WRITTEN TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
THIRTY-FIRST LEGISLATURE, 2021

ON THE FOLLOWING MEASURE:
S.B. NO. 1285, S.D. 2, RELATING TO MEDICAL FACILITIES.

BEFORE THE:
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

DATE: Tuesday, March 16, 2021 **TIME:** 9:30 a.m.

LOCATION: State Capitol, Room 329, Via Videoconference

TESTIFIER(S): **WRITTEN TESTIMONY ONLY.**
(For more information, contact Angela Tokuda,
Deputy Attorney General, at 587-3050)

Chair Yamane and Members of the Committee:

The Department of the Attorney General (Department) provides the following comments on this bill.

The purpose of this bill is to require any hospital that serves a community including more than five hundred persons who are recipients of benefits pursuant to the Compact of Free Association, to: (1) establish and implement a program of diversity and inclusion training for all staff; and (2) hire interpreters and community healthcare workers as necessary to effectively communicate with and provide culturally sensitive services to the community.

These requirements are without an enforcement mechanism and are not drafted to be codified in Hawaii Revised Statutes, so it is unclear which department would have enforcement powers. The Department recommends that a department or agency be identified as the enforcing entity and the provisions of this bill be codified accordingly, along with an enforcement mechanism.

Thank you for the opportunity to provide testimony.

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Government Relations

Testimony of
Jonathan Ching
Government Relations Manager

Before:
House Committee on Health, Human Services, and Homelessness
The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair

March 16, 2021
9:30 a.m.
Via Videoconference

Re: SB 1285 SD2, Relating to the Medical Facilities

Chair Yamane, Vice Chair Tam and committee members, thank you for this opportunity to provide testimony on SB 1285 SD2, which requires any hospital that serves a community including more than five hundred COFA benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

Kaiser Permanente Hawai‘i offers the following COMMENTS on SB 1285 SD2

Kaiser Permanente Hawai‘i is Hawai‘i’s largest integrated health system that provides care and coverage for approximately 260,000 members. Each day, more than 4,400 dedicated employees and more than 600 Hawai‘i Permanente Medical Group physicians and providers come to work at Kaiser Permanente Hawai‘i to care for our members at our 20 medical facilities, including Moanalua Medical Center, providing high-quality care for our members and delivering on our commitment to improve the health of the 1.4 million people living in the communities we serve.

While we support the intent of SB 1285 SD2, we are concerned that if enacted in its current form, it would not meet the intended purpose.

Access to healthcare is essential to everyone's health and well-being. Those with Limited English Proficiency and people with disabilities typically face significant barriers in obtaining healthcare due to limited access. This may hinder the level of care and services they receive. Under certain circumstances, they may be denied health care services altogether. Effective communication using Interpreter Services and Translations Services are essential to providing clear communication—a critical element for access to healthcare. At Kaiser Permanente, we are committed to providing culturally competent care and equal access to health care for all members and their companions with disabilities.

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We would note that hospitals in Hawaii are required to provide language access services under Title VI of the Civil Rights Act of 1964. Thus, at Moanalua Medical Center, we already have a Language Assistance program; however, while we were able to partner with community interpreters to address needs for our COFA recipients during the COVID surge in 2020, there have been challenges to consistency in meeting this need given there is not enough interpreters that are certified translators to serve our COFA recipients. Adding additional regulatory requirements would not address lack of qualified individuals to provide these services and could exacerbate the issue.

Furthermore, we are concerned that SB 1285 SD2 does not allow for other means of translation besides interpreters, such as other translation methods, via phone or other technological means. Furthermore, we are concerned about the availability and fiscal impact of having qualified speakers to cover hospital operations 24/7 for multiple languages beyond those for COFA patients for any patient who arrives at the facility.

Mahalo for the opportunity to testify on this important measure.

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THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
Members, House Committee on Health, Human Services, & Homelessness

From: Colette Masunaga, Director, Government Relations & External Affairs, The Queen's Health Systems

Date: March 16, 2021

Re: Comments on SB1285, SD2: Relating to Medical Facilities.

