

# HB1616 HD1



**Measure Title:** RELATING TO HEALTH PLANNING.

**Report Title:** OHA Package; State Planning Act; Health Disparities

**Description:** Adds to the Hawaii State Planning Act's objectives and policies for health the identification of social determinants of health to reduce health disparities among Native Hawaiians, other Pacific Islanders, and Filipinos. Effective July 1, 2030. (HB1616 HD1)

**Companion:**

**Package:** Office of Hawaiian Affairs

**Current Referral:** HWN/HTH

**Introducer(s):** SOUKI (Introduced by request of another party)

<a href="#">Sort by Date</a>	Status Text
1/10/2014	H Prefiled
1/15/2014	H Introduced and Passed First Reading
1/17/2014	H Referred to HLT, EDB, FIN, referral sheet 2
1/23/2014	H Re-referred to OMH/HLT, EDB, FIN, referral sheet 4
1/30/2014	H Bill scheduled to be heard by OMH/HLT on Monday, 02-03-14 8:30AM in House conference room 325.
2/3/2014	H The committees on OMH recommend that the measure be PASSED, UNAMENDED. The votes were as follows: 5 Ayes: Representative(s) Hanohano, Cullen, Evans, Kawakami, Lowen; Ayes with reservations: none; Noes: none; and 4 Excused: Representative(s) C. Lee, Say, Nishimoto, Fale.
2/3/2014	H The committees on HLT recommend that the measure be PASSED, UNAMENDED. The votes were as follows: 7 Ayes: Representative(s) Belatti, Morikawa, Creagan, Hashem, Kobayashi, Woodson, Matsumoto; Ayes with reservations: none; Noes: none; and 3 Excused: Representative(s) Carroll, Jordan, Oshiro.
2/5/2014	H Reported from OMH/HLT (Stand. Com. Rep. No. 166-14), recommending passage on Second Reading and referral to EDB.
2/5/2014	H Passed Second Reading and referred to the committee(s) on EDB with none voting aye with reservations; none voting no (0) and Representative(s) Yamane excused (1).
2/7/2014	H Bill scheduled to be heard by EDB on Tuesday, 02-11-14 9:00AM in House conference room 312.
2/11/2014	H The committees on EDB recommend that the measure be PASSED, UNAMENDED. The votes were as follows: 10 Ayes: Representative(s) Tsuji, Ward, Awana, Brower, Ito, Choy, Ohno, Onishi, Tokioka, Wooley; Ayes with reservations: none; Noes: none; and 1 Excused: Representative(s) Cachola.
2/14/2014	H Reported from EDB (Stand. Com. Rep. No. 420-14), recommending referral to FIN.
2/14/2014	H Report adopted; referred to the committee(s) on FIN with none voting aye with reservations; none voting no (0) and Cachola, Carroll, Takumi excused (3).
2/24/2014	H Bill scheduled to be heard by FIN on Wednesday, 02-26-14 11:15AM in House conference room 308.
	The committees on FIN recommend that the measure be PASSED, WITH



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
**OFFICE OF COMMUNITY SERVICES**  
830 PUNCHBOWL STREET, ROOM 420  
HONOLULU, HAWAII 96813  
[www.hawaii.gov/labor](http://www.hawaii.gov/labor)  
Phone: (808) 586-8675 / Fax: (808) 586-8685  
Email: [dlir.ocs@hawaii.gov](mailto:dlir.ocs@hawaii.gov)

March 20, 2014

To: The Honorable Maile S.L. Shimabukuro, Chair  
The Honorable Clayton Hee, Vice Chair and  
Members of the Senate Committee on Hawaiian Affairs  
and  
The Honorable Josh Green, Chair,  
The Honorable Rosalyn H. Baker, Vice Chair; and  
Members of the Senate Committee on Health

From: Office of Community Services (OCS),  
Department of Labor and Industrial Relations (DLIR)  
Mila Kaahanui, Executive Director

Subject: HB1616, HD1 - Relating to Health Planning

Date: Friday, March 21, 2014  
Time: 1:15 p.m.  
Place: Conference Room 229

POSITION: **Strongly Support**

The Office of Community Services (OCS), a State office administratively located in the DLIR, reiterates its strong support for this bill and respectfully offers comments.

