

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF LANGUAGE ACCESS
1177 Alakea Street, Room B-100
Honolulu, HI 96801-3378
doh.ola@doh.hawaii.gov

APHIRAK BAMRUNGRUAN
EXECUTIVE DIRECTOR

**Testimony COMMENTING on SB 2883 SD2 HD1
RELATING TO MEDICAL FACILITIES.**

REPRESENTATIVE SYLVIA LUKE, CHAIR
REPRESENTATIVE KYLE T. YAMASHITA, VICE CHAIR
HOUSE COMMITTEE ON FINANCE

Hearing Date: 4/1/2022

Room Number: 308 and Videoconference

1 **Agency Position:** The Office of Language Access (OLA) appreciates the intent of the SB 2883
2 SD2 HD1, as it requests that the Hawaii Health Systems Corporation (HHSC) convene a task
3 force to facilitate improved, mission-driven hiring and training of culturally accepted
4 interpreters and to create culturally accepted educational materials on preventative care and
5 early intervention to assist non-English speaking populations seeking care at health care
6 facilities.

7 **Agency Testimony:** OLA notes that the aspirational and exploratory goal of this measure are in
8 line with the mission of OLA, which is to address the language access needs of LEP persons.
9 OLA is task to provide technical assistance and coordinate resources to reduce the burden of
10 meeting language access obligations. OLA is charged with providing oversight, central
11 coordination, and technical assistance to all state and state-funded agencies (covered entities)
12 in their implementation of language access compliance.

13 In addition, OLA would like to note that covered entities have the flexibility to determine the
14 type of language assistance services that they provide, whether that be bilingual staff, staff
15 interpreters, contractors, telephone or video conferencing, or community volunteers, but must
16 ensure the quality and accuracy of such services. Thus, OLA would defer to each entity to
17 determine which language assistance services would be most appropriate for their operations.

- 1 OLA is committed to collaborating with the HHSC and other covered entities to ensure that
- 2 language access trainings are available and align with their operations and objectives.
- 3 Thank you for the opportunity to submit testimony on this measure.



HAWAII HEALTH SYSTEMS
C O R P O R A T I O N

"Quality Healthcare For All"

COMMITTEE ON FINANCE
Representative Sylvia Luke, Chair
Representative Kyle T. Yamashita, Vice-Chair

April 1, 2022
3:00 p.m.
Hawaii State Capitol
Room 308 and Via Videoconference

Testimony with Concerns
S.B. 2883, SD2, HD1
RELATING TO MEDICAL FACILITIES

Requires the Hawaii health systems corporation to convene a task force to facilitate improved hiring and training of culturally-accepted interpreters to assist non-English speaking populations seeking care at health care facilities. Appropriates funds. Effective 7/1/2060. (HD1)

Linda Rosen, M.D., M.P.H.
President and Chief Executive Officer
Hawaii Health Systems Corporation

On behalf of the Hawaii Health Systems Corporation (HHSC) Corporate Board of Directors, thank you for the opportunity to present testimony **with concerns regarding S.B. 2883, SD2, HD1.**

This measure focuses on the hiring and training of interpreters, as well as the creation of culturally acceptable educational material on preventative care for all non-English speaking persons in the State who seek care at all health care facilities in Hawaii.

HHSC acknowledges that individuals with limited experience with complex healthcare systems and limited English proficiency (LEP) can have poor health outcomes as they may not heed preventive messages and avoid healthcare settings due to cultural differences and the barriers they encounter. The government has acknowledged the importance of these issues with Title VI of the Civil Rights Act which mandates that professional interpreter services be provided for patients with LEP, as well as Section 1557 of the Affordable Care Act, 45 C.F.R., Part 92 (2016), and Chapter 321C, Hawaii Revised Statutes. It should be noted that *professional interpreters* must be differentiated from ad hoc interpreters (i.e., family, friends, or untrained staff). Untrained interpreters are more likely to make errors, violate confidentiality, and increase the risk of poor outcomes. Hospitals in Hawaii provide medical interpretation by telephonic services or through MARTII services. MARTII stands for My Accessible Real-Time

Trusted Interpreter that is a HIPAA-approved, video, and audio wireless connection to a skilled, certified medical interpreter. HHSC facilities employ the use of video monitors for this face-to-face communication. These services are timely and effective, especially in an emergency health situation.