The Queen's Health Systems (Queen's) is a nonprofit corporation that provides expanded health care capabilities to the people of Hawai'i and the Pacific Basin. Since the founding of the first Queen's hospital in 1859 by Queen Emma and King Kamehameha IV, it has been our mission to provide quality health care services in perpetuity for Native Hawaiians and all of the people of Hawai'i. Over the years, the organization has grown to four hospitals, and more than 1,500 affiliated physicians and providers statewide. As the preeminent health care system in Hawai'i, Queen's strives to provide superior patient care that is constantly advancing through education and research.

Queen's appreciates the opportunity offer comments and support for the intent of SB1285, SD2 which would require hospitals that serve a community with more than 500 COFA benefit recipients, to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to communicate with and provide culturally sensitive services to the community.

A majority of Queen's COFA patients are seen at the Queen Emma Clinic (QEC) for outpatient and primary care services. Our QEC embodies the mission of The Queen's Health System, which is to provide quality health care services to all, regardless of ability to pay. QEC provided services to over 700 COFA patients in FY2020; with the majority being Chuukese and Marshallese speakers. We continue to expand and improve our offering of formal interpreters for Limited English Proficiency (LEP) patients and in documentation of those patients needing an interpreter to improve clinical care and reduce ED visits and hospitalizations.

We would note that under Title VI of the Federal Civil Rights Act of 1964, hospitals are required provide language access services. Queen's Patient Relations Department provides interpreters for patients in many foreign languages as well as in American sign language. We also utilize the MARTTI (My Accessible Real-Time Trusted Interpreter) system, which is HIPAA compliant and allows for two-way video and audio wireless connection to a skilled, certified medical interpreter. The proposed measure would require hospitals to only hire interpreters and does not take into account the alternative means for delivering translation. We are concerned about the availablity of

resources and qualitifed speakers to cover hospital operations 24/7 for multiple languages beyond those for COFA patients.

Queen‘s supports the utilization of community health workers to build trusted relationships and rapport with patients. However, the limiting language of the bill does not take into account the diversity of caregivers currently engaged in care coordination, navigation, and facilitation of access services and improve the quality and cultural competence of service delivery.

Queen’s concurs with the testimony provided by the Healthcare Association of Hawai‘i and thanks the committee for the opportunity to provide comments.

March 16, 2021 at 9:30 am
Via Videoconference

House Committee on Health, Human Services, and Homelessness

To: Chair Ryan I. Yamane
Vice Chair Adrian K. Tam

From: Paige Heckathorn Choy
Director of Government Affairs
Healthcare Association of Hawaii

Re: Submitting Comments
SB 1285 SD 1, Relating to Medical Facilities

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities, and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide **comments** on this bill, which requires any hospital that serves a community including more than 500 persons who are residents from the Compact of Free Association nations to establish a program of diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers (CHWs) to effectively communicate with and provide culturally sensitive services to the community.

We appreciate the intent of this measure, which is to ensure that all residents have access to culturally competent care. This pandemic has affected the Pacific Islander community disproportionately, with an outsized number of cases of COVID-19 presenting in residents from the compact nations compared to their population numbers. As providers who are engaged in and invested in improving the health of our communities, our members are working with community partners to address disparities in care.

We are concerned, however, that requiring all hospitals to hire interpreters and CHWs to improve communication would require significant funding and could require an appropriation. We would also note that, as written, the draft does not specifically require translational services and training for COFA residents—the requirements in the bill instead apply to all patients who go to a hospital that is located in a community with more than 500 COFA

residents. Thus, as written, the bill seems to apply broadly to the entire patient population of a provider.

