

JOSH GREEN, M.D.
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



DEPT. COMM. 100-230
KENNETH S. FINK, M.D., M.P.H., M.G.A.
DIRECTOR OF HEALTH
KA LUNA HO'ŌKELE

STATE OF HAWAII
DEPARTMENT OF HEALTH
KA 'OIHANA OLAKINO
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HONOLULU, HI 96801-3378

In reply, please refer to:
File:

December 23, 2024

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-second State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,
Speaker
and Members of the House of
Representatives
Thirty-second State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of a Report of Findings and Recommendations to Enhance Meaningful Access to Health Care in the State Through the Provision of Language Assistance Services, pursuant to House Concurrent Resolution 71, Session Laws of Hawaii 2024.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/department-of-health-reports-to-2024-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Fink".

Kenneth S. Fink, M.D., M.P.H., M.G.A.
Director of Health

Enclosures

c: Legislative Reference Bureau
Hawaii State Library System (2)
Hamilton Library



Hawai'i Department of Health (DOH)

REPORT TO THE THIRTY-THIRD LEGISLATURE

STATE OF HAWAII

2025

House Concurrent Resolution 71

Prepared by the Department of Health
Office of Planning, Policy, and Program Development

January 13, 2025



Hawai‘i Department of Health (DOH)

Executive Summary

The report, requested by House Concurrent Resolution 71, Session Laws of Hawai‘i (SLH) 2024, addresses the need for enhanced access to healthcare for individuals with limited English proficiency (LEP) in Hawai‘i. Its primary purpose is to examine existing language assistance services and offer recommendations for improving them.

The Department of Health (DOH) convened a working group of LEP individuals, healthcare professionals, community organizations, and language service providers to compile data and insights for formulating these recommendations. The primary sources of data are from surveys and are samples of convenience, and also include in-person community-based interviews.

The report highlights significant challenges facing LEP individuals, including communication barriers, limited awareness of language assistance rights, and logistical difficulties in accessing interpreters. The reliance on family and friends for interpretation poses risks to accuracy, professionalism, and confidentiality. Additionally, stakeholders and respondents noted a shortage of trained interpreters, particularly in rural areas. Meanwhile, the integration of remote interpreting services is often inadequate.

The report concludes with recommendations in Section 5 to address these challenges and improve healthcare access for LEP individuals. These recommendations focus on policy, technology integration, community support, workforce, and training.

1. Introduction

House Concurrent Resolution 71, SLH 2024, requests DOH to convene a working group to make recommendations to enhance meaningful access to health care for LEP individuals by examining:

- Experiences of LEP populations using language assistance services;
- Existing language assistance services and workforce;
- Practice of using family members and friends as interpreters in healthcare settings;
- Availability of interpreters;
- Requirements for providing interpretation services in medical and healthcare settings; and
- Benefits and impacts of technologies such as artificial intelligence.

2. Methodology

The Healthcare Language Access Stakeholder Working Group included representatives from the Department of Health (DOH), Office of Language Access (OLA), AlohaCare, FilCom Cares, Healthcare Association of Hawai‘i, Hawai‘i Health Systems Corporation, Hawai‘i Coalition for Immigrant Rights, Hawai‘i Medical Service Association, Hawai‘i Primary Care Association, Kōkua Kalihi Valley, Lanai Community Health Center, Language Services Hawai‘i, LEP community members, Pacific Gateway Center, Papa Ola Lokahi, and Waipahu Safe Haven.

The working group administered two surveys to gather comprehensive data on language access. The first survey, the “Provider Survey” was distributed to hospitals, health care plans, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Native Hawaiian Health Care Systems. A total of 34 participants responded to the Provider Survey, which contained 15



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questions (see Attachment A) focused on language assistance methods, challenges faced by LEP patients, and existing language access plans.

The second survey, the “Interpreter Survey” (see Attachment B), was distributed to interpreters to understand their experiences, challenges, and needs within healthcare settings. A total of 149 responses were received which contained 15 questions and provided insights into languages interpreted, years of experience, and various professional aspects related to interpretation in healthcare. The interpreters surveyed represent a diverse range of languages, with common languages including Spanish, Vietnamese, Japanese, and Marshallese and most interpreters reported at least 7 years of experience in healthcare interpreting.

