

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF LANGUAGE ACCESS
1177 Alakea Street, Room B-100
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APHIRAK BAMRUNGRUAN
EXECUTIVE DIRECTOR

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

SENATOR JOY A. SAN BUENAVENTURA, CHAIR
SENATE COMMITTEE ON HUMAN SERVICES

SENATOR JARRETT KEOHOKALO, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: 2/10/2022

Room Number: Via Vedioconference

1 **Agency Position:** The Office of Language Access (OLA) appreciates the intent of the Senate
2 Bill 2883, 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 early
5 intervention to assist non-English speaking populations seeking care at HHSC facilities.

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

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

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



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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

February 8, 2022

Honorable Jarrett Keohokalole, Chair
Honorable Rosalyn H. Baker, Vice Chair
Committee on Health
Via Videoconference

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

Honorable Chair Keohokalole and Vice Chair Baker:

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 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



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hicoalitionforimmigrantrights@gmail.com

Testimony in SUPPORT of SB 2883 RELATING TO MEDICAL FACILITIES

Senator Joy A. San Buenaventura, Chair
Senator Les Ihara, Jr., Vice Chair
COMMITTEE ON HUMAN SERVICES

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
COMMITTEE ON HEALTH

Hearing Date: 2/10/2022

Room Number: 225

Dear Committee Members,

We write to SUPPORT SB 2883, 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.

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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>



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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 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



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**Testimony in SUPPORT of SB 2883
RELATING TO MEDICAL FACILITIES**

Senator Joy A. San Buenaventura, Chair
Senator Les Ihara, Jr., Vice Chair
COMMITTEE ON HUMAN SERVICES

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
COMMITTEE ON HEALTH

Hearing Date: 2/10/2022

Room Number: 225

Dear Committee Members,

We write to **SUPPORT SB 2883**, 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,

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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 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

³<https://www.civilbeat.org/2020/12/how-decades-of-advocacy-helped-restore-medicaid-access-to-micronesian-migrants/>

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**Testimony in SUPPORT of SB 2883
RELATING TO MEDICAL FACILITIES**

Senator Joy A. San Buenaventura, Chair
Senator Les Ihara, Jr., Vice Chair
COMMITTEE ON HUMAN SERVICES

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
COMMITTEE ON HEALTH

Hearing Date: 2/10/2022

Room Number: 225

Dear Chairs, Vice-Chairs, and Members of the Committees:

We write to SUPPORT SB 2883, 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 provided in the native language of patients by members of their community. These interpreters become trusted partners not only to the community they serve but also to the medical providers

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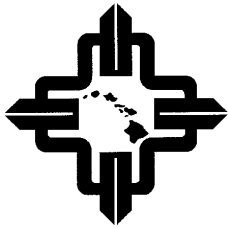
³<https://www.civilbeat.org/2020/12/how-decades-of-advocacy-helped-restore-medicaid-access-to-micronesians-migrants/>

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.

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

Amy Agbayani and Pat McManaman, Co-Chairs



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

"Quality Healthcare For All"

SENATE COMMITTEE ON HUMAN SERVICES
SENATE COMMITTEE ON HEALTH

February 10, 2022
3:00 p.m.
Hawaii State Capitol
Via Videoconference

**Testimony Supporting the Intent of
S.B. 2883**

RELATING TO MEDICAL FACILITIES

Creates a task force focused on the hiring and training of culturally-accepted interpreters to assist non-English speaking populations seeking care at Hawaii Health Systems Corporation facilities.

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 **supporting the intent of S.B. 2883 with comments.**

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 through HHSC facilities.

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. HHSC's facilities 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 use a video monitor 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 in the communities that HHSC serves. 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 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. However, if this remains a desire of the Legislature, we request the addition of a funding source to this measure.

HHSC supports cultural sensitivity and competent language access as an essential component in all health services. HHSC will continue to strive to provide all individuals who come to our facilities with meaningful access and an equal opportunity to participate in health services, activities, and programs.

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

SB-2883

Submitted on: 2/7/2022 2:16:36 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
W ALIK	Testifying for Marshallese Covid 19 Task Force	Support	No

Comments:

Aloha,

I strongly support SB2883 which essentially attempts to eliminate the constraints and barriers to COFA citizens from becoming full and equal participants of the health and socioeconomic benefits available to all Hawaii residents.