Further, on translational services, we would note that hospitals in Hawaii are required to provide language access services under Title VI of the Civil Rights Act of 1964. Translation services for spoken and written materials can be provided in-person, by phone, or via other technological means. This bill simply states that interpreters must be hired, which would indicate that the only translation services that could be provided would need to be in-person. This would be very costly for hospitals, as they would need to have a person in the facility or on-call 24 hours a day for multiple languages related not just to residents of COFA nations but, seemingly, any patient who arrives at the facility. Similarly, CHWs would need to be on staff and would need to speak various languages proficiently. This would require significant new staffing requirements, especially at rural hospitals.

Lastly, we note that many hospitals are undertaking bias and inclusion training independent of any requirement from the legislature. This training is designed to address any potential prejudice or stereotyping of an individual based on gender, sexual orientation, immigration status, English language proficiency, among other things. We would suggest that a legislative mandate might not be necessary in order to allow more broad, clinically-based training that can be targeted to each hospitals' needs.

Thank you for the opportunity to comment on this bill.

HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI PALI MOMI STRAUB WILCOX

Tuesday, March 16, 2021 at 9:30 AM
Via Video Conference

House Committee on Health, Human Services & Homelessness

To: Representative Ryan Yamane, Chair
Representative Adrian Tam, Vice Chair

From: Michael Robinson
Vice President, Government Relations & Community Affairs

Re: Providing Comments
SB 1285 SD2 -- Relating to Medical Facilities

My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawaiʻi Pacific Health. Hawaiʻi Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapiʻolani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawaiʻi.

We write **providing comments** on SB 1285 SD2 regarding SB 1285 SD2 which requires that any hospital or other medical facility that serves a community including more than 500 COFA benefit recipients to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

We acknowledge that the Pacific Islander community has been most affected by COVID-19 and suffer from health disparities at significantly higher rates than other populations across our islands. We also acknowledge that a contributing factor to these concerning health outcomes include access issues which include challenges related to cultural and language barriers resulting in racism and discrimination.

HPH – like all hospitals that contract with Medicare -- adheres to all Medicare Conditions of Participation [45 CFR Part 92] and Join Commission Hospital Accreditation standards relating to assuring language access to patients. At Kapiʻolani Medical Center where we provide care to the largest number of COFA beneficiaries, we have policies beginning from 1986 and that were most recently updated in 2020 to ensure we are meeting patient expectations of providing language access. Additionally HPH has developed a system-wide policy for language accommodation and provides 24 hour/365 day access to language access services through multiple vendors in more than 15 languages including Chuukese and Marshallese.

At the root of racial discrimination are often implicit biases shared by employees with employers having a shared responsibility with others to address. We also acknowledge that these barriers exist widely across our local community and within all workplace settings including health care settings towards that effort, HPH has embraced the values of addressing health equity and in our community partnership as one of our guiding principles to drive our community engagement strategies.

As care providers, we acknowledge that implicit bias exists in all levels in society. HPH along with many other employers acknowledge that the implicit biases that currently exists in our community will therefore also exist in employer settings, including ours as a health care provider. We have already begun initial conversations with community partners such as University of Hawai‘i and the John A. Burns School of Medicine who have in place an exemplary program that is evidence based. We will be incorporating our implicit bias training into our required employee training modules by summer 2021.

We also have a comment regarding language under Section 1 (2) that would require that hospitals specifically hire “community health workers” to address the issues raised in SB 1285. Hawai‘i Pacific Health has a number of community health workers on its care team, however we also recognize that other types of care workers in addition to “community health care workers” are also utilized to bridge the language and cultural gap experienced by COFA beneficiaries. We ask that the language not limit the type of care worker that hospitals can hire to address these issues.

- <u>We therefore ask that the specific reference of the type of worker Section 1(2) be broadened to enable other types of employees to meet the intent of this legislation</u>.

Thank you for your time and consideration of our comments. We look forward to engaging in further productive discussion on this matter as part of ongoing commitment to addressing health equity.