**I. OVERVIEW OF THIS PROPOSAL**

This bill proposes to make changes to HRS §226-20 relating to health planning to add to the State's health planning objectives an additional focus on the disparities in health outcomes that adversely affect Hawaii's Native Hawaiian, Filipino, and other Pacific Islander communities.

**II. CURRENT LAW**

Chapter 226, HRS, sets forth comprehensive requirements for the State government with respect to planning for the future in a very broad range of considerations, including population; the economy; the physical environment; facility systems such as water and waste management,

transportation, telecommunications, and housing; and objectives and policies for socio-cultural advancement in health, education, social services, individual rights and personal well-being, culture, public safety and government.

However, this comprehensive list of goals and objectives does not specifically direct the State's health planners to focus on the fact that our Native Hawaiian, Filipino, and other Pacific Islander communities have disparate health outcomes when compared to the overall general population of the State.

### **III. COMMENTS ON THE HOUSE BILL**

The Office of Community Services is tasked by its foundational legislation, Chapter 371K, HRS, to provide services for multiple disadvantaged populations, including immigrants and others that suffer from socio-economic disadvantage.

OCS has conducted recent Needs Assessments that provide "on the ground" observations confirming the general commentary in the literature that Native Hawaiians, Filipinos, and other Pacific Islanders experience lower levels of health, and that their medical outcomes are lower, when contrasted to the health status and medical outcomes of the general population of our State.

Coming from this perspective, OCS believes that the addition of a specific focus on this disparity in health outcomes in Chapter 226 is overdue. We are hopeful that this change, once enacted, will lead to actual enhancement of State government services in these areas. Accordingly, we look forward to passage of this bill as an important first step toward such improved goals.

Thank you for the opportunity to provide our comments.



**HB1616 HD1**  
**RELATING TO HEALTH PLANNING**  
Senate Committee on Hawaiian Affairs  
Senate Committee on Health

March 21, 2014

1:15 p.m.

Room 229

The Office of Hawaiian Affairs (OHA) **SUPPORTS WITH AMENDMENTS** HB1616 HD1, which is a part of OHA's 2014 legislative package. HB1616 HD1 would modernize our State Planning Act to ensure the most efficient use of resources by targeting key services, interventions, programs and funding to address the social determinants of health of vulnerable communities, and would make a commitment to addressing Native Hawaiian health disparities.

Current best practices in health planning call for supporting policies that address the social determinants of health for vulnerable communities, which in turn provides for the health and well-being of the overall population. Data show Native Hawaiians, other Pacific islanders and Filipinos continue to have disparate health outcomes compared to the rest of the state population. These health disparities are correlated with social determinants of health such as housing, education, social services, leisure, individual rights, culture and public safety. OHA's primary concern is that Native Hawaiians are significantly represented in the areas of homelessness, poverty and incarceration, which have impacted Native Hawaiian health outcomes. This bill updates our State Planning Act to codify a commitment to addressing health disparities and their social determinants, consistent with federal legislation and priorities. **Allowing state agencies to include the social determinants of health in their policy planning and discretionary use of resources ensures modernized health planning, effective use of resources and better health outcomes for all.**

In response to suggestions by the Department of Health and the Department of Planning, OHA recognizes that the prioritization of those other populations with disparate health outcomes may need to be revisited in the future. Reexamination of the health status of these and other groups may provide important feedback regarding the success of this policy change in addressing disparate health outcomes, and identify other populations that may need prioritization in the future. In addition, OHA recommends that the bill language also reference federal law that establishes a policy of addressing the health status of Native Hawaiians specifically. Accordingly, **we offer the attached proposed SD1, providing for a future review of health data to ensure that the most vulnerable communities are targeted, and**

**noting the codified federal policy of improving the health status of Native Hawaiians specifically. We also respectfully request that the Committees make the effective date of this measure effective upon its passage.**

Therefore, OHA urges the Committees to **PASS** HB1616 HD1 with the suggested amendments. Mahalo for the opportunity to testify on this important measure.