COFA citizens, many of whom are essential frontline workers, do put in their share of keeping the economy afloat and contributing to the general income tax system. This clearly seen during the pandemic.

Therefore, it's only fair that the Senate fully recognizes their contribution, as well their sacrifices, by passing this important bill.

Thank you

Komol Tata

Mahalo Nui

Wilfred C Alik, MD

Testimony in SUPPORT of HB2459, RELATING TO MEDICAL FACILITIES

Hearing Date: 2/10/2022

Dear Committee Members,

I write to SUPPORT HB 2883, to create a task force focused on the hiring and training of culturally-accepted interpreters to assist non-English speaking populations seeking care at Hawaii Health Systems Corporation facilities.

I am a Marshallese living on the island of Maui and am submitting this testimony based upon my personal experience in working with the Micronesian community. I had submitted another testimony earlier in support of HB 2459, which 1) requires the Office of Language Access to submit an annual report to the Governor and Legislature and 2) appropriates funds to establish limited English proficiency language coordinator positions in the Departments of Commerce and Consumer Affairs, Health, and Agriculture, and the Hawai`i Emergency Management Agency.

As per my previous testimony, 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. Actually, these problems were “hidden” from the public until the pandemic hit. Our own government was under the impression that everybody that came from Micronesia spoke “Micronesian”, however they soon learned that Micronesia is comprised of several countries: Marshall Islands whose language is Marshallese; Chuuk whose language is Chuukese; Kosrae whose language is Kosraean; Pohnpei whose language is Pohnpeian; and Yap whose language is Yapese; Palau whose language is Palauan.

Micronesian families are in dire need of qualified interpreters/translators who can assist them until ALL of their needs are met. Thank you, Committee Members for allowing me to tell you about the Micronesian community’s biggest and most important need, and that is the need for more qualified, trained interpreters/translators.

There are a handful of interpreters/translators here in Hawaii who are hired on a part-time basis and are not offered any benefits. Understandably, they are only going to work the hours they are paid to work. Understandably, they tend to leave this job when they are offered full-time work with benefits which allows them to better support their families. Until there is offer for full-time with benefits and training, this issue will never end.

Due to lack of funding, the part-time interpreters/translators are not provided proper training to be able to do their jobs effectively. Most of the interpreters are not fluent in the English language and tend to misinterpret the message they are explaining. In the medical field, miscommunication between doctor and patient through an unqualified interpreter can be fatal.

As an example, a “medical” interpreter who did not understand the difference between an MRI and Chemotherapy.

Having full-time qualified interpreters will allow the interpreter to assist families needing assistance with Social Security benefits/paperwork; doctor’s visits; Med-Quest forms that are pending due to lack of/missing information; connect the Micronesian Kupunas to services specifically for our aging population.

This bill offers an important step toward solving this problem. It allows for transparency on who is following the law and creates centralized administration for successful and efficient language access. This is crucial so that all members of the community can obtain essential resources to which they are entitled, strengthening our workforce and economy.

There are so many problems that this community faces but with qualified interpreters/translators, these problems will soon be resolved.

I fully SUPPORT HB 2883.

Thank you for your support and consideration,

Della Nakamoto

Marshallese living on Maui and representing the following:

Marshallese COVID-19 Task Force

Voices of Micronesians Of Maui (VoMOM)



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Testimony in SUPPORT of SB 2883 RELATING TO MEDICAL FACILITIES

Senator Joy A. San Buenaventura, Chair
Senator Les Ihara, Jr., Vice Chair
COMMITTEE ON HUMAN SERVICES

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
COMMITTEE ON HEALTH

Hearing Date: 2/10/2022

Room Number: 225

Dear Committee Members,

We write to SUPPORT SB 2883, 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.

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



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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 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



HIPHI Board

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Kaiser Permanente

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

Garret Sugai

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: February 9, 2022

To: Senator Joy A. San Buenaventura, Chair
Senator Les Ihara, Jr., Vice Chair
Members of the Committee on Human Services

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Members of the Committee on Health

Re: Support for SB 2883, Relating to Medical Facilities

Hrg: February 10, 2022 at 3:00 PM via videoconference

The Hawai'i Public Health Instituteⁱ is in **support of SB 2883**, which establishes a task force to improve culturally-accepted care at Hawai'i Health Systems Corporation 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', written in a cursive style.

