



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

In reply, please refer to:
File:

HOUSE COMMITTEE ON HEALTH

HB914, RELATING TO OBESITY PREVENTION

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

February 13, 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). Suggested
10 appropriation language is provided as an attachment.

11 **Purpose and Justification:** The purpose of Senate Bill 914 is to establish a Hawaii interagency obesity
12 prevention council attached to the Department of Health for administrative purposes. The council would
13 be responsible for formulating and advising the governor on the implementation of a unified ten-year
14 statewide plan to address child and adult obesity in Hawaii. HB914 would also appropriate funds from
15 the obesity prevention special fund for the Department to support child and adult obesity prevention

1 programs. The name change to the council is requested to reflect that the risk factors that contribute to
2 obesity are also related to many chronic diseases.

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

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

19 The Department and multiple partners have been working in many ways to address the problem
20 of obesity. In 2012, Act 269 was signed into law, establishing the Childhood Obesity Prevention Task
21 Force. The task force met from July 2012 to December 2012 and developed obesity prevention policy
22 recommendations for the 2013 Legislature. Pursuant to Act 269 the task force officially sunset on
23 December 31, 2012. The Department is also working with partners, including those who served on the
24 task force, to update the statewide physical activity and nutrition plan, which will be released in May

1 2013. The obesity and chronic disease council established by this bill can continue to build on the
2 efforts of the Childhood Obesity Prevention Task Force and utilize the updated Hawaii State Physical
3 Activity and Nutrition Plan as guidance in the development of their plan.

4 The Department strongly supports passage of HB914, with the attached amendments. Thank you
5 for the opportunity to provide testimony.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
House Committee on Health
Wednesday, February 13, 2013 at 8:30 am
by
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 – RELATING TO OBESITY PREVENTION

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 Hawaii 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 Hawaii 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. In the decade from 1997 to 2007, the prevalence of self-reported diabetes in Hawai'i rose from 5% to 7.7% of adults. Age-adjusted diabetes prevalence is highest in Hawaii 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 (Trogdon, 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.

Under Act 269, the Taskforce's mandate expired in December 2012 and the Taskforce was dissolved. The obesity challenges to Hawai'i remain. Loss of this interdisciplinary coalition of scientists, educators and community leaders must be addressed.

HB 914 will establish 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 associated chronic disease epidemic in a meaningful way, such a permanent multi-disciplinary council needs to be established. The council should be comprised of representatives from multiple sectors, including government agencies and community organizations. The Council should 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.



HB914
RELATING TO OBESITY PREVENTION
House Committee on Health

February 13, 2013

8:30 a.m.

Room 329

The administration of the Office of Hawaiian Affairs (OHA) will recommend that the Board of Trustees **SUPPORTS** HB914. This measure would establish the Hawai'i Interagency Obesity Prevention Council and appropriate funds for programs related to obesity prevention and related chronic diseases.

OHA's strategic priorities include Maui Ola (Health), which represents our commitment to improve the conditions of Native Hawaiians and quality of life by reducing the onset of chronic diseases. Obesity is a common condition of chronic diseases, and data suggests that Native Hawaiians and other Pacific Islanders are at greater risk for obesity and health complications. As such, OHA's Health Advocacy Initiative Core and Advisory Team are focusing its efforts on decreasing Native Hawaiian obesity rates in relation to Hawai'i's general population.

We particularly support a public health approach that aims to take a holistic and systemic view to address obesity in Hawai'i's communities, while working collaboratively with public and private interests. We also encourage the inclusion of the Native Hawaiian and Pacific Islander community to vet recommendations from the council, as there is a strong indication that Native Hawaiians and other Pacific Islanders are at greater risk for obesity and obesity-attributable health complications.

In addition, we encourage state agencies to disaggregate data as it will assist the state and our larger community of stakeholders to develop, plan, and recommend meaningful policies. OHA looks forward to working with the council to ensure that we are collectively responsive to the needs and concerns related to chronic disease rates in the Native Hawaiian community.

Mahalo nui loa for the opportunity to testify.



HAWAII PACIFIC HEALTH

55 Merchant Street
Honolulu, Hawai'i 96813-4333

Kapi'olani • Pali Momi • Straub • Wilcox

808-535-7401
www.hawaiipacifichealth.org

Wednesday, February 13, 2013 – 8:30 am
Conference Room 329

The House Committee on Health

To: Representative Della Au Belatti, Chair
Dee Morikawa, Vice Chair

From: Virginia Pressler, MD, MBA

Re: **HB 914 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 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

Thank you for the opportunity to provide this testimony.