In addition to the stakeholder working group meetings, there were sub-working group meetings, meetings with interpreters, and a community listening session. The Stakeholder Working Group Meetings were to discuss findings and recommendations, and the Sub-Working Group Meetings were established to delve deeper into specific topics identified during the discussions.

Dates	Description
August 2, 2024	1st Stakeholder Working Group Meeting
September 6, 2024	2nd Stakeholder Working Group Meeting
September 25, 2024	1st Sub-working Group Meeting
October 8, 2024	Community Listening Session
October 23, 2024	Meeting with Interpreters
November 1, 2024	3rd Stakeholder Working Group Meeting
November 20, 2024	2nd Sub-working Group Meeting
December 6, 2024	4th Stakeholder Working Group Meeting

To ensure the voices of LEP individuals were part of the process, the working group organized a community listening session at Waipahu Intermediate School to encourage LEP individuals to share their experiences accessing healthcare services. Waipahu was chosen as the community to hold the listening session because some members of the working group already had connections to the community, making it easier for the group to organize and engage more participants within the limited time. Forty-eight (48) community members from the Ilocano, Tagalog, Chuukese, and Marshallese communities participated in the community session.

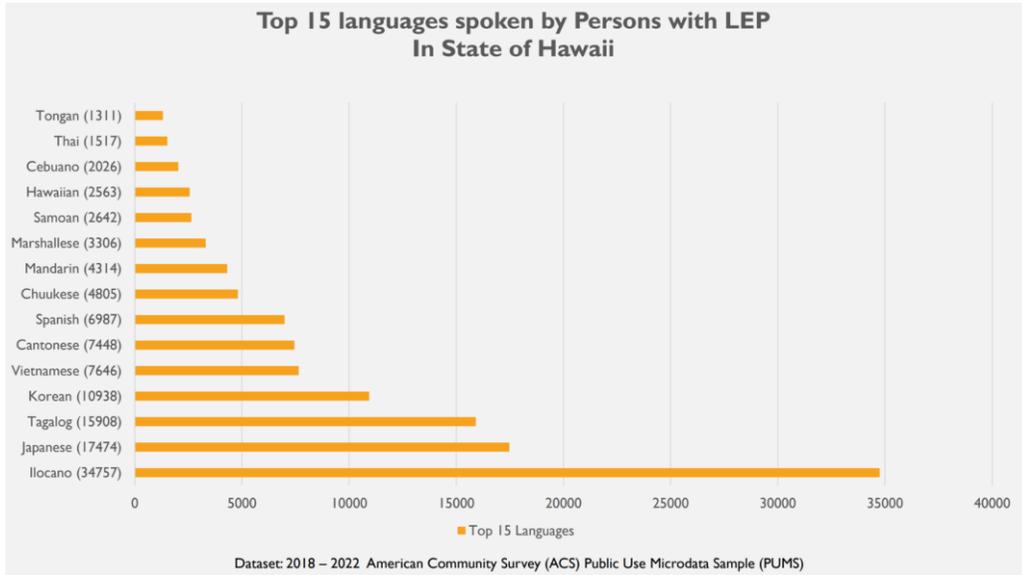
3. Background on LEP

According to the Office of Language Access, Hawai'i has a rich multicultural climate which includes speakers of over 100 languages. When LEP individuals in Hawai'i access health care services, they face unique challenges. The Office of Language Access reports that one in four



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residents communicate in a language other than English at home, and one in nine is classified as LEP. Individual preferences vary significantly. Feedback from CLS held specifically for HCR71 described great difficulty in languages accessibility in outpatient settings and some rely on bilingual staff, family or friends for interpretation, which can lead to miscommunication and misunderstandings during medical visits.



Federal language access laws require recipients of federal funding, such as hospitals and other health care facilities, to take reasonable steps to ensure that LEP individuals have meaningful access to healthcare (see section F). These providers, mostly facilities, report making significant investments in language accessibility, but the working group found that standards for training, certification, and overall workforce development vary widely. Responses from community listening session indicate much less dependable access to translation services in outpatient settings.