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# A BILL FOR AN ACT

RELATING TO HEALTH PLANNING.

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

1           SECTION 1. The legislature finds that the World Health  
2   Organization, the United States Department of Health and Human  
3   Services's Healthy People 2020 Initiative, and the Centers for  
4   Disease Control and Prevention all recognize social determinants  
5   of health as the single most important factor in individual and  
6   population health outcomes, more so than genetic disposition or  
7   medical care. The legislature further finds that the  
8   Hawai'i State Planning Act does not explicitly recognize social  
9   determinants of health as an important component of health  
10  planning.

11           The legislature also notes that the October 2013 report,  
12  "Assessment and Priorities for Health & Well-Being in Native  
13  Hawaiians & Other Pacific Peoples," by the John A. Burns School  
14  of Medicine, identifies a number of social and other  
15  determinants of health for Native Hawaiians, other Pacific  
16  Islanders, and Filipinos, who collectively continue to have

1 disparate health outcomes compared to the rest of the state  
2 population. The legislature finds that in recognition of the  
3 special responsibilities and legal obligations to the indigenous  
4 people of Hawai'i, the United States federal government codified  
5 in 42 United States Code section 11702 a commitment to  
6 addressing the health status of Native Hawaiians and providing  
7 Native Hawaiian health care programs with necessary resources.  
8 The legislature further finds that the State has not made a  
9 similar commitment.

10 The legislature finds that codifying a commitment to  
11 reducing health disparities for Native Hawaiian and other groups  
12 through a social determinants of health approach may directly  
13 and indirectly improve health outcomes and the quality of life  
14 for all residents of the State.

15 The purpose of this Act is to update the Hawai'i State  
16 Planning Act's objectives for health to include a dual  
17 commitment to addressing Native Hawaiian health and eliminating  
18 health disparities.

19 SECTION 2. Section 226-20, Hawaii Revised Statutes, is  
20 amended to read as follows:

21 **"§226-20 Objectives and policies for socio-cultural**  
22 **advancement--health.** (a) Planning for the State's socio-  
23 cultural advancement with regard to health shall be directed  
24 towards achievement of the following objectives:

1 (1) Fulfillment of basic individual health needs of the  
2 general public.

3 (2) Maintenance of sanitary and environmentally healthful  
4 conditions in Hawaii's communities.

5 (3) Elimination of health disparities by identifying and  
6 addressing social determinants of health.

7 (b) To achieve the health objectives, it shall be the  
8 policy of this State to:

9 (1) Provide adequate and accessible services and  
10 facilities for prevention and treatment of physical  
11 and mental health problems, including substance abuse.

12 (2) Encourage improved cooperation among public and  
13 private sectors in the provision of health care to  
14 accommodate the total health needs of individuals  
15 throughout the State.

16 (3) Encourage public and private efforts to develop and  
17 promote statewide and local strategies to reduce  
18 health care and related insurance costs.

19 (4) Foster an awareness of the need for personal health  
20 maintenance and preventive health care through  
21 education and other measures.

22 (5) Provide programs, services, and activities that ensure  
23 environmentally healthful and sanitary conditions.

24 (6) Improve the State's capabilities in preventing



1           contamination by pesticides and other potentially  
2           hazardous substances through increased coordination,  
3           education, monitoring, and enforcement.

4           (7) Prioritize programs, services, interventions, and  
5           activities that address identified social determinants  
6           of health to improve Native Hawaiian health and well-  
7           being consistent with the United States Congress's  
8           declaration of policy as codified in 42 United States  
9           Code section 11702, and to reduce health disparities  
10           of disproportionately affected demographics, such as  
11           of Native Hawaiians, other Pacific Islanders, and  
12           Filipinos. The prioritization of affected demographic  
13           groups other than Native Hawaiians may be reviewed  
14           every ten years and revised based on the best  
15           available epidemiological and public health data."

