SO Health-E
Advocating for Health Equity

Chair Rachel Prusak
900 Court St. NE, H-489
Salem, Oregon 97301
House Health Care Committee

March 1, 2021

Re: Letter of support of HB 2359 the Health Care Interpretation Accountability Act

The entire service delivery network must be reviewed to understand what the language needs of Limited English Speakers are. If healthcare systems cannot provide bilingual providers that address these needs, they must address the gap by working with Traditional Health Workers and Certified and Qualified Health Care Interpreters.

The health care interpreter (HCI) is an essential part of the medical team. Interpreters offer a language and cultural bridge between a health care professional (like a doctor, nurse, dentist, etc.), and a limited English proficient (LEP) patient. This ensures the proper communication that allows for the LEP patient to receive quality medical care.

Volumes of research support that addressing Cultural and Linguistic needs of individuals meets the Triple Aim (improving the experience of care, improving the health of populations, and reducing per capita costs of health care). Until the providers speak or sign the language of individuals that is adequate for community needs, Interpreters bridge that gap.

The COVID-19 pandemic has drastically impacted the Spoken and Signed Language Health Care Interpreter workforce. Many healthcare interpreters were laid off immediately, those that invested to transition to remote work were, unutilized by health systems that shifted to cheaper, lower quality interpreter agencies that do not employ Oregon Certified and Qualified Interpreters.

As a Regional Health Equity Coalition in Southern Oregon, we hear first-hand from community members about the impact that professional interpretation has on their access to healthcare services and in turn their overall health. As LEP patients they recognize the quality of healthcare services they receive is bound to the quality of interpretation services available to them, and their relationship with medical providers. Their experiences include visits that are impersonal, not culturally appropriate, as they communicate through "a robot" (video monitor or phone line); them feeling their language needs are an afterthought, not trusting when front desk bilingual staff is called in to help interpret as needed, having to bring a family member sometimes an underage child to assist during appointmets, and not

trusting the well-meaning bilingual folks who are not certified and therefore likely not compliant with ethics and confidentiality policies. Before the pandemic these were already experienced issues, the pandemic has shown us that language barriers significantly dimmish the information and care for LEP patients, impacting whole families. As a coalition we are supportive of medical interpreter certification and recognize that sustaining a network goes beyond the initial certification; it's imperative to recognize and invest in this profession as an asset to bridge the gap on health inequities. It is not enough to create initiatives, creating an accountability system to ensure compliance can reinforce the healthcare field's own rectification and contribution to health equity.

HB 2359 the Health Care Interpretation Accountability Act, moves Oregon in the direction of Recognizing, Rectifying, and Reconciling historical and contemporary injustices for the Limited English Speaking population.

Respectfully,

Annie Valtierra-Sanchez

Equity Coalition Director, SO Health-E