4. Findings

A. Experiences of LEP Populations Using Language Assistance Services

A fundamental barrier uncovered at the listening session was that these individuals are largely unaware of their legal right to request translation services. Although health care facilities such as hospitals post signs in various languages and may verbally offer services, experiences are uneven across the health care continuum.

LEP individuals who receive services during their visit overwhelmingly preferred in-person consecutive translation compared to online remote interpreting. They are better able to understand medical jargon and complex terminologies used by healthcare providers, resulting in less confusion and miscommunication. However, significant coordination is required, whether in-person or online remote translation, for which some healthcare providers simple do not have the resources. Some providers report the successful use of staff, usually back office



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administrative staff, who happen to speak a patient’s language, but while this improves the patient experiences it also increases the administrative burden on the provider.

Cultural sensitivity is crucial for understanding and respecting patients' cultural backgrounds and healthcare beliefs. For example, some LEP individuals hesitate to seek medical help due to stigmas associated with certain health conditions, others face notions of shame or embarrassment, while others prefer more traditional healing or may not fully trust Western medicine.

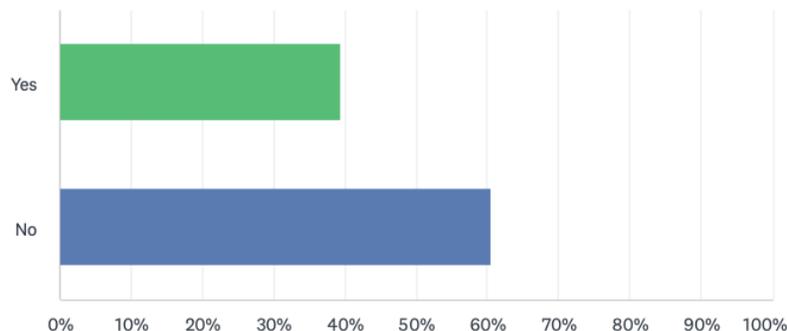
Lastly, insurance and questions on financial responsibility complicate access to language assistance services. While Hawai‘i Medicaid plans cover language assistance services and alternative formats, not all insurance plans cover the costs of interpreter services, burdening LEP individuals financially. This lack of coverage can deter some LEP individuals from seeking necessary medical care.

B. Existing Language Assistance Services and Workforce

A common concern reported by health care interpreters is the need for more training, institutional support, and resources.

Q11 Do you currently hold any certification(s) in healthcare interpreting?

Answered: 81 Skipped: 68



Although national programs such as the Certified Medical Interpreter (CMI) and the National Board of Certification for Medical Interpreters (NBCMI) offer credentials, they are largely optional or do not cover languages spoken in Hawai‘i. Proficiency in language skills is also assessed through formal tests like the American Council on the Teaching of Foreign Languages (ACTFL) or Interagency Language Roundtable (ILR). Establishing Hawai‘i-specific standards for medical interpretation was discussed as an opportunity, as well as ongoing professional development as medical care advances, cultural competency training, mentorship programs, and opportunities for growth and financial aid to pursue certification and continuing education.

C. Disparities Faced by LEP Individuals in Access to Health Care

LEP individuals face healthcare disparities that go beyond interpretation issues, such as the lack of continuity in care. The Provider Survey highlighted difficulties encountered by healthcare

