



EXECUTIVE CHAMBERS

HONOLULU

NEIL ABERCROMBIE
GOVERNOR

LATE

HOUSE HEALTH COMMITTEE
Representative Ryan Yamane, Chair
Representative Dee Morikawa, Vice Chair

Feb. 7, 2012
10:00 a.m. Room 329
Testimony in SUPPORT on HB 2516
Relating to Health

Chair Yamane, Vice-Chair Morikawa and members of the House Health Committee, thank you for this opportunity to provide testimony in support of House Bill (HB) 2516, Relating to Health (HTH).

HB 2516 supports Governor Abercrombie's priority for early childhood health. Early childhood is a time to establish good health habits and identify health, behavioral, and developmental conditions. One very serious public health problem is the dramatic rise of young children who are overweight and obese. In Hawaii, childhood obesity increased by 38 percent from 1999 and 2009. Sedentary lifestyles combined with an excess of poor dietary choices, including the consumption of sugar-sweetened beverages, contribute to the rapid and steady increase of obesity in Hawaii.

Studies have found that childhood obesity tends to persist into later life and increases the risk for chronic diseases, including diabetes. As a result of the increased risks related to obesity, childhood obesity is becoming a serious public health problem that has adverse and long-lasting consequences for individuals, families and communities.

Therefore, the Abercrombie Administration's funding for the Department of Health will be used to: (1) collect and analyze Hawaii specific early childhood data and identify children at risk; (2) increase awareness of early childhood obesity; (3) promote best practices; and (4) ensure that the Department of Health's establish a Task Force that includes identification of future legislation for the prevention of childhood obesity.

Thank you for this opportunity to provide testimony in support of HB 2516.

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LATE

LORETTA J. FUDDY, A.C.S.W., M.P.H.
DIRECTOR OF HEALTH

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In reply, please refer to:
File:

House Committee on Health

H.B. 2516, MAKING AN APPROPRIATION FOR EARLY CHILDHOOD HEALTH

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health

February 7, 2012

1 **Department's Position:** The Department of Health strongly supports this Governor's administrative
2 measure.

3 **Fiscal Implications:** An unspecified appropriation under Section 2 of this measure for fiscal year 2012-
4 2013 to collect and analyze Hawaii-specific early childhood overweight and obesity data, increase
5 awareness of the health implications of early childhood obesity, promote best practices through
6 community based initiatives, and establish a task force to develop and recommend legislation related to
7 the prevention of childhood obesity.

8 **Purpose and Justification:** Recent research shows that the "tipping point" in obesity often occurs
9 before two years of age. Nationally, approximately one in five children is overweight or obese by their
10 sixth birthday. The Institute of Medicine (IOM) reports that "almost 10 percent of infants and toddlers
11 carry excess weight for their length, and slightly more than 20 percent of children between the ages of
12 two and five are already overweight or obese. The IOM report further recommends that because early
13 obesity can track to adulthood, efforts to prevent obesity should begin long before a child enters school.

1 In Hawaii, the Women Infants and Children (WIC) program served approximately 43 percent of
2 children under 5 years of age in 2009. Of these children served by WIC, over one in five of the 2-4 year
3 olds were at risk of being overweight. For those entering kindergarten in 2002, over one in four or
4 28.5% were at risk for being overweight or obese. Childhood obesity is a serious public health problem
5 requiring urgent attention with prevalence in Hawaii going in the wrong direction each year. Young
6 children ages 0-8 are dependent on responsible adults to provide healthy and nutritious meals and to
7 instill regular physical activity and healthy eating behaviors. More emphasis on starting early to develop
8 healthy food and physical activity habits in children will lead to better health outcomes. The
9 Department recognizes the importance of preventing early childhood obesity and diabetes and the need
10 to work with parents, the medical and early childhood community to address this issue together. The
11 Department will use the funds to collect and analyze Hawaii-specific early childhood overweight and
12 obesity data to identify children at risk. We will also work with partners to increase the awareness of the
13 health implications of early childhood obesity and implement initiatives to prevent early childhood
14 obesity such as promotion of breastfeeding and enhancing of the role of child care settings in obesity
15 prevention. The Department will use existing Healthy Hawaii Initiative resources to establish and staff a
16 task force to develop and recommend legislation related to the prevention of childhood obesity.

17 Investing in our youngest children now will reduce the human and financial cost down the road
18 of heart disease, cancer, stroke and diabetes – Hawaii’s leading causes of death.

19 The Department of Health also respectfully requests an amendment to this proposal that would
20 create a Part II to address a housekeeping issue with the Hawaii Early Intervention Coordinating Council
21 (HEICC). The HEICC was established by section 321-353 in 1989, as required by the federal Education
22 of the Handicapped Act Amendments of 1986, which preceded Part C of IDEA.

23 The amended language will assure compliance with current federal requirements for the council
24 requiring the specification of additional HEICC members, members not voting when there is the

1 appearance of conflict of interest, prohibition of a member from the department of health serving as the
2 HEICC chairperson, and an additional function of advising and assisting the State educational agency
3 regarding the transition of toddlers with special needs and their families.

