

**Testimony to City Council**  
**Department of Health Budget Hearing**  
**Committee on Health**  
**Chairperson David A. Catania**  
**April 21, 2010**

Good morning, Councilmembers, and thank you for the opportunity to testify here today. My name is Alicia Wilson and I am the Executive Director of La Clínica del Pueblo. As you know, our community health center serves a primarily Latino population. Many of our patients are limited English proficient and therefore need to receive health care in their native language (either by a Spanish-speaker provider or through an interpreter) in order to ensure that they can truly communicate with their provider.

One of the things we have learned over the years is that providing care in someone's preferred language – a.k.a. language access – is not just an ancillary medical service. When it comes to providing health care, language access is an *integral component*. Access to interpreters or bilingual providers help increase patient satisfaction with care, utilization of outpatient services, and compliance with treatment. Lack of access to interpreters, especially trained interpreters, has been shown to lead to delay or deferral of care, increased chance of medical errors, and utilization of excessive or inappropriate care.

We at La Clinica recognize that we're very fortunate to live in a city that provides care to all its residents through a combination of public and private efforts, such as the DC Healthcare Alliance. Although the city's safety net is progressive, we must continue to advocate for recognition of the needs of immigrants in the healthcare system. We were thrilled, therefore,

when the Department of Health agreed to fund a language access centered project for the first time last spring through the Chronic Care Initiative. This funding was given with the recognition that language access is particularly important for improving chronic care outcomes among patients who are limited English proficient, since it is imperative that someone with a chronic illness have good communication with their provider in order to figure out strategies for managing their illness.

Under the project developed with the “CCI” funds from the Department of Health, La Clinica convened an Advisory Committee of key stakeholders and experts in the field of language service provision to develop a strategic plan and system-wide recommendations on how access to language services can and should be improved in health care in DC. The recommendations focus primarily on hospitals and, since they are evidence-based and tailored to the specific characteristics of our DC system, will hopefully prove to provide useful tools for these institutions. When we first announced the project to you, Chairman Catania, last month, you suggested that we collaborate more closely with hospitals. As per your suggestions, we have strengthened our relationships with the hospitals and are already on the agenda for the May meeting of the DC Hospital Association. We will work collaboratively with DCHA to strengthen the recommendations, according to the needs of the hospitals involved, and to develop strategies for their implementation.

We believe that expanding language access in hospital settings will make a significant impact on healthcare access throughout the city. Building on one of the major recommendations that came out of the Advisory Committee, we feel that provision of language services should be a *shared responsibility*, not just between hospitals and community groups, but also between government and insurance providers. For example, government seed funding could be used to

“incentivise” hospitals to establish more comprehensive language access initiatives. When this strategy has been applied elsewhere, it has led to vast improvements in access to care. In addition, with just some initial seed money, language access programs can ultimately become self-sustaining within the healthcare institutions. This is in part because provision of language access up front actually helps *save* money in a number of other areas - lawsuits are avoided, additional tests that result from misdiagnosis aren’t undertaken, and less costly interventions are utilized.

Our hopes for government collaboration in language access took a blow this past week when we found out that the funds for the language access initiative through Department of Health had been abruptly cut, with no explanation. We feel that our CCI project has great potential to dramatically improve language access throughout the city, but the outcomes will not be able to be realized because of this unexpected funding cut. We are at a loss to explain the actions of the Department of Health at this point, and we are struggling to re-group from a new budget gap created by this loss.

We hope that in the future, the Department of Health will show returned commitment to supporting and funding language access initiatives in the city. Ideally, given the population of DC, every project coming out of the Department should have a language access component, to ensure that all residents of the District will be able to equally benefit from the intervention. We ask that this committee consider additional funding for the Department of Health to explicitly support language access: through incentive projects for hospitals to expand language services, and through a stipulation that all Department of Health projects include language access as a required implementation component. When it comes to providing comprehensive health services to patients like many of ours who are limited English proficient, language access cannot be a

second thought – it has to be considered part and parcel of all aspects of health care provision. At La Clínica, we have seen time and time again, it is only when health care and health projects are truly accessible to *all* our community members, that we can move forward and achieve true health advances for the broader community. Thank you for your time.