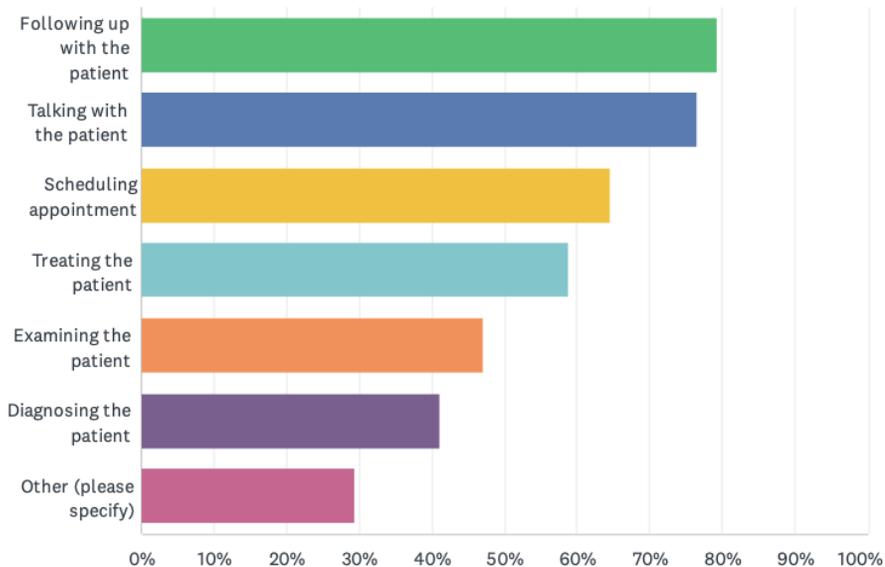


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providers working with LEP patients, including challenges with follow up (79.41%) and effectively communicating with patients (76.47%). Scheduling, treating, examining, and diagnosing patients also present significant challenges.

Q9 What challenges do you face as a health care provider working with Limited English Proficient (LEP) patients?

Answered: 34 Skipped: 0



LEP individuals may struggle to share their medical history, symptoms, or follow-up needs with different providers, or may misunderstand guidance on medications or follow up care without clear translations. Incorrect adherence to clinical instructions can lead to missed visits, incorrect medication use, or delays in seeking treatment, which can worsen health issues.

Language differences further impact patient advocacy. LEP individuals report feeling reluctant to ask questions or voice their needs in healthcare settings. A lack of language support can lead to feelings of powerlessness, limiting their ability to participate in their care decisions.

A common thread among these disparities is the issue of health literacy, which is crucial for empowering communities to make informed healthcare choices. It encompasses the understanding of basic health information and the ability to access necessary health services. By improving health literacy, individuals are better equipped to manage their health, comprehend medical instructions, and effectively communicate with healthcare providers. This understanding is especially vital for LEP individuals frequently encountering language barriers in healthcare settings.

D. Practice of Using Family Members and Friends as Interpreters in Health Care Settings

Using family members or friends as interpreters in healthcare is common but creates several challenges. These include accuracy, professionalism, confidentiality, and emotional strain.



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Family members often lack the medical knowledge to interpret complex terms, which can lead to misunderstandings about diagnoses, treatments, and care instructions. If an LEP individual is unaware of their right to professional language assistance, they rely on family members to interpret for them.

Professionalism and confidentiality may also be compromised as family interpreters may intentionally or unintentionally alter or leave out information due to cultural issues, personal biases, shame, or discomfort with familial power structures. Similarly, the emotional burden on family members, particularly when distressing information is communicated, impacts both the patient and the family member.

E. Availability of Interpreters

In healthcare settings, various methods are employed to provide interpretation services. These include utilizing bilingual staff, either trained or untrained, to serve as interpreters. Professional interpretation services are available through scheduled in-person or phone interpreters provided by Local Language Service Providers (LSPs), but there is still an overall shortage, particularly on the neighbor islands. These LSPs may rely on phone or internet-based apps but bandwidth and connectivity issues create unreliable conditions.

Med-QUEST requires health plans to have a benefit to provide foreign language interpretation during provider visits, but benefits for commercial plans range from no benefits to full coverage. All plans will provide language assistance to members if they need help understanding their health plan. Additionally, health plans may list language(s) spoken other than English by providers on their website.

Efforts to train more bilingual staff are ongoing, but gaps remain in creating a sustainable workforce. Limited training opportunities and a lack of continuous professional development exacerbate the shortage of interpreters, as well as upfront costs for training and certification.

The epicenter of academic training is at Kapi`olani Community College, which offers several classes, and has implemented innovative scholarship programs to lower the cost of entry for some students, as well as pipeline programs in cooperation with the Department of Education.