Testimony SUPPORTING S.B. No. 1285 SD2
RELATING TO MEDICAL FACILITIES

Rep. Ryan I. Yamane, Chair
Rep. Adrian K. Tam, Vice Chair

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, & HOMELESSNESS

Hearing Date: March 16, 2021 Room Number: 329

Chair Yamane, Vice-Chair Tam, and Members of the Committee:

The Hawai'i Coalition for Immigrant Rights SUPPORTS S.B. 1285 SD2.

It is no secret that the Pandemic exposed systemic inequalities in our healthcare services.[1] Numerous articles were published over the last year highlighting how our COFA communities have been disproportionately impacted by COVID-19 and did not receive the care or public health information needed to stop the spread of the virus in their communities.[2] With the recent changes expanding Medicaid coverage to COFA residents of the United States, more than 25,000 individuals in our state could be accessing healthcare on a more regular basis.[3] This is great news but needs to be met with equal action by the state.

SB1285 would go a long way in addressing some of the healthcare hurdles that COFA communities face as Limited-English Proficient (LEP) persons. It is common sense that medical care and public health information is best utilized when it is given in the native language of the patient by a member of their own community. That is why numerous states, such as Massachusetts, have passed more expansive medical interpretation laws that mandate in-person interpretation for patients.[4] These interpreters become trusted partners not only to the community they serve but also to the medical providers that they work with. They don't just translate the words spoken by a nurse or doctor. They recognize and address the barriers that the family they are speaking to might be facing.

For example, a COFA community family with a sick family member seeking care in an Emergency Room might bring several members of their family to the hospital in a show of support. In the current COVID-19 crisis, even if they are allowed to enter the hospital, this means that all of those family members could be exposed to the virus and could require testing.

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[1] https://www.civilbeat.org/2020/08/health-officials-knew-covid-19-would-hit-pacific-islanders-hard-the-state-still-fell-short/
[2] https://www.civilbeat.org/2020/09/covid-magnifies-health-disparities-for-micronesians/
[3] https://www.civilbeat.org/2020/12/how-decades-of-advocacy-helped-restore-medicaid-access-to-micronesian-migrants/
[4] https://www.mass.gov/interpreter-services-at-health-care-facilities

Without diversity and inclusion training for all staff and hiring appropriate in-person community interpreters and health workers to see what is happening in the room and address it, inadequate medical advice can be given that does very little to stop the spread of the virus or further the families' public health knowledge.

The current system, even with current laws, is not working. Doctors and other providers often feel like they are left with few options. They can call a number which may or may not connect them with language services through the phone, a helpful tool but one insufficient to the task of soliciting sensitive medical information, reading the apprehension or confusion on a patient's face, and addressing dynamics that may only be apparent in-person. Even systems like MARTTI, which can be helpful with more common languages like Spanish, are not optimized for the language needs of COFA communities. We have also heard stories of providers relying on the family member with the greatest English-language skills, which may often be a minor, and relying on them to do the job of a professional. None of these options have proven robust enough to provide COFA residents of Hawai‘i with the care that they are entitled to. In addition, without taking this step forward we will continually frustrate our already strained medical providers and cripple them by denying them the resources they need to meet the task they have been given.

The Pandemic has shone a light on the ways in which language access and cultural competency, which can only be achieved not only through training but also hiring in-person community interpreters and community healthcare workers to bridge the gaps, is a critical component of any public health response. Let's not let this lesson go to waste but, instead, take what we have learned and make positive steps forward so all ALL of our people can live healthy and productive lives.

Thank you for your consideration,

Catherine Chen, Co-chair, Hawai‘i Coalition for Immigrant Rights
Liza Ryan Gill, Co-chair, Hawai‘i Coalition for Immigrant Rights

Support for SB1285 SD2– RELATING TO MEDICAL FACILITIES

Dear Members of the Committee,

My name is Kayti Luu, and I am writing this letter in **support** of SB1285, Relating to Medical Facilities, which would provide comprehensive, inclusive care for Compact of Free Association (COFA) citizens. SB125 would require hospitals or medical facilities that serve a community including more than five hundred Compact of Free Association (COFA) citizens to establish diversity and inclusion training for all staff, and to hire interpreters and community healthcare workers as necessary to bridge the language and cultural divide with the community.

