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Kristin L. Clouser, Secretary

TO: Senate Committee on Health and Welfare
FROM: Office of Racial Equity
DATE: February 27, 2024
RE: Comments on Draft 1.1 of S.302, An act relating to public health outreach programs regarding dementia risk

Dear Chair Lyons and members of the Senate Committee on Health and Welfare,

Thank you for the opportunity to testify on Draft 1.1 of S.302, An act relating to public health outreach programs regarding dementia risk.¹ The Office of Racial Equity supports enhancing public education and outreach programs with an explicit focus on cultural competency and language access as laid out in S.302, Draft 1.1. Research from the National Institutes of Health’s National Center on Aging suggests that “*Black participants in Alzheimer’s disease research studies were 35% less likely to be diagnosed with Alzheimer’s and related dementias than white participants, despite national statistics that indicate that Black Americans are overall about twice as likely to develop dementias than whites.*”² The Office is in favor of additional outreach to the public and to medical providers to combat the disparities and delays in diagnosis that lead to worse health outcomes for Black people with dementia or Alzheimer’s.

The Office recommends replacing the words “translation services” with “language assistance services” in provision (b)(1)(A)(vi) on page 2, line 14 of Draft 1.1. “Language assistance services” is a broader term intended to encompass all services needed to ensure patients have communicative autonomy in their interactions with medical providers. Using the term “language assistance services” will help to align Vermont state statutes with federal Department of Health and Human Services regulatory language regarding language access.

The Committee may refer to the 2023 Office of Racial Equity Language Access Report, downloadable at <https://racialequity.vermont.gov/language-access/>, for additional discussion of federal language access requirements and concerns with relying on automated translation tools like Google Translate. A brief summary of the legal frameworks for language access in the United States and resources for the Committee’s review is available in the presentation, “Introduction to Language Access Planning” presented at the Office of Racial Equity’s first annual conference on October 27, 2023.³ The following page discusses answers to questions on language access raised in testimony on S.302 on February 20, 2024.

¹ Draft 1.1, S.302 available at

<https://legislature.vermont.gov/Documents/2024/WorkGroups/Senate%20Health%20and%20Welfare/Bills/S.302/Drafts,%20Amendments,%20and%20Legal%20Documents/S.302~Katie%20McLinn~Draft%201.1,%20202-20-2024~2-27-2024.pdf>

² Data shows racial disparities in Alzheimer’s disease diagnosis between Black and white research study participants. (2021, December 16). National Institute on Aging. <https://www.nia.nih.gov/news/data-shows-racial-disparities-alzheimers-disease-diagnosis-between-black-and-white-research>

³ Description, photos, and video of the 2023 Apiary for Movement Builders conference available at <https://mailchi.mp/vermont/2023-apiary-for-movement-builders>. Compiled presenters’ slides available for download at <https://racialequity.vermont.gov/document/apiary-presenter-slides-2023>, with “Introduction to Language Access Planning” presentation slides appearing on pages 55-67.

The Office would like to provide the following information in response to the questions on language access raised in testimony on S.302 on Tuesday, February 20, 2024. Sources for these claims are cited in the 2023 Office of Racial Equity Language Access Report:⁴

Interpretation Requirements in Health Care Settings:

- “Translation” refers to the process of changing a pre-written or pre-recorded piece of media from its original language into another language; “interpretation” is when a person facilitates communication between people who use different languages. The difference is subtle but important for writing statutes that accurately convey the duties expected of the parties carrying out dementia and Alzheimer’s education projects.
- Any health center or clinic that accepts federal grant funding is required to provide an interpreter to a patient who uses a language other than English, free of charge to the patient. “Federal grant funding” includes funds that pass through a grantmaking entity like the Vermont Agency of Human Services, if the original source of the funding is the US federal government.
- In a healthcare setting, the requirement to provide language assistance services applies to facilities that accept Medicare/Medicaid reimbursement or federal grant funding. There is a limited exception for providers who only accept Medicare Part B and not any other form of federal funding.⁵
- Failing to provide an interpreter for patients who speak languages other than English has been found to constitute discrimination based on national origin under Title VI of the Civil Rights Act of 1964.
- Failing to provide an interpreter for a patient with hearing loss may constitute discrimination on the basis of disability under the Americans with Disabilities Act (ADA).
- It is never appropriate to rely on a family member to provide interpreter services in a healthcare setting regardless of whether the family member is an adult or a child. As other witnesses noted, family members are not likely to have the training needed to understand medical information and accurately convey it to the patient. Furthermore, it is an inappropriate invasion of the patient’s privacy to have family members receive and interpret sensitive medical information. It may be traumatic or, at the very least, emotionally difficult for children to have the responsibility of interpreting for their family members.
- Specialized training is needed to educate medical interpreters on:
 - medical vocabulary,
 - the ethics of medical interpretation, including patient privacy regulations, and
 - how to communicate the cultural differences between a patient versus a provider’s understanding of health and medicine.
- At this point, automated translation tools like Google Translate cannot reasonably be expected to replace a trained medical interpreter in a patient’s medical appointment.

Use of Automated Translation Tools in Public Communications:

- Google Translate or other automated translation tools are insufficiently accurate to be used on their own to translate health information. At this point, Google Translate is an inappropriate tool for any translation project without human translators checking the results for information accuracy and cultural relevance. The same limitations apply to large language models, colloquially known as “artificial intelligence”, like ChatGPT or OpenAI.

⁴ Greene, J., & Davis, X. (2023). 2023 Office of Racial Equity Language Access Report. State of Vermont Office of Racial Equity. <https://racialequity.vermont.gov/language-access>

⁵ US Department of Health and Human Services. (2013, July 26). Guidance for Federal Financial Assistance Recipients—Title VI. HHS.Gov. <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>