

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



LATE TESTIMONY

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In reply, please refer to:
File:

HOUSE COMMITTEE ON FINANCE

HB2865, HD 1, RELATING TO DIABETES

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

February 27, 2012; 2:00PM

1 **Department's Position:** The Department of Health (DOH) appreciates the legislature's intent to reduce
2 the health and economic burden of diabetes and obesity in Hawaii and believes the legislatures call for a
3 diabetes and obesity prevention task force is addressed under HB2516 which would be duplicated under
4 this measure.

5 **Fiscal Implications:** This bill would require the DOH to establish a diabetes and obesity prevention
6 task force. The exact special fund and amount of funds would be determined by the DOH.

7 **Purpose and Justification:** The DOH appreciates the sponsors of this bill for bringing this important
8 health issue to the fore and offers to continue to work collaboratively with legislators and our
9 community partners on this issue. The Department currently has a diabetes prevention and control
10 program, and programs that address the broader aspects of chronic disease prevention. The Department
11 is concerned that this measure proposes a duplicative role for the existing initiatives within DOH. The
12 DOH currently receives funds from the Centers for Disease Control for specific targeted priority
13 objectives that include core intervention strategies to improve quality of clinical care for populations
14 with greater diabetes burden and risk to improve control of A1C, blood pressure, cholesterol and to
15 increase access to sustainable self-management education and support services. These funds are also
16 used for program coordination, policy development and program planning. Additionally, funds are used

1 for an ongoing diabetes coalition and the implementation of a statewide diabetes self-management
2 program.

3 The Department is working with partners to address the prevention and management of this
4 chronic disease which impacts many people in Hawaii. The prevalence of diabetes in our state has
5 increased approximately 3% between 1997 and 2007, similar to the national trend. In 2009, diabetes
6 was the fifth leading cause of death in Hawaii and consumes more healthcare costs than stroke, heart
7 disease, and cancer, second to hypertension. Moreover, diabetes disproportionately impacts disparate
8 populations who are also at increased risk for disabling chronic diseases.

9 The Department believes that the intent of this measure is covered under HB2615 and would
10 recommend that efforts proceed under this other (HB2615) measure.

Thank you for the opportunity to testify.



American Heart Association | American Stroke Association

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LATE TESTIMONY

Testimony on HB 2865, HD1, "Relating To Diabetes"

The American Heart Association supports the intent of HB 2865, HD1.

As the bill states, obesity has become one of the leading health issues for our state. If left unchecked, it holds the potential to cripple Hawaii's health care system and Hawaii's businesses that largely cover employee healthcare costs.

As the bill mentions, sugar-sweetened beverages, while not the only cause of obesity in Hawaii's adults and children, are one of the leading dietary factors. They represent approximately 15 percent of the calories consumed on average, the single largest contributor of calorie intake, and most sugar-sweetened beverages contain little or no nutritional value. While candy (6%) and grain or dairy-based desserts (19%) combine to represent 25% of added sugars in the U.S. diet, sugar sweetened beverages represent 50% of added sugars in our diet. Thus, any discussion of reducing obesity must begin with policies that discourage overconsumption of those beverages.

Why target sugar-sweetened beverages? Reducing energy intake by only 100 calories per day (roughly 1 can of sugar-sweetened beverage) could prevent weight gain in over 90% of the population. The increased tax revenue generated by a sugar-sweetened beverage tax could be used to expand obesity prevention on a more comprehensive scale, including, but not exclusively limited to, adding qualified physical education instructors and classroom time back into Hawaii's elementary and middle schools where both PE class time and quality PE instructors have largely disappeared.

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free of cardiovascular
diseases and stroke.*

To be truly effective, any campaign to reduce obesity needs to be comprehensive and address both reductions in calorie consumption and increased physical activity. To focus on just one facet of the problem would be a recipe for failure. To burn off just one can of sugar-sweetened soda it would take about 20 minutes of treadmill running, and that amount of exercise would not compensate for any other calories consumed through meals.

As we've learned from working to reduce tobacco consumption, children are influenced by the actions of adults. If obesity is not addressed as a societal issue, attempts to change childhood behavior will be limited in their effectiveness. Hawaii's obesity epidemic must be addressed comprehensively through a combination of public education and strong, progressive policy aimed at encouraging the public toward living healthier. The future of our public's health and all Hawaii businesses' economic health (not just the beverage industry) depends on it.

Respectfully submitted,

Donald B. Weisman
Hawaii Government Relations/Mission:Lifeline Director