As a student in healthcare, I have witnessed firsthand the challenges minority patients face when interacting with providers who may not share the same cultural practices or native language. The ability to understand and relate to a patient is a crucial element in healthcare, as it establishes a basis of trust between a patient and provider. In doing so, providers and staff are better able to relate to their patients and provide them with the most comprehensive care and quality patient experience. Especially with the large variation in medicinal cultural practices, it is important that healthcare staff are aware and respectful of the medicinal practices of their patients. By ensuring that all healthcare workers are trained in practices that create a diverse and inclusive environment, SB1285 will provide resources for healthcare staff to provide a culturally inclusive environment for their patients.

Moreover, language differences serve as a significant barrier in the experience of a patient's care. Challenges often arise when a provider is unable to obtain a full, complete history of presenting illness secondary to language barriers. This often leads to miscommunication between patients and staff which not only creates a disconnect but can also lead to a lack of complete medical history. Medical interpreters and trained community health workers would serve as a primary solution to such a large barrier and will significantly improve the healthcare experience for all COFA patients. Especially now, with the COVID-19 pandemic and recent reinstatement of Medicaid and Children's Health Insurance Bill, COFA patients comprise a significant amount of the patient population. Recent statistics have shown that while non-pacific Hawaiian islanders only consist of 4% of the population, COFA citizens make up more than 25% of COVID-19 cases. To better ensure a comprehensive and inclusive healthcare experience for all patient populations in Hawaii, I urge the committee to pass SB1285.

Thank you for the opportunity to provide testimony on this bill.

Best,
Kayti Luu
801 South Street Honolulu, HI 96813

SB-1285-SD-2
Submitted on: 3/14/2021 8:00:27 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thaddeus Pham	Individual	Support	No

Comments:

Aloha HHH Committee,

I am writing in support of HSB1285 SD2. As a public health professional working with low English proficiency (LEP) people and the son of refugees, I have witnessed firsthand the need for culturally competent and in-language access for many local communities. The COVID-19 pandemic continues to highlight the stark disparities in healthcare access, especially for LEP communities, and this is the time to ensure that all communities in Hawai'i get equitable access to quality healthcare, including in hospital settings.

Thank you for your consideration of this testimony.

Thaddeus Pham (he/him)

SB-1285-SD-2
Submitted on: 3/15/2021 3:37:46 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dina Shek	Individual	Support	No

Comments:

Dear Committee Members,

I SUPPORT S.B. 1285 as an important step towards promoting much needed health equity in Hawai‘i. As an attorney and advocate in Hawai‘i, I have worked for over a decade alongside Micronesian communities to fight for access to healthcare and basic civil rights and dignities. Most recently, COFA status residents achieved the restoration of federal Medicaid benefits, especially important coverage during this devastating pandemic.

Still, disparities and discrimination in healthcare and other settings persist.

The current provisions in S.B. 1285 should be seen as a baseline. Even minimal compliance with these provisions are not enough to achieve health equity. Diversity and inclusion training might include, for example, COFA-specific and Micronesian-specific education and forums to develop relationships and build trust among providers and communities. Also, while language access is already required by federal and state law, this bill could expand the hiring of Community Health Workers and encourage a workforce that reflects the diversity of the communities they serve.

Advancing S.B. 1285 is an important step towards advancing health equity and addressing critical health disparities in Hawai‘i.

Thank you for your consideration,

Dina Shek.

March 15, 2021

SB1285 SD2 Relating to Medical Facilities

COMMITTEE ON HEALTH, HUMAN SERVICES AND HOMELESSNESS

Rep. Ryan I. Yamane Chair, Rep Adrian K. Tam Vice Chair

Aloha Chair Ryan Yamane, Vice Chair Adrian Tam and Members of the Committee.