16           SECTION 3. Statutory material to be repealed is bracketed  
17 and stricken. New statutory material is underscored.

18           SECTION 4. This Act shall take effect upon approval.



**H.B. 1616, H.D.1**  
**Relating to Health Planning**  
**Senate Committee on Hawaiian Affairs**  
**Senate Committee on Health**  
**March 21, 2014; 1:15 pm**

Aloha Mai kakou!

Thank you for the opportunity to provide testimony in support of H.B. 1616, Relating to Health Planning. My name is Diane Paloma, Director of the Native Hawaiian Health Program with The Queen's Health Systems.

My program that supports The Queens Medical Centers efforts in providing acute medical care oversees a variety of projects both within and external to health for Hawaiians. The various clinical initiatives within the hospital see a variety of chronic diseases; and by the time they arrive to the hospital, the individuals are extremely sick. Families must make quick decisions that are often guided by levels of insurance. While we will always continue to address their needs, we know that the root causes of these diseases begin years earlier. Part of our outreach and community building for Queens has recognized the need for evidence based preventive medicine that not just addresses illness, but health. OLA means health and it also means to live.

King Kamehameha IV and Queen Emma knew that in order for their lāhui to survive, they would need to allow their people to live on. They experienced the ravaging effects of infectious disease upon populations of people and established the Queens Hospital in 1859 to address the community need for healthcare. While the times and technologies have changed, Queens is once again responding to a need for healthcare outside of urban Honolulu. With the opening of a West Oahu campus and a North Hawaii campus, we are extending our reach to larger Native Hawaiian populations. Programs at these sites will incorporate social determinants of health such as socioeconomic power, availability of fresh produce and access to healthcare and other health resources in their neighborhoods.

As a part of the Native Hawaiian health consortium (Nālimahana o lonopūhā), various health based organizations from across varied disciplines, queens recognizes that combined efforts and a focus on the things that made us sick in the beginning are critical to our success in controlling disease later in life. The late Loretta Fuddy was a part of this consortium and she openly recognized this connection. Addressing the social determinants of health is preventive medicine.

Supporting HB1616, HD1 provides the opportunity for a broader definition of health and well-being, and a broader way of addressing health for those who need it most.

Testimony of  
John M. Kirimitsu  
Legal and Government Relations Consultant

Before:  
Senate Committee on Hawaiian Affairs  
The Honorable Maile S.L. Shimabukuro, Chair  
The Honorable Clayton Hee, Vice Chair

Senate Committee on Health  
The Honorable Josh Green, Chair  
The Honorable Rosalyn H. Baker, Vice Chair

March 21, 2014  
1:15 pm  
Conference Room 229

**Re: HB 1616, HD1 - Relating to Health Planning**

Chairs, Vice Chairs, and committee members thank you for this opportunity to provide testimony on this bill updating the Hawaii State Planning Act's objectives for health to include a commitment to eliminating health disparities by explicitly addressing social determinants of health among Native Hawaiians, other Pacific Islanders, and Filipinos.

**Kaiser Permanente Hawaii supports this bill.**

Through the ACA, life expectancy and overall health have improved in recent years for most Americans, thanks in part to a better focus on preventive medicine and improving the quality of care. While Americans as a group are healthier and living longer, disparities persist. Accordingly, identifying social determinants help shape effective population and place based efforts and health policies to address health disparities.

In recognizing that the health disparities and needs are highest for Native Hawaiian and Pacific Island populations in Hawaii, Kaiser Permanente supports identifying social determinants as an important component of health planning. In 2010, Kaiser Permanente conducted Hawaii's first community health needs assessment entitled Community Voices on Health. The assessment served as a call to action to improve health in Hawaii. A subsequent report entitled "Assessments and Priorities for Health & Well-Being in Native Hawaiians & Other Pacific Island Peoples" was created through collaboration between KP and the UH Dept of Native Hawaiian Health.

