



State of Connecticut

Latino and Puerto Rican Affairs Commission

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Testimony in Support of H.B. 5608 AAC the Implementation of Culturally and Linguistically Appropriate Standards in Health Care Settings” Wednesday, March 2, 2011 ~ Room 1D of the LOB, Hartford, CT

Good morning Senator Stillman, Representative Ritter and members of the Public Health Committee. My name is Werner Oyanadel, Acting Executive Director of the Latino and Puerto Rican Affairs Commission and a member of the Executive Committee of the Connecticut Commission on Health Equity. I'm here today to speak in support of H.B. 5608 “AAC the Implementation of Culturally and Linguistically Appropriate Standards in Health Care Settings.”

H.B. 5608 aims to establish a collaborative committee that will be charged with monitoring the implementation of the Culturally and Linguistically Appropriate Services (CLAS) issued by the United States Department of Health and Human Services' Office of Minority Health.

Cultural & Language-Related Issues in Connecticut

While Latinos represent 12% of Connecticut's residents, they account for a staggering 30% of Connecticut's uninsured population and one of the most critical barriers to health confronted by Latinos occur during the health care encounter. Studies, most notably by the Connecticut Health Foundation (2006), have shown that¹:

- 44% of Latino adults report that they usually or least sometimes have a hard time speaking or understanding a doctor because of language issues;
- Patients who see language discordant doctors are more likely to omit medication, miss office appointments and rely on the emergency room for care;
- 25% of Latino parents surveyed indicate that the inability to communicate in the same language with their doctors was the single largest barrier to getting health care for their children;
- 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.

About National CLAS Standards

Developed by the U.S Department of Health and Human Services – Office of Minority Health, the National CLAS Standards help to support the elimination of health disparities based on race, ethnicity, and linguistic ability. There are fourteen national standards organized around three themes: Culturally Competent Care, Language Access Services, and Organizational Supports for Cultural Competence. CLAS Standards 4-7 are federal mandates requiring recipients of federal funds to offer Language Access Services.

CLAS Mandates – Language Access Services

- **Standard 4.** Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.
- **Standard 5.** Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
- **Standard 6.** Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).
- **Standard 7.** Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

CLAS Implementation Accountability Recommendations

- The CLAS Implementation Accountability Project is an ongoing effort to review policies and practices consistent with the implementation of Language Access Services as mandated through CLAS and to make recommendations for best practices to healthcare entities in Connecticut. Further, the project will do the following:
- Establish a comprehensive collaborative of healthcare entities in Connecticut for information sharing and support.
- Conduct an analysis on the number of LEP individuals served, the frequency of contact with the agency/program, the nature and importance of the agency program, and the resources available and costs
- Establish a self-monitoring board (with representation from all entities) to review agency policies and practices to comply with National CLAS mandates.
- Conduct train-the-trainer workshops on best practices for the implementation and compliance of National CLAS Mandates.

Benefit to the State

Non-compliance of National CLAS Mandates by entities receiving federal funds is subject to fines and loss of federal funding. Federal CLAS mandates support Joint Commissions Requirements around access services to diverse populations and are compliant with Title VI of the Civil Rights Act through the provision of "reasonable, timely, and appropriate language care" to linguistically isolated populations.

ⁱ Latino Policy Institute “A Profile of Latino Health in Connecticut”: The Case of Change in Policy & Practice. December 2006 – Hispanic Health Council