Aloha! My name is Barbara Tom and I am in full support of SB1285 SD2. I am a retired Public Health Nurse and currently oversee services for the migrant community at the Waipahu Safe Haven Immigrant/Migrant Center. During this pandemic period, I have been actively working with our Safe Haven staff to help the residents of Waipahu access services and many of them are from the COFA community. I frequently hear of incidences related to the lack of interpreter services. Recently one of our own Marshallese volunteer was hospitalized in the hospital, and expected to return home the next week, however, she expired suddenly. The family was not notified until a few days later. They were devastated as was the community. The lack of interpretation for the family was evident as they were not initially aware of her diagnosis, nor what happened to her. A Department of Education interpreter who worked closely with our volunteer tried to help the family obtain information from the hospital but no one from the hospital called her back. The family was not allowed to go to the hospital to see her body but eventually told to go to the Morgue. This lack of interpretation, follow-up and compassion translates to a lack of trust by the community for medical personnel and hospitals. Many of the migrant community will not call the 211 number or the hospital for COVID information. Nor would they call to register for testing or to sign up for their vaccine as they do not speak English and there is no one at the other end who can help them through the process. This is a frustrating and recurring issue which really needs to be addressed. I strongly support the passage of this Bill.

Thank you for allowing me to provide testimony,

Barbara Tom

Barbara Tom

98-1854 Mikinolia Pl.

Aiea, HI., 96701

SB-1285-SD-2
Submitted on: 3/15/2021 11:41:14 PM
Testimony for HHH on 3/16/2021 9:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Azuma Chrupalyk	Individual	Support	No

Comments:

This hasn‘t been done yet? Who has been in charge all of this time? Cultural divide? The biggest cultural divide begins when you deny local students of a proper education, because of your annual education cuts and increasing red tape, then you pay people from the United States to come here to do the job of the people whose education you just cut were. This pattern of behavior is detrimental to the well-being of the people of Hawai‘i. You are voted in and work for the state of Hawai‘i.

TO: House Committee on Health, Human Services, & Homelessness , Chair is Rep. Ryan I. Yamane and Vice Chair Rep. Adrian K. Tam

RE: SB 1285 SD 2, Hearing 3-16-21 0930

Date: March 15, 2021

From: Neal A. Palafox MD

Dear Chari Yamane and Vice Chair Tam,

My name is Neal A. Palafox MD MPH. I was born and raised in Hawaii , a resident of Hawaii and work for the John A. Burns School for Medicine, University of Hawaii. I actively work with four COVID-19 response teams for the in the State of Hawaii. The views in this testimony are my own, and do not necessarily represent the State institutions where I am employed or which I work.

SB 1285 SD 2 is intended to :

1. Increase the number of PI community health workers with the language and cultural skills necessary for working effectively with Pacific Islanders
2. Improve access and effective utilization of health care services by PI through creating a culture of zero tolerance for ethnic or racial discrimination in the health, education and welfare systems in HI

The COVID-19 Pandemic has highlighted the assets and vulnerabilities of all of Hawaii's geographic and ethnic communities with respect to their adaptability and resilience to an evolving and highly infectious virus. Documented through the HI Department of Health epidemiology branch and Hawai'i Hospital health information systems, the Pacific Island Communities, defined as peoples with indigenous ancestry from the Freely Associated States (FAS) (Federated States of Micronesia, Republic of the Marshall Islands , Republic of Palau) , from the US Territory of American Samoa, from Samoa and from Tonga) have had the highest COVID-19 infection , hospitalizations , and death rates compared to other ethnic groups in Hawaii. These communities have suffered a heavy and unequal burden of COVID-19 in Hawaii. The PI population makes up 4 % of Hawaii's populations and carries 26% of all COVID-19 cases in Hawai'i. The PI population in Hawaii suffers over twice the hospitalization rate and death rate compared to other ethnic populations.