Off-site professional medical interpretation services are used by all hospitals across the state as the maintenance of employed on-site certified medical interpreters in all languages is not only cost prohibitive, it is unlikely that professional, trained medical interpreters in all languages could be secured for all healthcare facilities across Hawaii. Instead, the use of a professional, certified medical interpreter via phone interpretation services is a reasonable alternative and has been found to increase patient satisfaction, improve adherence and outcomes, and reduces adverse events.

Navigating healthcare is daunting even for proficient English speakers. We commend the Legislature for its interest in addressing the adverse health outcomes associated with these difficulties. However, we respectfully submit that the hiring and training of interpreters and the development of educational materials for all healthcare facilities across Hawaii focused on prevention and early intervention are outside the scope of HHSC's expertise. We also would note that the level of training needed for medical interpretation along with the number of languages involved, and the fact that interpreter services are not reimbursed by health insurance, are daunting barriers to establishing a sustainable on-site service for all.

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

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE HOUSE COMMITTEE ON FINANCE
ON
SENATE BILL NO. 2883, S.D. 2, H.D. 1

April 1, 2022
3:00 p.m.
Room 308 and Videoconference

RELATING TO MEDICAL FACILITIES

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 2883, S.D. 2, H.D. 1, requires the Hawai'i Health Systems Corporation (HHSC) to convene a task force focused on the hiring and training of culturally-accepted interpreters to assist non-English speaking populations seeking care at health care facilities; provides for the membership of the task force; and appropriates an unspecified amount of general funds to HHSC for FY 23 to support the work of the task force. The task force shall dissolve as of June 30, 2024.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and

- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

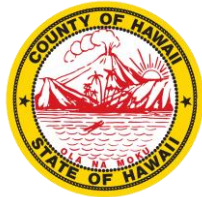
Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.

Maile Medeiros David
Council Chair
Council District 6
(Portion N. S. Kona/Ka'ū /Volcano)



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Email: maile.david@hawaiicounty.gov

HAWAI'I COUNTY COUNCIL

County of Hawai'i
West Hawai'i Civic Center, Bldg. A
74-5044 Ane Keohokalole Hwy.
Kailua-Kona, Hawai'i 96740

April 1, 2022

Honorable Sylvia Luke, Chair
Honorable Ty J.K. Cullen, Vice Chair
Committee on Finance
House Conference Room 308 Via Videoconference

Re: S.B. No. 2883 SD2 HD1 – Relating to Medical Facilities

Honorable Chair Luke and Vice Chair Cullen:

On behalf of myself and as Councilmember representing the rural districts of South Kona, Ka'ū and Volcano Village (Council District 6), I express my strong support of SB 2883 SD2 HD1 relating to medical facilities.

As you may know, many of the Ka'ū residents face cultural, financial, and geographical barriers that prevent them from accessing health services in rural areas in my Council Districts of South Kona, Ka'ū, and portions of Volcano Village. Having a Hawai'i Health Services Corporation convene a task force to facilitate improved, mission-driven hiring and training of culturally-accepted educational materials on prevention and care to assist the non-English speaking population in these diverse and undeserved communities is much needed.

Mahalo a nui loa for your favorable consideration.

Very truly yours,

Maile David

Maile David, Council Member
Council District 6, S. Kona, Ka'ū, and Volcano Village



Tuesday, March 29, 2022

SB2883 SD2 HD1 Relating to Medical Facilities
Testifying in Support

Aloha Chair and members of the committee,

The Pono Hawai'i Initiative (PHI) **supports SB2883 SD2 HD1, Relating to Medical Facilities**. This measure requires the Hawaii Health Systems Corporation to convene a task force to improve culturally-accepted interpreters to assist non-English speaking populations.

Hawaii is a diverse state with people from all walks of life. We need to make sure our health facilities are welcoming to all people. No one should forego medical care because they fear not understanding the providers. Health crises can be scary, having culturally-accepted interpreters can decrease stress levels and encourage non-English speakers to seek treatment before it gets to a critical level.

I can't begin to imagine being in a scenario needing medical help and not understanding the language my healthcare providers were using. Needing to go to a hospital to seek medical care can be stressful enough let alone not understanding the medical professionals trying to help you.