Thank you for your consideration.

711 Kapiolani Blvd  
Honolulu, Hawaii 96813  
Telephone: 808-432-5224  
Facsimile: 808-432-5906  
Mobile: 808-282-6642  
E-mail: john.m.kirimitsu@kp.org

Center for Hawaiian Sovereignty Studies  
46-255 Kahuhipa St. Suite 1205  
Kane'ohe, HI 96744  
Tel/Fax (808) 247-7942  
Kenneth R. Conklin, Ph.D. Executive Director  
e-mail [Ken\\_Conklin@yahoo.com](mailto:Ken_Conklin@yahoo.com)  
Unity, Equality, Aloha for all



To: HWN/HTH  
For hearing Friday, March 21, 2014

Re: HB 1616 RELATING TO HEALTH PLANNING.

Adds to the Hawaii State Planning Act's objectives and policies for health the identification of social determinants of health to reduce health disparities among Native Hawaiians, other Pacific Islanders, and Filipinos. Effective July 1, 2030. (HB1616 HD1)

Testimony in support of the intentions of the bill but raising important issues for amendment regarding data analysis.

The Hawaiian grievance industry has been successful in portraying ethnic Hawaiians as having the worst statistics for diabetes, heart disease, breast cancer, poverty, incarceration, etc. However, many if not most of these characterizations are based on improper methods of gathering and analyzing data.

Until now we have been told that there is something about the mere fact of having Hawaiian native ancestry which causes people to have these terrible outcomes. Furthermore, researchers have steadfastly refused to include in their data any information about the percentage of Hawaiian native blood in the genealogy of the people being studied, or percentage of Hawaiian culture in the elements of a person's lifestyle, because of adherence to the politically correct doctrine that anyone with even a small percentage of native blood is fully Hawaiian. The only possible conclusion from the numerous studies reported to date is that (a) the bad outcomes are caused by genetics and therefore are incurable without major modification of the Hawaiian genome which, of course, would be morally and politically impossible; and (b) there is something so poisonous about "Hawaiian blood" that even a small percentage of it dooms people to disaster. Anyone believing such things would certainly feel profound hopelessness and despair. Would society be justified in solving the "problem" through quarantine and sterilization?

This bill is to be applauded because it breaks new ground by citing authoritative sources to say that "social determinants of health [are] the single most important factor in individual and population health outcomes, more so than genetic disposition or medical care."

There are two very important concepts which must be addressed when gathering and analyzing data regarding "Native Hawaiians." The failure to take account of these concepts regarding victimhood studies up to now has rendered virtually all such studies invalid if not outright fraudulent. These two concepts must be incorporated into all future studies of both genetic and social determinants of health and success. (1) Who counts as being "Native Hawaiian" and exactly how should each individual case be tallied in the data? (2) There is a sixteen year age gap between "Native Hawaiians" as a whole and everyone else in Hawaii; therefore overall comparisons between ethnic groups are meaningless and data must be compared within age cohorts.

(1) Who counts as being "Native Hawaiian"?

As we all know there are very few “pure” Native Hawaiians. Nearly everyone who has Hawaiian native blood also has other ancestries. Indeed, perhaps 3/4 of all people labeled “Native Hawaiian” have at least 3/4 of their ancestry being other than Hawaiian (That’s just a guess; nobody really knows because nobody is willing to ask). It is outrageous that someone who is 1/2 Chinese, 1/4 Caucasian, 1/8 Filipino, and 1/8 Hawaiian gets counted solely as Hawaiian, without being also tallied as Chinese, Caucasian, and Filipino. A simple way to count people by race would be to post a tally mark for the one racial group which comprises the largest fraction of his ancestry (thus the person in this example would be counted as Chinese). A far more accurate way to count people by race is to give fractional tally marks for each race equal to what fractional part that race represents in the person’s ancestry. If a woman with the genealogy described above has breast cancer, then Native Hawaiian breast cancer would receive 1/8 of a tally mark (not the full tally mark currently being awarded), Chinese breast cancer would get 1/2 of a tally mark (not the zero currently being awarded), etc.