A hub for Community Interpreting training is at Kapi`olani Community College, which offers several courses, including Community Interpreting for Health, Court Interpreting, Incumbent Worker Training: Fundamentals of Community Interpreting, and a new "Entry Level Community Interpreting in Health Care Settings" course, which was offered as a pilot program for Kealakehe High School students on the Big Island. Depending on the availability of funds, plans are to continue the pilot program at Pearl City High School on Oahu. Furthermore, plans are to develop and offer a train-the-trainer course(s) for Community Interpreters to increase the capacity for Community Interpreting training for current and new industry sectors.

Below is the number of students enrolled for Court Interpreting, Community Interpreting, and Pilot Community Interpreting for High School Students:



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Court Interpreting

LPS3000-001 - FY23-24 Dates: 10/25/23 to 01/31/24 Enrolled: 14 Students

LPS3000-002 - FY23-24 Dates: 06/15/24 to 07/31/24 Enrolled: 8 Students

Community Interpreting

LANG3028 - FY23-24 Section 001 Enrolled 25 Students. Section 002 Enrolled 17 Students.

Pilot Community Interpreting for High School Students

Closed cohort: Fall 24 "Entry Level Community Interpreting in Health Care Settings" course for 6 Students from Kealakehe High School on the Big Island.

Closed cohort: Spring 25 "Entry Level Community Interpreting in Health Care Settings" course for Pearl City High School on Oahu with a cohort of 9 -10 students.

F. Requirements for Providing Interpretation Services in Medical and Health Care Settings

Various federal and state regulations mandate language access provisions in medical and healthcare settings:

- Title VI of the Civil Rights Act prohibits discrimination based on national origin, including individuals' language. Under this law, healthcare providers receiving federal funding must guarantee that LEP individuals have meaningful access to their services. This access could include providing competent interpretation services to facilitate effective communication between patients and healthcare providers.
- Executive Order 13166 builds upon the principles established in Title VI by directing federal agencies to improve access to services for LEP individuals. It requires the development of language access plans so that LEP individuals can receive appropriate language assistance. These plans include strategies for providing interpretation services, staff training, and outreach to inform LEP individuals about available resources.
- In alignment with federal mandates, Chapter 321C of the Hawai‘i Revised Statutes obligates state agencies to create language access plans to fit the needs of LEP individuals. These plans identify the languages LEP individuals speak in the state, outline available services, and document how applicable organizations will provide interpretation services.
- Section 1557 of the Affordable Care Act extends the protections against discrimination in health care based on race, color, national origin, sex, age, or disability. It specifically requires that notices informing individuals about available language assistance services be provided in English and the 15 most common languages spoken in the state.
- The National Standards for Culturally and Linguistically Appropriate Services, or CLAS, provide a framework for healthcare organizations to improve their delivery of culturally and linguistically appropriate services. Among these standards is providing LEP individuals with language assistance services at no cost. Under CLAS, applicable organizations are encouraged to develop policies and procedures that support hiring qualified interpreters, staff training on cultural competence, and continuous assessments of language access services.

91.18% of respondents from the “Provider Survey” know how to find healthcare interpreters for patients, although only 82.35% currently contract or purchase these services. Among



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respondents, 47.06% have criteria for assessing language proficiency in multilingual staff, but 73.53% do not provide formal healthcare interpretation training, indicating room for improvement. To preserve respondents confidentiality the survey did not include a question on provider type. Preventing us from parsing out institutional providers from outpatient providers. Therefore, percentage are aggregated and not necessarily representative of one provider type. For example, hospital and FQHC affiliated working group members unanimously reported that significant contracts an investment in interpretation.

G. Benefits and Impacts of Technologies Such as Artificial Intelligence

AI has been integrated into translation services to improve efficiency and accuracy for common languages such as Spanish and with extensive training data can achieve higher accuracy leading to improved access to information and services. However, several languages spoken by patients in Hawai'i such as Chuukese lack the large language models required for robust AI translation, necessitating human intervention. Furthermore, the ability of AI to grasp cultural nuances and emotional contexts remains questionable, though it may be useful to support non-clinical translation tasks, such as billing.