For these reasons, we urge the Committee to **pass SB2883 SD2 HD1**.

Mahalo for the opportunity to testify,

Gary Hooser
Executive Director
Pono Hawai'i Initiative



www.hicir.org | Instagram @hicir
hicoalitionforimmigrantrights@gmail.com

Testimony in SUPPORT of SB 2883 SD2, HD1 RELATING TO MEDICAL FACILITIES

Representative Luke, Chair
COMMITTEE ON FINANCE

Hearing Date: 4/1/2022

Dear Committee Members,

We write to **SUPPORT SB 2883 SD2 HD1**, which convenes a task force to facilitate improved, mission-driven hiring and training of culturally-accepted interpreters and to create culturally-accepted educational materials on preventative care and early intervention to assist non-English speaking populations seeking care at Hawai'i Health Services Corporation (HHSC) facilities. This bill works to advance social and economic justice for immigrants and addresses health concerns exacerbated by the COVID-19 pandemic.

COVID-19 exposed systemic inequalities in our healthcare services.¹ Numerous articles last year highlighted 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 expanded 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.

This bill addresses some of the healthcare hurdles that immigrants and Limited-English Proficient (LEP) persons face. Medical care and public health information is best utilized when it is given in the native language of patients by members 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 recognize and address the barriers that the family they are speaking to might be facing.

The current system, even with current laws, is not enough. Not only patients but also health care providers often feel like they have few options. They can call a number which may or may not

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-micronesians-migrants/>

⁴ <https://www.mass.gov/interpreter-services-at-health-care-facilities>



www.hicir.org | Instagram @hicir
hicoalitionforimmigrantrights@gmail.com

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. We have also heard stories of providers using 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 immigrants and LEP persons 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 culturally-accepted care, which can only be achieved through training and hiring community interpreters and community healthcare workers to bridge the gaps, is a critical component of any public health response. Let us take what we have learned from COVID-19 and make positive steps forward so all of our people can live healthy and productive lives.

We SUPPORT SB 2883. Thank you for your support and consideration.

Catherine Chen, Co-chair, Hawai'i Coalition for Immigrant Rights

Liza Ryan Gill, Co-chair, Hawai'i Coalition for Immigrant Rights



HAWAI'I FRIENDS OF CIVIL RIGHTS

March 30, 2022

TO: **Committee on Finance**
Representative Slyvia Luke, Chair
Representative Kyle T. Yamashita, Vice-Chair

FROM: Amy Agbayani, Co-Chair & Pat McManaman, Co-Chair

SUBJECT: **HB2883, SD2, HD1**

HEARING: March 22, 2022 at 9:30 AM
Conference Room 016 & Via Videoconference, State Capitol

The Hawai'i Friends of Civil Rights strongly supports HB2883, SD2, HD1 which convenes a task force to facilitate improved, mission-driven hiring of culturally accepted, qualified, and trained interpreters and to create culturally-accepted educational materials on preventative care and early intervention to assist non-English speaking populations seeking care at Hawai'i Health Services Corporation (HHSC) facilities. This bill works to advance social and economic justice for immigrants and migrants.

COVID-19 exposed systemic inequalities across our healthcare services.¹ Numerous articles last year highlighted 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 expanded 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 bill addresses some of the healthcare hurdles that immigrants and Limited-English Proficient (LEP) persons face. Medical care and public health information are best utilized when

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-micronesians-migrants/>

provided by qualified interpreters and translators in the native language of patients who are members of their community. These interpreters become trusted partners not only to the community they serve but also to the medical providers that they work with. They recognize and address the barriers that the family they are speaking to might be facing.

Notably, the University of Hawai'i Community College System is exploring the establishment of a program to certify interpreters, including medical interpreters. This program, if established, will boost the limited number of trained medical interpreters residing in Hawai'i.

Thank you for your consideration.