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

Submitted on: 2/9/2022 2:44:41 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
David Anitok	Individual	Support	Yes

Comments:

Senate Committee on Human Services

Chair, San Buenaventura

Vice Chair, Les Ihara, Jr.

Members of the Committee

Senate Committee on Health

Chair, Keohokalole

Vice Chair, Baker

Members of the Committee

Thank you for this opportunity to submit testimony for SB 2883. My name is David Anitok and I will be testifying remotely in support of SB 2883. I'm an advocate for social and economic justice for COFA communities and I'm originally from the Marshall Islands. I will be testifying today as an independent health interpreter and advocate for the Marshallese communities, including our families and communities from the Micronesian States (Chuuk, Kosrae, Pohnpei, and Yap) and Palau, also known as the Freely Associated States provided the unique Compact of Free Association treaty with the United States of America.

I'm very grateful for Sen. Kanuaha and his team, along with all those who pre-signed on as co-sponsors for Senate Bill 2883. When we worked together on this initiative last session, we understood that everyone has the same goal at heart for a healthier community and that we needed to create the appropriate space to truly work together. I believe that while the task force does not fix the dire needs of the community's health immediately, it will be the appropriate space that's needed to move the chain towards the same goal line.

As an interpreter, advocate, and more importantly a son of the families, I often experienced unnecessary barriers for quality health care. While I'm not a physician or a nurse, or a patient intake worker, I see and understand the problems from both ends. My families

when seeking health care, they don't want to be a burden to others. If they're denied services or felt any indifferences while seeking care, they will turn, leave and never return. For the health providers, I understand there are limits to what you're able to do. However, in most cases I see that the biggest missed opportunity is when time is not spend to fully understand the process or the patient's condition due to cultural differences. I believe this is why it is essential to have the task force to develop a plan for trained cultural competence health systems, interpreters or community health workers, and a fully respected patient without any discrimination to be providing quality health care.

At any rates, this is not about me and what I believe. I would like to take a moment to acknowledge the CEO of Hawaii Health Systems Coperation and their leadership team for willing to work together on this with those directly impacted in the community. I want to acknowledge the 20 plus advocacy partners and community based organizations who've been looking out for vulnerable communities during this pandemic for the better quality of life in the State of Hawai'i. Again, thank you to both committee's chair, vice chair, and members for hearing SB 2883. I'll be here to provide any helpful support to you. Kommol tata.

David Anitok

danitok@cann.us

TO: Senate Committee(s) on Human Services (HMS) and Health (HTH)

Chair HMS: Joy A. San Buenaventura

Chair HTH : Jarrett Keohokalole

RE: SB 2883, Hearing 2-10-2022

Date: February 09, 2022

From: Neal A. Palafox MD MPH

Dear Chair Buenaventura and Chair Keohokalole,

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 2883 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 and create the solutions to a complex model to change in the health care delivery norms to work as a culturally competent, culturally literate system to improve health and health care for Pacific Islanders.

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

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. **#BeingMicnesian 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."

Testimony on SB 2883

Committee on Human Services: Chair, San Buenaventura and Vice Chair Les Ihare and Committee members

Committee on Health: Chair Keohokalole and Vice Chair Baker, and Committee members and Introducers of the SB 2883,