5. Recommendations

Based on the findings detailed in the report, the following recommendations are proposed to enhance meaningful access to healthcare for LEP individuals in Hawai'i:

1. Policy and Infrastructure Development
 - a. Require standardize language access rights and responsibilities posters for providers not otherwise covered by similar regulations or standards.
 - b. Require physicians to sign an acknowledgment form regarding their patients' rights to language access when they renew their licenses.
 - c. Require health plans to inform and educate their network providers about their patients' rights to language access.
 - d. Appropriate funds to establish a centralized website for the public and healthcare providers offering information on resources and services for healthcare related language access.
 - e. Conduct a sunrise analysis regarding a mandated health plan benefit for healthcare interpretation for commercial plans.
2. Artificial Intelligence
 - a. Authorize and appropriate funds for a research project to investigate the potential of AI in healthcare translation, given some of the early initial concerns.
3. Training and Education
 - a. Appropriate funds to subsidize attendance at existing resources like Kapiolani Community College for ongoing professional development and new workforce regarding language access in healthcare.
 - b. Promote more language access and cultural awareness in health care, social services, and education.
 - c. Encourage professional interpreter career pathways in secondary education, like Waipahu High School's Multilingual Marauders
 - d. Encourage community members to pursue careers as health workers or interpreters.



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- e. Appropriate funds to create a resource list for medical terminology in the top 15 LEP languages in Hawai'i, e.g., the United States Preventative Services Task Force A & B Screenings, and expand on the existing public health nurse glossary inventory.
 - f. Appropriate funds to invest in more English language and health literacy classes for the LEP populations.
 - g. Appropriate funds for state agencies to sponsor Continuing Medical Education / Continuing Education Units to address cultural sensitivities.
4. Resource Accessibility and Promotion
- a. Recommend the Office of Language Access to convene more stakeholder listening sessions with interpreters.
 - b. Create more awareness of patients' rights to language access.
 - c. Adopt future federal iconography that shows language assistance services are available.
 - d. Appropriate base budget general funds for Bilingual Health Aides in DOH statewide.
 - e. Appropriate base budget general funds for health-related language such as DOE, DHS, HHSC Hospital.



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Attachments

Attachment A: Provider Survey

Attachment B: Interpreter Survey

Attachment A: Provider Survey



House Concurrent Resolution 71 Language Access in Health Care Settings Survey

This survey aims to gather data for House Concurrent Resolution 71 (HCR71), language access in health care settings. The data gathered from this survey will be used to aid in writing the required legislative report that is due at the end of 2024.

We will be sending the survey to as many Health Care Providers across the state as possible.

This survey has 15 questions and takes ~7-10 minutes to complete. This survey is voluntary and anonymous. The survey results will not be identifiable and reported in aggregate form.

* 1. What language assistance do you use for health care interpretation? Select all that apply.

- Friend/Family member of patient
- External language service provider: in person
- External language service provider: remote
- Multilingual staff
- Multilingual health care providers
- Volunteer
- Online language translation tools and apps (Example: Google Translate, Bing Translation, Translated etc.)
- Other (please specify)

* 2. Do you know how to find a healthcare interpreter?

- Yes
- No
- Not sure

* 3. Do you currently contract/purchase language interpretation services?

- Yes
- No
- Not sure

4. If yes, who is/are your vendor(s)?"

* 5. Does your agency have a specific criteria for language proficiency for multilingual staff?
(Examples include: written grammar, listening, speaking, reading).

- Yes
- No
- Not sure

6. If yes, please specify the criteria.

* 7. Does your multilingual staff receive formal training in healthcare interpretation?

- Yes
- No
- Not sure

8. If yes, please specify what type of training and where did they receive the training.
(Example: online, external vendor, etc.).

* 9. What challenges do you face as a health care provider working with Limited English Proficient (LEP) patients?

- | | |
|---|--|
| <input type="checkbox"/> Scheduling appointment | <input type="checkbox"/> Diagnosing the patient |
| <input type="checkbox"/> Talking with the patient | <input type="checkbox"/> Treating the patient |
| <input type="checkbox"/> Examining the patient | <input type="checkbox"/> Following up with the patient |
| <input type="checkbox"/> Other (please specify) | |

* 10. What can the health care system do to help Limited English Proficient (LEP) patients access health care?

* 11. Do you have a language access plan?