HIPHI Board

Kilikina Mahi, MBA
Chair
KM Consulting LLC

JoAnn Tsark, MPH
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Native Hawaiian Research Office

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Molokai Community Health Center

Camonia Graham - Tutt, PhD
University of Hawai'i - West O'ahu

Carissa Holley, MEd
Hale Makua Health Services

May Okihiro, MD, MS
John A. Burns School of Medicine,
Department of Pediatrics

Misty Pacheco, DrPH
University of Hawai'i at Hilo

Michael Robinson, MBA, MA
Hawai'i Pacific Health

Kathleen Roche, MS, RN, CENP
Kaiser Permanente

Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai
Pharmacare Hawai'i

Titiimaea Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: March 31, 2022

To: Rep. Sylvia Luke, Chair
Rep. Kyle T. Yamashita, Vice Chair
Members of the Committee on Finance

Re: Support for SB 2883, SD2, HD1, Relating to Medical Facilities

Hrg: April 1, 2022 at 3:00 PM in Conference Room 308 and via
Videoconference

The Hawai'i Public Health Instituteⁱ is in **support of SB 2883, SD2, HD1**, which establishes a task force focused on the hiring and training of culturally-accepted interpreters to assist non-English speaking populations seeking care at health care facilities.

Despite being routinely named one of the healthiest states in the nation, Hawai'i sees stark racial disparities in myriad health outcomes, including life expectancy. These disparities long preceded the COVID-19 pandemic but were thrown into sharp relief as Pacific Islander and Filipino communities experienced disproportionately high rates of infection and hospitalization.ⁱⁱ Discrimination in the healthcare system against Hawai'i residents from the Republic of the Marshall Islands, the Federated States of Micronesia within, and the Republic of Palau is especially pervasive and creates a serious barrier to care.

HIPHI strives to eliminate racism, disparities and injustices to improve the health and wellness of all people. For us, this translates to moving beyond advocating *for* equity, but rather amplifying our work *against* inequity.

Addressing health equity is integral to the 10 Essential Services of Public Health, and enabling equitable access to care necessarily requires making treatment and information about health care and services available in a language that people understand. One in nine people living in Hawai'i has limited English proficiencyⁱⁱⁱ and a task force to facilitate improved hiring and training of culturally-accepted interpreters and culturally-accepted educational materials on preventative care is a step forward in eliminating existing barriers and improving the state of health equity in Hawai'i.

Thank you for the opportunity to provide testimony.

Mahalo,

A handwritten signature in black ink, appearing to read "Amanda Fernandes". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Amanda Fernandes, JD
Policy and Advocacy Director

ⁱ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱⁱ Hawai'i State Department of Health (2021). COVID-19 in Hawai'i: Addressing Health Equity in Diverse Populations. Disease Outbreak Control Division: Special Report. Honolulu, Hawai'i.

ⁱⁱⁱ Department of Business, Economic Development and Tourism, State of Hawai'i Non-English speaking population in Hawai'i, Tbl.6, Non-English speaking at home in Hawai'i by age, education, and race. Published April 2016.

SB-2883-HD-1

Submitted on: 3/31/2022 2:57:17 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Angelina Mercado	Hawaii State Coalition Against Domestic Violence	Support	Written Testimony Only

Comments:

Dear Chair Luke, Vice-Chair Yamashita, and Members of the House Committee on Finance:

We support SB2883 SD2 HD1 which would create and fund a task force that would facilitate improved, mission-driven hiring and training of culturally-accepted interpreters and create culturally-accepted education on preventative care and early intervention to assist non-English speaking populations seeking care at health care facilities.

We have found that health care facilities are often the first place a person will be screened for domestic violence and culturally-accepted interpreters would allow access to DV resources to an underserved population in Hawaii.

Thank you for hearing this bill and for the opportunity to submit testimony.

Sincerely,

Angelina Mercado, Executive Director

SB-2883-HD-1

Submitted on: 3/30/2022 11:18:27 AM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Christy MacPherson	Individual	Support	Written Testimony Only

Comments:

Aloha Chair Luke, Vice Chair Yamashita and members of the House Committee on Finance,

I am in strong support of SB2883 SD2 HD1. We need to ensure that our medical facilities are able to support non-English-speaking patients with interpreters who can explain critical health information. The establishment of a task force is an important first step in the process.

Mahalo for your consideration.

SB-2883-HD-1

Submitted on: 3/30/2022 2:07:14 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Franky Sigrah	Individual	Support	Written Testimony Only

Comments:

I as a Community Health worker COFA Advocate with West Hawaii Community Health Clinic Support the intent of SB2883.

