual interpreters (both professional and volunteer) were rarely used for Spanish or other languages. Telephonic interpretation was used by all CHCs for Spanish speaking patients and by 89% for patients who speak languages other than English or Spanish. Signage in Spanish was used by two-thirds of the CHCs and signage in other languages by one-third. Twenty-two percent have Spanish language health education programs, but none of the Centers offered classes in other languages. Social networks or bulletin boards are utilized to communicate with patients in Spanish but not to communicate in other languages

<i>Types of Languages Services Offered by CHCs (n=9)</i>		
	<b>Spanish</b>	<b>Other languages</b>
<b>In-person interpretation</b>		
Bilingual clinical staff	100%	67%
Bilingual non-clinical staff	100%	44%
Bilingual staff interpreters	78%	22%
Family members	89%	100%
Independent interpreter	0%	0%
Commercial service	11%	0%
Volunteers	0%	0%
<b>Technological interpretation</b>		
Telephone interpretation	100%	89%
Video-Conferencing	0%	0%
<b>Other services</b>		
Signage	67%	33%
Health education information	22%	0%



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**Survey Highlights**

- Spanish is by far the most common language encountered. Hindi, Portuguese, Tagalog and Urdu are the other languages that are encountered.
- The CHCs try to meet language needs by utilizing bilingual clinical and non-clinical staff and family members. All the CHC used telephonic interpretation as well, while none of the centers had access to video-conferencing.
- Translation services were the most likely of language service to be provided and this was done so by untrained internal staff.  
A smaller number of community health centers looking to required completing a course in medical interpretation and passing a competency exam on medical interpretation skills.

**Survey Summary**

Community Health Centers and Local Health Departments do provide many types language services for their clients, yet it is a challenge for them to provide language services for everyone because of the large number of people who do not speak English and the many different languages that they speak. This is evident with the high number of LHD that do not have access to interpreter and translation services and CHCs that continue to use family members to interpret. These providers acknowledge that more language services are needed but lack of funding is a significant barrier to doing more.

**Recommendation**

The Language Access Services committee recommends that the Public Health Committee respectively modify H.B. No. 5608 to amend the criterion of interpreters that will work in health care sectors. The recommended modification for H.B. 5608 would be to include competent and/or credentialed interpreters. This addition would reinforce the bill's effectiveness as it would assure that all patients that are Limited English Proficiency (LEP) or Non- English speaking patients (NES) will obtain language services from competent and/or credentialed interpreters and thus ultimately uphold patient safety.

**Conclusion**

The Language Access Services Committee will continue to work to make health care better by promoting language services. This year, the committee will be hosting a conference for hospital administrators on the implementation of CLAS standards and accreditation and law with speakers from the Joint Commission, Office of Civil Rights and the International Medical Interpreter Association, The event is scheduled for May 5, 2011 at the CT Hospital Association (8:30-1:00). The committee anticipates continuing the work that promotes the elimination of health disparities among populations with language lesser diffusion.

For more information on this report visit the CMHP website: [www.ctmhp.org](http://www.ctmhp.org).



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As members of this Committee, we ask that you support and include the recommended modification for H.B. No. 5608. An act concerning the implementation of culturally and linguistically appropriate standards in health care settings.

Sincerely,

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Co-Chair, Language Access Services Committee  
CMHP Project Manager

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