4

5 Thank you for the opportunity to testify on this measure.

6

A BILL FOR AN ACT

RELATING TO THE HAWAII EARLY INTERVENTION COORDINATING COUNCIL.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 321-353, Hawaii Revised Statutes, is
2 amended to read as follows:

3 "**§321-353 Hawaii early intervention coordinating council;**
4 **establishment.** (a) There is established within the department
5 for administrative purposes the Hawaii early intervention
6 coordinating council. Members shall be appointed for three-year
7 terms by the governor without the necessity of the advice and
8 consent of the senate. The [~~membership of the~~] council shall
9 [~~consist~~] be composed of [fifteen] twenty-two members [~~selected~~
10 ~~from the following:~~] as follows:

11 (1) At least [~~three~~] twenty per cent of the members shall
12 be parents of infants[7] or toddlers[7] with special
13 needs, or children [under the age of seven] with
14 special needs[7] aged twelve years or younger, with
15 knowledge of, or experience with, programs for infants
16 and toddlers with special needs, of which at least one
17 parent shall be a parent of an infant or toddler with

- 1 special needs, or of a child with special needs aged
2 six years or younger;
- 3 (2) At least [~~three~~] twenty per cent of the members shall
4 be public or private providers of early intervention
5 services;
- 6 (3) [~~At least one representative~~] One member shall be from
7 the legislature;
- 8 (4) [~~At least one person~~] One member shall be involved in
9 personnel preparation;
- 10 (5) One member shall be from the department of health
11 program involved in the provision of, or payment for,
12 early intervention services to infants and toddlers
13 with special needs and their families who has
14 sufficient authority to engage in policy planning and
15 implementation on behalf of the program;
- 16 (6) One member shall be from the department of health
17 program responsible for children's mental health;
- 18 [~~(5) At least one~~] (7) One member [~~representing~~] shall be
19 from the department of education[+] program
20 responsible for preschool services to children with
21 disabilities who has sufficient authority to engage in

- 1 policy planning and implementation on behalf of the
2 program;
- 3 (8) One member shall be from the department of education
4 program responsible for the coordination of education
5 of homeless children and youths;
- 6 ~~[(6) At least one]~~ (9) One member [representing] shall be
7 from the department of human services[+] program
8 responsible for the state medicaid program;
- 9 (10) One member shall be from the department of human
10 services program responsible for child care;
- 11 (11) One member shall be from the department of human
12 services program responsible for foster care;
- 13 (12) One member shall be from the department of commerce
14 and consumer affairs program responsible for the state
15 regulation of health insurance;
- 16 (13) One member shall be from a Head Start or Early Head
17 Start agency or program in the state;
- 18 ~~[(7) At least one member representing the office of the~~
19 ~~governor;]~~ and
- 20 ~~[(8)]~~ (14) Other members [representing private or public
21 agencies] involved in or interested in [the payment

1 ~~for or provision of~~] services to infants and toddlers
2 with special needs and their families[~~-~~] who are
3 selected by the governor.

4 Any vacancy on the council shall be filled in the same
5 manner in which the original position was filled.

6 (b) The council shall elect its officers, and [~~eight~~]
7 twelve members shall constitute a quorum. Members shall serve
8 without compensation but shall be reimbursed for expenses,
9 including travel expenses, necessary for the performance of
10 their duties. No member shall cast a vote on any matter that is
11 likely to provide a direct financial benefit to that member or
12 otherwise give the appearance of a conflict of interest. A
13 member from the department of health may not serve as the
14 chairperson of the council.

15 (c) The council shall meet at least quarterly and in such
16 places as it deems necessary. The meetings shall be publicly
17 announced, and be open and accessible to the general public.

18 (d) The council shall perform the following functions:

19 (1) Advise and assist the director in the identification
20 of the sources of fiscal and other support for
21 services for early intervention programs, assignment

1 of financial responsibility to the appropriate agency,
 2 and the promotion of the interagency agreements;

3 (2) Advise and assist the department in the preparation of
 4 applications and amendments thereto; [~~and~~]

5 (3) Advise and assist the department of education
 6 regarding the transition of toddlers with special
 7 needs to preschool and other appropriate services; and

8 [~~+~~3] (4) Prepare and submit an annual report to the
 9 governor on the status of early intervention programs
 10 for infants and toddlers with special needs and their
 11 families within the State."

12 SECTION 2. Statutory material to be repealed is bracketed
 13 and stricken. New statutory material is underscored.

14 SECTION 3. This Act shall take effect upon its approval.

15

16

INTRODUCED BY: _____

17

BY REQUEST

Report Title:

Hawaii Early Intervention Coordinating Council

Description:

Revises the Hawaii Early Intervention Coordinating Council membership and functions to be consistent with part C of the Individuals with Disabilities Education Act of 2004 requirements regarding the state interagency coordinating council.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.