- Page 2, Line 5 to 11: Therefore, investing in programs to bridge the cultural and language gaps between health care providers and Compact of Free Association benefit recipients, as well as other Communities with similar cultural and language barriers, will help alleviate the financial burden on the state and mitigate revenues loss by medical facilities that provide service and care for individuals who are uninsured.
- I want to also ensure the Social Determinance of Health (Education, Food, Community and Social Contact, Health Care Systems) are met within the COFA communities.
-

Thank you committees for hearing this bill; I as a Community Health Worker COFA Advocate support the intent of SB2883.

Mahalo Nui Loa

Franky F Sigrah

Fsigrah@westhawaiiichc.org

SB-2883-HD-1

Submitted on: 3/30/2022 10:27:15 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Chair Luke, Vice Chair Yamashita, and FIN Committee Members,

As a public health professional and concerned citizen, I write in strong support of SB2883 SD2 HD1. This bill seeks to establish a task force, with representation of COFA community leaders in the healthcare system, to address the ongoing barriers within the healthcare systems of Hawaii for people whose primary language is not English.

Far too many families and individuals from the Micronesians community continue to experience discrimination in the healthcare system. They are dying or end up with in extreme financial duress without the help of in-language and culturally competent resources to help navigate the complexity of the healthcare system in Hawai'i.

A task force looking at how to support qualified community health workers or cultural interpreters, and to hire them directly as full-time staff in the state health and human services departments or hospitals, will have a positive health, social, and economic impact in local communities.

Thank you for your consideration,

Thaddeus Pham (he/him)

SB-2883-HD-1

Submitted on: 3/31/2022 8:46:50 AM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Paulina Perman	Individual	Support	Written Testimony Only

Comments:

Many COFA community members with limited english language skills and other non english speakers have many challenges in accessing medical services. I support this bill because it will help all limited english and non english speaking community members receive needed preventative and early intervention health care services.

SB-2883-HD-1

Submitted on: 3/31/2022 2:45:42 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
David Anitok	COFA Alliance National Network	Support	Remotely Via Zoom

Comments:

Thank you for this opportunity to testify in support of SB2883 as amended. I will be appearing remotely to testify. Kommol tata and Mahalo!

David Anitok

SB-2883-HD-1

Submitted on: 3/31/2022 2:59:15 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Loren	Individual	Support	Written Testimony Only

Comments:

I support this bill in the spirit of social and economic justice for health equity. As someone who works with the COFA community and has spent time living there, I believe it is morally imperative that we do everything to help the people in this community become comfortable navigating the intricacies of the healthcare system. That way, they can live more healthy and happy lives.

SB-2883-HD-1

Submitted on: 3/31/2022 3:09:25 PM

Testimony for FIN on 4/1/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Jolyn Horiuchi	Individual	Support	Written Testimony Only

Comments:

On a day-to-day basis, Helpline specialists are the frontline workers at We Are Oceania. My duties include servicing the people who walk-in to our office and answer the Marshallese Helpline Ext. phone in which I answer all the phone calls I receive. Through my experience since I started working at the We Are Oceania, the helpline has received so many calls for all sorts of questions. I believe one of the reasons is that they have someone who speaks the same language and someone who is able to relate to their problems with the ability to refer them to the right resources. I have heard so many compliments from so many of the participants who were so happy with the service they received from the office.

This bill will benefit not only the participants but it will also help the State office trying to find interpreters. It would speed up the process of helping participants get the help they need. So passing this bill will be of great help.

Testimony in SUPPORT of SB2883 SD2 HD1 RELATING TO MEDICAL FACILITIES

HOUSE COMMITTEE ON FINANCE

Aloha Committee Members,

I am Barbara Tom, Director of the Waipahu Safe Haven Center and I am testifying in SUPPORT SB2883 SD2 HD1. This bill to create a Task Force led by the Hawaii Health Systems Corporation together with COFA leaders will be a strategic step in ensuring language access for the Compact of Free Association residents in Hawaii's health care system.

