

Testimony Appropriations Committee
Yvette Bello, Executive Director of Latino Community Services
Hartford, CT
3 March 2014
Support for Raised H.B. No. 5385

Greetings Senator Gerratana and members of the Public Health Committee. I am here to share my support of Raised Bill 5385, An Act Concerning Language Interpreters In Hospitals.

My name is Yvette Bello and I'm the Executive Director of Latino Community Services, Inc. a 28 year old nonprofit organization that offers a comprehensive range of prevention and care services for people at risk for and already living with HIV/AIDS. Over the course of the almost 9 years with this organization there were many programs that I have been proud of because of the impact they had on some of the most vulnerable populations in the state. Every program at Latino Community Services is built from the client out and is purposely designed to address the cultural needs and nuances of the Latino experience in healthcare.

I am here in today to share one program in particular that directly illustrates the importance of Raised Bill 5385. The program was called Contigo y Por Ti or With you & For you. This program was funded for 3 years by the Federal Office of Minority Health under Dr. Garth Graham who is now the President of the Aetna Foundation here in Connecticut.

Contigo y Por Ti had one overall goal which was to reduce health disparities among racial and ethnic minorities by increasing the number of culturally competent service providers in areas of need. We tackled that overarching goal using 3 strategies. The first was to increase the number of trained medical interpreters (Spanish to English); the second was to increase the utilization of our trained Latino Community Services medical interpreters in a hospital system; and third was to increase the awareness among people who spoke English "less than very well" about their right to an interpreter under Title 6 of the Civil Rights Law when seeking medical attention.

We ran the program for three years at the Saint Francis Hospital and Medical Center's Burgdorf and Gengras Clinics for patients who spoke English less than very well and some of the outcomes were promising:

- We experienced a significant increase in the utilization of our trained interpreters by the medical staff at the clinics because the trained medical Interpreters were and treated as a part of the medical team, and were embedded the environment.
- Providers who were trained by this program called the trainings eye opening and wanted more training in cultural competence.
- A large majority of the client surveyed genuinely felt better about seeing their doctor and most completely agreed with the statement "I feel safer about the communication with my doctor due to having the services of an interpreter"

Ladies and Gentlemen, we have years upon years of data that proves Raised Bill 5385 is a good idea and I would add that NOT supporting Raised Bill 5385 COSTS CONNECTICUT TOO MUCH in lives and in money.

Specifically here are the only changes I would make:

Under Section (1) **I would add** “Develop, annually review, **and promote** a policy on the provision of interpreter services to non-English-speaking patients;

Under Section (2) **I would eliminate** [, to the extent possible,] **and rewrite as** Ensure the availability of interpreter services to patients whose primary language is spoken by a group comprising not less than five per cent of the population residing in the geographic area served by the hospital;

Under Section (3) Prepare and maintain a list of qualified interpreters; **I would define “qualified”**. **Not defining “qualified” would be too vague, leaves the definition to the discretion of a hospital and would safeguard the status quo. I would urge the definition to be a balance between upholding the standards of this vitally important profession and allowing the profession to be “reachable” now for people entering the medical and allied health fields.**

At Latino Community Services, we recruited people who had a minimum of a high school diploma or GED, who successfully pass a language assessment in the target language, who fluently speak both the target language and English, who currently utilizes both the target language and English in their daily work, who successfully completes our basic 48-hour of Medical Interpreting training which includes course work on understanding healthcare in America, ethics, and boundaries, and who commits to professional development in this field.

Under Section (5) Post multilingual notices of the availability of interpreters to non-English-speaking patients; **I would add and the signage also have the contact information for the Federal Office of Civil Rights to submit any complaint or inquiry regarding this right.**

Finally, I would add that if this bill moves forward that the implementer bill does not inadvertently exclude minority led and minority focused organizations like mine to be a part of the solution. I would hope that the funds to start address these needs in CT not be subject to credentialing that is not attainable to small community based organizations

Thank you for your time. I’m happy to answer any questions you might have.