



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

HOUSE COMMITTEE ON FINANCE

HB914 HD1, RELATING TO OBESITY PREVENTION

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

February 21, 2013

1 **Department's Position:** The Department of Health (DOH) strongly supports this measure with
2 recommended amendments.

3 **Fiscal Implications:** Would appropriate funds from the obesity prevention special fund for the
4 department of health to support child and adult obesity prevention programs. The Department requests
5 that Section 1, 321- "Hawaii interagency obesity prevention council, established" (p.1, lines 5 to 6) be
6 amended to rename the council as the obesity and chronic disease council. This change reflects the
7 need to address the prevention of both obesity and chronic disease through overlapping prevention
8 efforts. The Department further requests the addition of language to convene an ad hoc committee who
9 shall recommend achievable health objectives and outcomes (p. 2, lines 17 to 20). The Department also
10 requests the effective date to be changed to July 1, 2013. Suggested appropriation language is provided
11 as an attachment. The content and language from HB 914 has also been added into SB1085 SD1,
12 Relating to Obesity Prevention, by the Senate Committee on Health and Judiciary and Labor.

13 **Purpose and Justification:** The purpose of House Bill 914 HD1 is to establish a Hawaii interagency
14 obesity prevention council attached to the Department of Health for administrative purposes. The
15 council would be responsible for formulating and advising the governor on the implementation of a

1 unified ten-year statewide plan to address child and adult obesity in Hawaii. HB914 HD1 would also
2 appropriate funds from the obesity prevention special fund for the Department to support child and adult
3 obesity prevention programs. The name change to the council is requested to reflect that the risk factors
4 that contribute to obesity are also related to many chronic diseases.

5 In Hawaii, adult obesity has more than doubled between 1995 and 2010 and childhood obesity
6 increased 29 percent from 1999 to 2011. Obesity-related medical expenditures in Hawaii were
7 calculated to be over \$470 million in 2009, and are continuing to rise. Efforts to change health
8 behaviors are most effective when they address the environments in which people make their daily
9 choices. However, the Department alone cannot change these environments since responsibility for the
10 prevention of obesity falls under the work of many areas. In order to improve the health of the
11 population and make policy, systems and environmental changes, the Department must work
12 collaboratively with the many government agencies, and organizations that represent the various sectors
13 of worksites, business and industry, education, healthcare, and community design and access.

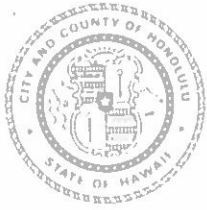
14 The Hawaii state government should lead by example by examining, prioritizing, and addressing
15 causes of obesity through policy, procurement, and program development across agencies. An obesity
16 and chronic disease prevention council would be able to formulate a policy strategy that could be
17 adopted statewide by multiple state agencies and stakeholders. This type of policy strategy will foster
18 collaboration across the sectors of society on a comprehensive approach, in which resources and efforts
19 could be pooled in order to make a greater impact. The prevention of obesity and chronic diseases will
20 require norm changes, where healthy choices and living becomes the societal expectation.

21 The Department and multiple partners have been working in many ways to address the problem
22 of obesity. In 2012, Act 269 was signed into law, establishing the Childhood Obesity Prevention Task
23 Force. The task force met from July 2012 to December 2012 and developed obesity prevention policy
24 recommendations for the 2013 Legislature. Pursuant to Act 269 the task force officially sunset on

1 December 31, 2012. The Department is also working with partners, including those who served on the
2 task force, to update the statewide physical activity and nutrition plan, which will be released in May
3 2013. The obesity and chronic disease council established by this bill can continue to build on the
4 efforts of the Childhood Obesity Prevention Task Force and utilize the updated Hawaii State Physical
5 Activity and Nutrition Plan as guidance in the development of their plan.

6 The Department strongly supports passage of HB914 HD1, with the attached amendments.

7 Thank you for the opportunity to provide testimony.



CITY COUNCIL

CITY AND COUNTY OF HONOLULU
HONOLULU, HAWAII 96813-3065

BREENE HARIMOTO
Councilmember District VIII
Chair, Committee on Transportation
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February 21, 2013

The Honorable Sylvia Luke, Chair
The Honorable Scott Y. Nishimoto, Vice Chair
The Honorable Aaron Ling Johanson, Vice Chair
and Members of the House Committee on Finance
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

Subject: **House Bill 914, HD1, Relating to Obesity Prevention**

Dear Chair Luke and Committee Members:

I offer my testimony in support of this measure which creates an interagency obesity prevention council to establish strategies and benchmarks for addressing the growing rate of obesity in our state. I am personally working to make Honolulu a more livable city, and the health of our citizens, especially our children, is an integral and essential part of livability. Some of the healthy and livable policy initiatives currently being advanced at the county level include:

- Establishing "Complete Streets" to encourage more walking, bicycling, and user friendly streets for all modes of transportation;
- Implementing a bike plan for the City and County of Honolulu;
- Planning a bike share program; and
- Enabling the city's People Open Market program to accept Electronic Benefit Transfer cards to increase access to fresh fruits and vegetables for low income earners.

Unfortunately, today's generation may well be the first with shorter life spans than their parents due to what the Center for Disease Control calls "an epidemic of obesity and diabetes." Obesity and diabetes often lead to other major health issues and directly impact health care costs and quality of life. Any effort to combat this "epidemic" is a step in the right direction.

HB 914, HD1 is one such step, which when combined with other health-related initiatives, will help reduce the obesity rate and change people's behavior to promote a healthier lifestyle for all.