The susceptibility and higher risk to COVID-19 infections of the Pacific Island communities is likely secondary to structural and socio-cultural factors including: poor access to health care, crowded living conditions, lack of job security, multi-generation homes, having high rates of diabetes and other Non-Communicable diseases, low health literacy regarding COVID-19, racial discrimination, and numerous linguistic and cultural barriers to obtain and act on health information. Most of these factors pre-existed before the pandemic. The pandemic acutely highlighted these conditions and inequities , underscoring why allowing such structural, social, communication and cultural challenges to remain unaddressed has serious health and economic consequences for the PI population and for Hawaii.

Many of the longstanding issues will take time to address – such as inadequate housing, multigenerational homes, English language literacy, job security, and high rates of low educational attainment. However, some critical barriers can be addressed and removed now through legislative action to prevent further tragedy within these communities and in Hawai'i. The acute interventions include:

a. ensuring that all profiling and discriminatory behavior towards PIs is met with zero tolerance by all HI State institutions, and all of Hawaii's health, education and social welfare institutions / agencies
b. developing effective community engagement and communications with the PI communities
    a. the PI communities should be at the table and in control of their respective community response.
        i. The communities are resourced with adequate staff and sustained financial support to manage their COVID-19 pandemic response
    b. that all pandemic related State and hospital agencies include PI leaders on the pandemic response teams
    c. that the principal community engagement strategy includes compensated PI translators who are linguistically and culturally competent to effectively engage their respective communities. These translators / community worker's should be available to work in the community and not to be merely available by phone or email. They need to be part of the community effort, and not peripheral to it and not
    d. that the compensated position become a permanent part of DOH for all health issues, in a sustainable manner

It is recognized that many of Hawaii's Health institutions, Clinics, and the Department of Health, and State Agencies have had diversity and cultural competency training(s), and that they have Pacific Island language translators available some of the time. Language access has been mandated by federal law since 2000 and by state law since 2006. Its origins are in Title VI of the Federal Civil Rights Act of 1964. Hawaii has responded to the Limited English Proficiency requirements through Hawaii's Language Access law to ensure that "Limited English Proficiency (LEP) individuals have access to state-funded services in Hawaii. It is now codified under Hawaii Revised Statutes 321C. Further, the US Joint Commission Standards, which articulates standards for Health Equity in Hospitals, has been employed by most of Hawaii's Hospitals. Many of the Pandemic messages have now been translated into the PI languages by many organizations.

In spite of all the above actions and policies, the data of the Pandemic is revealing. These State and State Institution actions were not enough and late in coming. Significant discrimination remains, and current communications / translation strategies are not effective. A State response of "we already do this" is not responsive to the reality and not acceptable. The discriminatory experience in the PI communities and suffering of the PI communities suggests they were and continue to be left behind , and their needs continue to not be met or are ignored. References and documentation for overt discrimination in Hawaii towards PIs are at the end of this articles, which includes articles in 2011, 2016, 2017, 2018 , 2019 and 2021. Referring to racial injustice in Hawaii , Hawaii Chief Justice Mark Recktenwald stated in January 2021 , "barriers to justice have been built into systems, both knowingly and unknowingly."

Addressing the needs of the PI communities necessitates allowing the PI communities to handle their own communities through their own cultural, linguistic, intellectual, and human assets. Indeed many PI response teams have carried the day including the Micronesian Ministers & Leaders Uut (Uut is hui or gathering), Marshallese Community Organization of Hawaii , Micronesian Health Advisory Coalition, Council , the Marshall Islands COVID 19 Task Force, and We are Oceania (WAO) through their own grass roots efforts and resources. Hawaii has tried since 2006--- and the current model we have has been tested in COVID-19 and falls far short.

Addressing the COVID-19 pandemic now and in the future is not only a health care, health institution and Department of Health response. Essential is the concept that the solution is a societal, community and government response, and that it is possible and can be done now.