Compliance with language access laws and regulations is essential for Hawai'i, where one out of nine persons have limited English proficiency. Problems with language access have long been present and were exacerbated with COVID-19. As Director of the Waipahu Safe Haven Immigrant/Migrant Resource Center our focus has been on addressing the needs identified by the community and in particular the Micronesian community who were heavily impacted and suffered disproportionately from COVID 19.

During the beginning of the Pandemic, our Resource Center's four Micronesian interpreters were barraged by calls from morning to night from individuals asking for advice and assistance with a multitude of needs. Some of these needs also included discharged instructions from the hospitals, and where to go and what to do when a family member was critically ill and confined in the hospital. We even experience several unexpected deaths where family members were not given timely updates due to language barriers and could not view their deceased loved ones after they expired. It was traumatic for the family and the community. We need to bridge these cultural and language barriers for this community. Forming a culturally accepted Task Force and hiring and training cultural interpreters and creating accurately translated information is a first step to resolving these challenges.

I fully SUPPORT HB 1762.

Thank you for your support and consideration

Barbara Tom
Director Waipahu Safe Haven Immigrant/Migrant Resource Center

TO: House Committee for Finance (FIN)

Chair: Sylvia Luke

Vice Chair: Ryan Yamashita

RE: SB 2883 SD2 HD1, Hearing 04-1-2022

Date: March 30, 2022

From: Neal A. Palafox MD MPH

Dear Chair Luke , Vice Chair Yamashita , and FIN Committee

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 with entities with whom I work.

SB 2883 SD2 HD1 is intended to:

convene a task force to facilitate improved, mission driven hiring and training of culturally-accepted interpreters and to create culturally accepted educational materials on preventive care and early intervention om preventative care and early intervention to assist populations with English as second language seeking care at Hawaii Health Systems Corporation facilities and other Health facilities serving these populations.

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 Community 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 carried 26% of all COVID-19 cases in Hawai'i 4 months ago. A high percentage of these populations are not Native English speakers. The PI population in Hawaii suffered over twice the hospitalization rate and death rate compared to other ethnic populations.

A year ago, the State of Hawaii aggressively stepped up hiring, investing and training contact tracers from these communities, included community leaders from these populations to work with organizing COVID -19 management strategies in their communities, and increased language access services. Remarkably, the HI DOH Statistics currently reveal that the Pacific Islander group representation in COVID infections fell dramatically from 26% of all COVID-19 infections to now 7%. This is a 73% improvement! No other ethnic group in Hawaii improved more than 10% in their infection rate and

several English speaking groups actually increased their infection rates. This is a clear and real-time example of the power of effective community participation, culturally appropriate interventions, and linguistically appropriate communications--- and the role of the backing of the State in such initiatives.

Bill 2833 looks to continue to develop, and sustain the capacity for culturally appropriate, linguistically accurate and Pacific Island community involvement in their health and health care. We begin with the HHSC, the safety net facilities for Hawaii, and look to expand to other hospitals and facilities in the states, to make this model an evidence based “Best Practice” for the entire State of Hawaii.

The Task Force is essential, as it does not address only a single dimension of intervention, ie its not only about language access or health care access alone. Its about placing the right people in seats to inform , understand, and address complex social-cultural-political norms in Hawaii that have adversely affected the health of vulnerable and populations. The proposed committee will work to improve the current health care delivery norms to enhance its ability to work as a culturally competent, culturally literate system to improve health and health care for Pacific Islanders and other vulnerable populations.

The work of the Task Force is about creating a space to understand. innovate, and plan a system to address Pacific Islanders ability to be able to participate in their health solutions and to access and navigate the health care system effectively. The work of the Task Force has the potential to reach beyond hospital facilities, and can begin addressing the factors associated with mitigating disease risk in Pacific Island communities which would include factors such as structural and socio-cultural factors and improving health literacy.

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 access issues remain, and current communications / translation strategies are not effective. The discriminatory experience in the PI communities in the health care system and dis-proportionate 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.

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 COVID response teams have carried the day. The Task force is molded to plan how to have the PI community carry the day in a sustained fashion towards better Health Care for their community and Hawaii.

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 2833 SD2 HD1 intends to fill the gap of what has not been done to increase effective PI community engagement.

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3. **#BeingMicnesian in Hawaii Means Lots Of Online Hate**
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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.
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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."