- Yes
- No
- Not sure

12. If not, when do you plan to develop a language access plan?

- Within the next six months
- Within the next twelve months
- We have no intention of developing a language access plan

* 13. On which island(s) do you provide services to patients? Select all that apply.

- Hawaii Island
- Kauai
- Lanai
- Maui
- Molokai
- Niihau
- Oahu

* 14. Which LEP communities do you serve? Select all the apply.

- American Sign Language
- Cantonese
- Chuukese
- Filipino
- Ilokano
- Japanese
- Korean
- Kosraean
- Laotian
- Mandarin
- Marshallese
- Native Hawaiian
- Pohnpeian
- Portuguese
- Russian
- Samoan
- Spanish
- Tagalog
- Thai
- Tongan
- Ukrainian
- Vietnamese
- Visayan
- Other (please specify)

* 15. What type of services do you provide to patients?

- Behavioral Health/Mental Health
- Dental Care
- OB/GYN (Obstetrics & Gynecology)
- Pharmacy
- Primary Care
- Specialty (e.g., cardiologist, optometrist, dermatologist)
- Other (please specify)



HCR71 Interpreter Survey

During the 2024 Legislative Session, the Legislature passed House Concurrent Resolution 71 (HCR), requesting the Department of Health to convene a stakeholder working group to make recommendations to enhance meaningful access to healthcare in the state through the provision of language assistance services.

Among the required subjects of the resolution are the study and assessment of existing language assistance services and the availability of interpreters. This survey is created to gather data and information to assist with the final report to the Legislature at the upcoming legislative session. Since this survey will gather information on the current interpreter workforce, we are asking participants to identify themselves by name so we can have an accurate count of the current workforce.

Your participation and contribution will be invaluable to the state and our community in addressing language access needs.

* 1. Full Name

* 2. Email Address

* 3. Current Location

* 4. Are you currently providing interpretation services in healthcare settings?

No

Yes



HCR71 Interpreter Survey

* 5. The language(s) I interpret is/are: _____
(List all languages you interpret)

* 6. How many years have you been working as a healthcare interpreter?

- Less than 1 year
- 1-3 years
- 4-6 years
- 7+ years

* 7. What are the most challenging aspects of working as a healthcare interpreter? (Select up to three)

- Medical terminology
- Cultural differences
- Emotional or sensitive topics
- Adapting to different healthcare settings
- Lack of support or resources
- Language skills
- Ethical dilemmas
- Other (please specify)

* 8. How do you currently assess your proficiency in English? (Select all that apply)

- Self-assessment
- Formal language proficiency tests (e.g., ACTFL, ILR)
- Feedback from clients or colleagues
- Regular practice and usage
- Other (please specify)

* 9. How do you currently assess your proficiency in the language you interpret? (Select all that apply)

- Self-assessment
- Formal language proficiency tests (e.g., ACTFL, ILR)
- Feedback from clients or colleagues
- Regular practice and usage
- Other (please specify)

* 10. What type of training did you receive to become a healthcare interpreter? (Select all that apply)

- Formal certification program
- On-the-job training
- Workshops or seminars
- Self-study or online courses
- No formal training
- Other (please specify)

* 11. Do you currently hold any certification(s) in healthcare interpreting?

- Yes
- No

12. If yes, please specify what certifications you have in healthcare interpreting.

* 13. How do you stay updated in your role as a healthcare interpreter?

- Online courses
- Professional organizations
- Networking groups
- Webinars
- Other (please specify)

* 14. What areas of training or professional development would help improve your skills as a healthcare interpreter? (Select all that apply)

- Advanced medical terminology
- Cultural competency training
- Ethics and professionalism in healthcare interpreting
- Role-playing or scenario-based practice
- Technology tools for remote interpretation
- Mentorship programs
- Other (please specify)

* 15. What resources or opportunities would help you enhance your capacity as a healthcare interpreter? (Select all that apply)

- Access to advanced interpretation training programs
- Regular workshops on emerging healthcare topics and terminology
- Networking events with other healthcare interpreters
- Access to an online repository of multilingual medical resources
- Opportunities for professional mentorship
- Financial support or scholarships for certification or continuing education
- Other (please specify)

16. Any other comments or suggestions.