My Name is Loyd Henion, registered lobbyist for the COFA Alliance National Network or CANN. CANN is a c(4) non profit organization registered in Oregon and was established in 2014 for the explicit purpose of direct lobbying to remedying the egregious and long overlooked injustices levied against the people of the three Island nations—nations with which the US has a unique treaty, called the Compact of Free Association. The lived reality of the COFA people coming to the US belies the very concept of Free, as these Islanders on the one hand give their lives to our country by joining the military, while on the other hand they have historically been denied the safety net benefits of Americans. Their dependence on the US shows that they are in effect economically and militarily colonized. As an American, I always want to defend my country when it is right and participate in corrective action when it is wrong. Often correcting the injustices takes longer than it should, but one thing about America is we have a democratic process that allows us to make the necessary corrections. We are still in the process of trying to find the best way to interact with the Micronesians and Marshallese since the 1940's and since they have become Independent nations after being Trust Territories. However, the question remains: As the Compact agreement allows the COFA people to study, work, and live in the US on a permanent basis how do we set up effective measures that will preserve, honor and cherish their culture while and at the same time intentionally establish measures and practices that are responsive to meeting their most pressing needs. Among the most important of these is finding ways to assist COFA residents in their navigation through our health care system at the early stages of diseases before they become major and costly illnesses. The institutions, and governmental agencies at all levels must have an in-depth understanding of cultural barriers. COVID 19 has put a fine point on the inaccessibility of healthcare of COFA citizens in the US.

Turning to the bill. Having been the lobbyist for and as one of the s co-founders of CANN and working with many COFA Islanders, such as my friend and fellow CANN co-founder David Anitok (the first president of CANN), we have for over 10 years gained a lot of firsthand understanding of why it is absolutely crucial to bring the COFA Islanders themselves into the legislative process. This is so that any proposed legislation impacting their needs can be most effectively addressed by people who are closest to the problem. Without COFA Islanders on the Task Force, the implementation of its suggestions may completely miss the mark. In other words, it is very prudent, and in the long run cost effective, to determine their barriers to utilization of healthcare. System. Today, they find it very challenging to know how to apply for healthcare coverage much less utilize the system. I agree with the bill's focus of piloting the HHSC to provide culturally competent assistance.

The creation of the Task Force to guide the HHSC to develop an effective service continuum is a critical step in surmounting this challenge. It importantly requires the committee to be

comprised partially of COFA community members as they, more than any others, really know their barriers. I therefore think that it is imperative that a substantial proportion of the Task Force have first-hand experience with the cultural and language difficulties experienced when negotiating the service system. In my mind it would be a good idea to add two more culturally and language competent members to the Task Force team in order to thoroughly understand all the barriers that the COFA people are facing in negotiating the Healthcare system. This would increase the chances that the ultimate outcome of the of the recommendations actually are effective to achieve the well-intended goals.

My wife and I and my mother-in-law had the experience of a lifetime when were invited to visit Ocean View by my good friend David Anitok and his wife, Lucinda. We were able to witness first-hand the challenges presented to the Marshallese community from Enewetak in Ocean View on the Big Island. We felt honored to be able to attend a Marshallese church in Ocean City. At the end of the service we were asked to share out lobbying work in Oregon which led to passage of 6 COFA justice bills. We shared that time with Dr. Wilfred Alik from Hilo who answered questions about COVID and the importance of vaccinations. It was clear to us that hearing this message in their own language from a trusted source was a key factor in a subsequent uptick in the communities vaccination numbers. Many were getting their information about facts on COVID vaccinations from Facebook and word of mouth before the Anitok's and Dr. Alik's involvement.

One of the big takeaways for us was that we saw that the people make do with scant resources without the services that are due to them from the dominate society. They are living on lava banks and van-pooling to work at (mostly) labor-intensive jobs. They have homes that are built out of what they are able to find or re-use or buy on sale. David Anitok's wife, Lucinda, is working with the residents of Ocean View to have electronic health care appointments and overcome misinformation about COVID-19 and the vaccinations. We were so impressed, at the industrious ingenuity of the Marshallese people in this community. It is both amazing and heart wrenching to witness the spirit and grief that can occur when such loving family oreinted people deal with the lack of formalized assistance that so many Americans and immigrants rely on. These people have such a rich culture and are a true treasure to America and I believe that this bill represents a step in the process of America doing the right thing.

I appreciate the opportunity to submit testimony on this bill. I do think it can achieve better results so that the COFA Islanders and others will have improved quality of life due to consistent and timely access to healthcare.

Kommol tata

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SB-2883

Submitted on: 2/5/2022 10:27:43 PM

Testimony for HMS on 2/10/2022 3:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Gerard Silva	Individual	Oppose	No

Comments:

1) They do not belong in any State if they do not Speak or Read English. In the United States of America the Republic.