



HB 2913, HD1 RELATING TO KIDNEY DISEASE

House Committee on Health
House Committee on Human Services and Public Housing

March 11, 2008

2
2:45pm

Conference Room 016

The Office of Hawaiian Affairs **supports HB 2913, HD1** and the intent of this initiative and agrees with the need for better and efficient care of chronic diseases in rural communities. With respect to this measure, the initiative will bring more attention to diabetes as the primary cause of the majority of End Stage Renal Disease (ESRD) Dialysis cases in Hawaii. Nearly 60% of all ESRD dialysis cases are directly attributed to diabetes cases in Hawaii. Uncontrolled diabetes is associated with serious health complications, diminished quality of life, and premature death. Major diabetes-related complications that could be prevented or reduced are: cardiovascular disease, Eye disease and blindness, Kidney Disease, Amputations, pregnancy complications and Flu & pneumonia related deaths.

Native Hawaiians have the highest age-adjusted death rates for all causes of death and for heart disease, cancer, diabetes and other diseases of the circulatory system. The data varies slightly but Native Hawaiians continue to show higher rates than other ethnic groups on asthma, diabetes and hypertension. Morbidity rates among Native Hawaiians have almost doubled in the past ten years with the highest age-adjusted diabetes mortality rates, either as an underlying cause or contributing cause when compared with other ethnic groups.

Should we assume the past and present conditions will continue its current progression, than an 'educated guess' about future morbidity of Native Hawaiians is that in 2010, the Native Hawaiian forecast for diabetes will remain higher than the state as a whole.

Nearly 70% of all ESRD dialysis cases among Native Hawaiians are directly attributed to diabetes as a primary cause. In 2002, there were 332 deaths among patients on dialysis in Hawaii with 62.3% of whom having a primary diagnosis of diabetes.

In capacity building and program development, the Office of Hawaiian Affairs will continue to support the efforts of the Native Hawaiian health system on each island to serve the beneficiaries this initiative is intended to reach. The intended scope of this initiative will facilitate a framework to increase outreach to beneficiaries impacted by chronic health issues.

Mahalo nui loa for your consideration of efforts to advocate for improving Native Hawaiian health.



St. Francis

HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

March 11, 2008

Email: testimony@capitol.hawaii.gov

The Honorable Suzanne Chun Oakland, Chair
The Honorable Les Ihara, Jr., Vice Chair
Members, Committee on Human Services and Public Housing

The Honorable David Y. Ige, Chair
The Honorable Carol Fukunaga, Vice Chair
Members, Committee on Health

Re: **House Bill 2913 Relating to Chronic Kidney Disease**

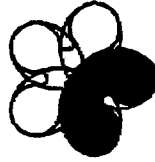
Hearing: Wednesday, March 12, 2008
State Capitol, Room 016

Testifying: Pamela Witty-Oakland
Chief Administrator
St. Francis Residential Care Community

On behalf of St. Francis Healthcare System of Hawaii, this testimony is offered in support of House Bill 2913 relating to chronic kidney disease.

The purpose of the bill is to support the establishment of a pro-active front in fighting a disease that has a profound effect on 20% of our population. Studies show that 1 person in 7 already have this disease, and another 1 in 7 have a predisposition to contract Chronic Kidney Disease ~ that is over 200,000 of our kama'aina, with annual increases affecting the lives of not just the patients, but also their 'ohana. I maintain that if we collectively take action today, we take a step toward a sustainable future of prosperity for Hawaii's children.

St. Francis is developing the "*Stay Healthy at Home*" program to meet the needs of our expanding older adult population and patients of chronic diseases. The goal is to empower both populations to "stay healthy at home" for as long as possible. To



National Kidney Foundation™
OF HAWAII

March 10, 2008

Senator Suzanne Chun Oakland, Chair
Senator Les Ihara, Jr., Vice Chair
Committee on Human Services and Public Housing
Hawaii State Capitol
Conference Room 016
Honolulu, HI 96813

RE: H.B. No. 2913 – Relating to Kidney Disease

Dear Chairman Chun Oakland, Vice Chair Ihara and members of the Senate Committee on Human Services and Public Housing:

I am Glen Hayashida, CEO, National Kidney Foundation of Hawaii (NKFH). We support H.B. 2913, which provides funding for a program to address the dialysis and chronic kidney disease needs of patients in the remote areas of the State of Hawaii. The comprehensive bill is committed to the goals of better prevention, early detection, treatment, and expanded education efforts.

Worldwide there has been a staggering rise in the number of people with Chronic Kidney Disease (CKD), largely as a consequence of the aging population and the growing global epidemic of type 2 diabetes. In the U.S., there are over 26 million Americans that have CKD. That translates to over 156,000 people in Hawaii and over 100,000 more people at high-risk of CKD. Diabetes, hypertension, overweight/obesity constitute the key CKD causes and risk factors. Since these factors are largely life style related, it offers opportunities for effective CKD prevention. All kidney disease risk factors and causes are highly prevalent in

Hawaii, especially among certain ethnic groups, such as Hawaiians, Pacific Islanders, Filipinos, and persons of lower socioeconomic status.