Interventions:

1. Recognizing the existance of racial and ethnic discrimination in Hawaii and developing a zero tolerance policy for racial / ethnic discrimination in Hawaii.
    a. Discrimination: hampers Trust, challenges appropriate / timely health care delivery, promotes dysfunctional partnerships between community organizations and the State.

2. COVID-19 response should be informed, influenced and controlled by communities at risk
    a. Funding for PI NGOs and calling for community-based interpreters, fluent in linguistic and have cultural expertise and position
    b. Funding for PI community health workers that come from these communities and who do the necessary in-person work (not just phone/email , paper translation services)

3. Community response should be sustainable, financially supported
    a. Need source of funding , training , and inter- agency / inter-institution work group
    b. This is possible through Federal COVID-19 resources and the New COFA Medicaid eligibility

This bill is not a negative critique of what has been done to provide language access or to enhance cultural competency in the health care system in Hawaii. SB 1285 intends to fill the gap of what has not been done to increase effective PI community engagement and to address persistent discrimination in health care settings, to prevent the uneven burden of COVID-29 infections and death in Pacific Islander populations

References:

1. **No Aloha for Micronesians in Hawaii**, Chad Blair / June 10, 2011 : Civil Beat
Migrants suffer from discrimination, lack of understanding of their culture and rights in America.

2. Megan Kiyomi Inada Hagiwara, Jill Miyamura, Seiji Yamada, Tetine Sentell, **"Younger and Sicker: Comparing Micronesians to Other Ethnicities in Hawaii"**, American Journal of Public Health 106, no. 3 (March 1, 2016): pp. 485-491.https://doi.org/10.2105/AJPH.2015.302921 PMID: 26691107
   Results. Hospitalized Micronesians were significantly younger at admission than were comparison racial/ethnic groups across all patient refined–diagnosis related group categories. The severity of illness for Micronesians was significantly higher than was that of all comparison racial/ethnic groups for cardiac and infectious diseases, higher than was that of Whites and Japanese for cancer and endocrine hospitalizations, and higher than was that of Native Hawaiians for substance abuse hospitalizations.

3. ***#BeingMicronesian in Hawaii Means Lots Of Online Hate***
   By Anita Hofschneider / September 19, 2018: Civil Beat

4. **Micronesians face language and cultural barriers when seeking medical care, and are far less likely to have insurance coverage.**
   By Anita Hofschneider / December 17, 2018; Civil Beat

5. **Chuukese community experiences of racial discrimination and other barriers to healthcare: Perspectives from community members and providers**
   Megan Kiyomi Inada, Dr.PH, Kathryn L. Braun, Dr. PH, Parkey Mwarike, Kevin Cassel, Dr.PH, Randy Compton, JD, Seiji Yamada, MD, MPH, and Tetine Sentell, Ph.D.
   Soc Med (Soc Med Publ Group). 2019 Jan-Apr; 12(1): 3–13.
   PMCID: PMC6853624, NIHMSID: NIHMS1044808, PMID: 31723340

6. **Report: Battling Discrimination Against Micronesians Requires Policy Changes**

   By Anita Hofschneider / October 15, 2019; Civil Beat

   The Hawaii Advisory Committee to the U.S. Civil Rights Commission says these migrants should receive access to Medicaid and other benefits they are now denied.

   "The Committee heard testimony revealing the social and institutional racism and discrimination endured by the COFA migrants," the committee wrote in its executive summary. "While much of it is outside the scope of federal protection, there is ample room for federal and state intervention to mitigate the barriers to equal opportunity this migrant group faces."

7. Hawaii Judiciary Launches Virtual Series On Racial Inequity

   By Anita Hofschneider / January 15, 2021; Civil Beat

   Hawaii's criminal justice system isn't immune to racial bias and the Judiciary is committed to addressing that racial inequity, Hawaii Chief Justice Mark Recktenwald said Friday.

Recktenwald said, noting that both nationally and in Hawaii, “barriers to justice have been built into systems, both knowingly and unknowingly.”