Very truly yours,

A handwritten signature in black ink that reads "Breene Harimoto". The signature is written in a cursive, flowing style.

Breene Harimoto
Honolulu City Council
District VIII



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
House Committee on Finance
Thursday, February 21, 2013 at 11:00 am

by

May Okihiro, MD

Director, Hawai'i Initiative for Childhood Obesity Research and Education

Department of Pediatrics

John A. Burns School of Medicine

and

Jerris Hedges, MD

on behalf of Deans and Directors in the
College of Health Sciences and Social Welfare
University of Hawai'i at Mānoa

HB 914 HD1 – RELATING TO OBESITY PREVENTION

Chair Luke, Vice Chairs Nishimoto and Johanson, and members to the committee:

Obesity is the most significant risk factor for adult obesity and chronic disease such as diabetes and cardiovascular disease. Of great concern, obesity has become very common among adults in Hawai'i and now among the children and adolescents of Hawai'i.

- Childhood obesity increased 29 percent from 1999 to 2011 (YRBS 2011). In some communities of Hawai'i, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawai'i is obese. From 2000 to 2010, the percentage of adults considered obese increased to 48 percent (BRFSS 2010).
- Major health disparities exist across racial and ethnic groups in Hawai'i; 44 percent of Native Hawaiians adults are obese compared to 14 percent of Japanese adults.
- Obesity is a major risk factor for diabetes. The prevalence of self-reported diabetes in Hawai'i rose from 1997 to 2007 rose from 5% to 7.7% of adults. Age-adjusted diabetes prevalence is highest in Hawai'i among our low-income adults (13.4%), Native Hawaiians (12.5%) and Filipinos (9.9%) (BRFSS 2010).
- Economic Cost of obesity: An estimated \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogon, 2012)

The development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawai'i. Reversing the obesity and chronic disease epidemic will take a multi-faceted and comprehensive approach involving multiple sectors of the community.

In 2012 the Governor established a Childhood Obesity Prevention Taskforce, under Act 269, to address the growing crisis of childhood obesity in Hawai'i. The Taskforce was made up of 20 voting members representing a wide variety of organizations and agencies. The Taskforce reviewed the extensive evidence on obesity and delivered a comprehensive set of recommendations for the 2013 legislative session. The Governor and Legislature are now acting on several bills and resolutions based on these recommendations.

However, under Act 269, the Taskforce's mandate expired in December 2012 and the Taskforce was dissolved.

HB 914 HD1 will establish such a council to advise the governor and legislature on a plan to address obesity in Hawai'i and monitor progress. In order for the State of Hawai'i to address the obesity and chronic disease epidemic in a meaningful way, such a permanent multi-disciplinary council, made up of representatives from multiple sectors, including government agencies and community organizations needs to be established. The Council will support the development, implementation and evaluation of Hawaii's obesity prevention plan and promote collaboration, effectiveness, accountability and progress on this urgent matter.

For these reasons, we strongly support this bill.



55 Merchant Street
Honolulu, Hawai'i 96813-4333

HAWAII PACIFIC HEALTH
Kapi'olani • Pali Momi • Straub • Wilcox

808-535-7401
www.hawaiipacifichealth.org

Thursday, February 21, 2013 – 11:00 am
Conference Room 308

The House Committee on Health

To: Representative Sylvia Luke, Chair
Representative Scott Nishimoto, Vice Chair
Representative Aaron Johanson, Vice Chair

From: Virginia Pressler, MD, MBA

**Re: HB 914, HD 1 Relating To Obesity Prevention
Testimony in Support**

My name is Virginia Pressler, MD, MBA, Executive Vice President and Chief Strategic Officer for Hawai'i Pacific Health (HPH). HPH is a nonprofit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 49 outpatient clinics and service sites, more than 5,400 employees and 1,300 physicians on staff.

I am writing in support of HB 914, HD 1 which establishes the Hawaii Interagency Obesity Prevention Council and appropriates funds from the Children's Health Promotion fund for programs related to obesity prevention and related chronic diseases. This bill is part of a comprehensive approach to obesity as recommended by ACT 269, The Childhood Obesity Prevention Task Force.

Testifying as both a health care provider and as an employer, Hawai'i Pacific Health believes this bill will reduce the approximately \$470M spent *annually* on obesity-related health problems in Hawai'i. Approximately 1 in 3 children entering kindergarten in Hawai'i are overweight or obese. Additionally, 23% of Hawai'i adults are obese and another 34% are overweight.

Given the recognition and growing awareness that health care providers must work as partners with our patients in order to manage health care costs, the time to act is now. This bill will be a win-win-win for Hawai'i as it will decrease consumption of sugar sweetened beverages, improve our residents health status, decrease health care spending, and provide revenue to enable additional health care education and awareness of this alarming trend. We owe it to our Keiki and our community. We ask that you pass this measure.

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



Affiliates of Hawai'i Pacific Health

FINTestimony

From: mailinglist@capitol.hawaii.gov
Sent: Wednesday, February 20, 2013 12:18 AM
To: FINTestimony
Cc: tabraham08@gmail.com
Subject: Submitted testimony for HB914 on Feb 21, 2013 11:00AM

HB914

Submitted on: 2/20/2013

Testimony for FIN on Feb 21, 2013 11:00AM in Conference Room 308

Submitted By	Organization	Testifier Position	Present at Hearing
Troy Abraham	Individual	Support	No

Comments: i support urgent passage of bill to promote a cleaner and healthier island and people of hawaii.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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