It should also be noted that people with CKD suffer a 10-100 times greater incidence of death from cardiovascular disease (CVD) compared to the general population, regardless of age, race or gender.

CKD is a progressive illness that has a silent, symptom-less onset and is characterized by declining kidney function over years. During the later stages of kidney disease, referred to as End Stage Renal Disease (ESRD), patients will require dialysis treatment or kidney transplantation. Despite numerous guidelines to screen patients at high risk of CKD, many patients remain unscreened or are poorly characterized with respect to the extent of their kidney disease. Chronic non-communicable diseases (particularly cardiovascular disease, hypertension, diabetes mellitus and chronic kidney disease) have now replaced the communicable diseases as the leading threat to public health and health budgets worldwide.

Deaths claimed by infectious diseases will decline by 3% over the next decade. In marked contrast, chronic diseases - that already account for 72% of the total global burden of disease in people over 30 - will increase by 17%.

The cost of treating these chronic diseases, already 80% of many country's health care budgets, represents a leading threat to public health and healthcare resources worldwide. The only feasible global response to this pending health and socio-economic crisis is chronic disease prevention.

Chronic Kidney Disease (CKD) has recently become a major healthcare priority in the United States due to many factors including:

- the morbidity and mortality rates from people suffering from kidney failure remain high;
- the increasing number of people on dialysis (more than doubling every ten years);
- the high cost of providing dialysis and associated medical treatment (\$65,000 per patient per year);

In Hawaii, there are over 2300 people on dialysis. At \$65,000 per patient per year, we are spending over \$150,000,000 on medical related costs of patients on dialysis.

The growth in the number of people with kidney failure is due to the rapid increase in CKD and the progression of kidney disease. Unfortunately, this problem was not being detected due to the under diagnosis and under treatment of CKD.

The lack of awareness of the CKD epidemic has led to lost opportunities for aggressive treatment and prevention of complications in patients that are a direct result of or associated with CKD.

The National Kidney Foundation of Hawaii is looking forward to this collaboration with the St. Francis Healthcare System. Our work has just begun and the challenges ahead are great, but through this collaboration and with our existing relationships within our community, we will begin to accelerate the pace in addressing the needs of our aging population along with chronic kidney disease.

The National Kidney Foundation of Hawaii views H.B. 2913 as an opportunity to insure early detection and treatment of CKD to delay the progression of CKD, prevent and treat complications of CKD and produce better healthcare outcomes for the people of Hawaii.

**Joint Committee Hearing Senate Committee on Human Services
& Public Housing and Senate Committee on Health**

**Honorable Susan Chun-Oakland, Chair
Honorable Les Ihara, Vice-Chair**

**Honorable David Ige, Chair
Honorable Carol Fukunaga, Vice Chair**

Public Hearing – 2:45PM Wednesday, March 12, 2008 - Conference Room 016

RE: Testimony in strong support of HB 2913 HD1 – Relating to kidney disease

**The Honorable Susan Chun-Oakland, Chair; Honorable Les Ihara, Vice-Chair
The Honorable David Ige, Chair; Honorable Carol Fukunaga, Vice-Chair
and members of the Senate Committee on Health and Human Services & Public Housing**

My name is Tony L. Sagayadoro, I am a kidney transplant recipient in 2000 and I was on dialysis for 5 years and now the Program Coordinator of the Minority Organ Tissue Transplant Education Program (MOTTEP), a minority outreach program of the Organ Donor Center of Hawaii.

Thank you for the opportunity to submit my testimony in full support of HB 2913 HD1 that provides funds for chronic kidney disease programs focus on prevention, early detection, treatment and expanded education efforts. Chronic Kidney Disease has become a major healthcare issue and collaboration and partnership between public and private sector to develop innovative programs to address kidney disease that is now affecting about 20% of the state population is a positive step to sustain the quality of life for the people of Hawaii.

MOTTEP program was established to increase the number of minority organ and tissue donors and to decrease the number and rate of minority needing organ and transplant by implementing information and education campaign that emphasize both prevention and intervention strategies by addressing the diseases and behaviors which lead to the need of transplantation such as diabetes, hypertension, alcohol and substance abuse, poor nutrition, lack of exercise and other diseases and behaviors that can lead to organ failure.

I humbly asked you to take bold steps to help those patients and their families suffering Chronic Kidney Disease by passing HB 2913 HD1. These people could be you, your family, friends, neighbors or anyone we know.

Thank you.
Tony L. Sagayadoro

Sincerely,
Tony L. Sagayadoro