If we awarded fractional tally marks, we would probably discover that “Native Hawaiians” do NOT have the worst statistics for disease and social dysfunction. But of course the Hawaiian grievance industry would not like such analysis, because the powerful, wealthy research and political institutions which profit from grant writing and assertions of victimhood would soon see their funding dry up. If there were no racial disparity, there would be no right to grumble. No sympathy from a generous public. No special treatment. No reparations. No racial grievance industry with large, highly paid bureaucracies.

A similar analysis would be appropriate to investigating whether lifestyle is correlated with criminal behavior, disease, etc. Identify a set of behavioral and environmental characteristics associated with being “Hawaiian” -- perhaps eating poi, pulling taro, digging an imu, practicing spear-throwing, dancing hula, speaking Hawaiian fluently, etc. Then assign a percentage of Hawaiian lifestyle to each person convicted of a crime or victimized by a disease, and look at a graph of hundreds of

examples to see whether people who are "more Hawaiian" are more likely to have a certain problem.

(2) There is a sixteen year age gap between "Native Hawaiians" as a whole and everyone else in Hawaii; therefore overall comparisons between ethnic groups are meaningless and data must be compared within age cohorts.

The actual numbers in Census 2010 say Native Hawaiians (at least one drop of native blood) living in Hawaii have a median age of 26.3 and are 21.3% of the population, while Hawaii's total population (including Native Hawaiians) has a median age of 38.6. Doing some arithmetic to remove Native Hawaiians from the total population shows that the median age is 41.9 for the 78.7% who lack Hawaiian native blood.

The age gap of 16 years has huge consequences for interpreting data portraying Native Hawaiians as having lower income, greater drug abuse, and higher incarceration rates than the rest of Hawaii's population. Someone who is only 26 years old is obviously just getting started in a career and therefore not earning as much as someone well-established at age 42. Young people, regardless of race, get drunk, do drugs, and commit crimes much more than middle-aged people (especially violent crimes meriting harsher penalties).

Most social victimhood statistics (low income, drug abuse, incarceration, etc) touted by the Hawaiian grievance industry are attributable to youth, not to race. The Census provides many data about income, housing, crime, etc. which are reported in 5-year age cohorts (i.e., 15-19, 20-24, etc.). The only way to discover whether Native Hawaiians truly have the worst statistics among Hawaii's ethnic groups is to compare people at the same age. But the tycoons of the Hawaiian grievance industry have no desire to do that.

Of course young people do more drugs and commit more crimes, with greater violence, than middle-aged people. So they get arrested more often and sentenced to longer terms. And there's nothing unfair about that! It's all about the sins of youth, not about race. That age disparity

of 16 years is a major reason why comparing statistics for ethnic Hawaiians as a whole vs. other races makes it look like ethnic Hawaiians are either bad people or are being discriminated against.

Why does this 16 year age disparity exist? That's a complex issue. Apparently ethnic Hawaiians at young ages like to make babies, and their culture and families are happy to see them do it. Part of the reason might be the urging by Lilikala Kame'eleihiwa and other racial activists that Hawaiians should go forth and multiply regardless of age or marital status, in hopes of someday becoming a majority to gain the upper hand politically. See "Native Hawaiian Population To Double by 2050 -- Lilikala Says Use Population Bomb to Blow Up Current Non-Native Majority" at <http://tinyurl.com/clk7z>

Conclusion and suggested amendment:

Please insert into an appropriate place in Section 1 of SB 2103 the following language:

When gathering data and doing statistical analysis comparing differences among racial groups regarding both the genetic and the social determinants of wellbeing, dysfunction, or disparity in health, economic outcomes, and social adjustment; care shall be taken to account for all the components of a person's ancestry by awarding a fraction of a tally mark to each race that is equal to the fractional portion of that person's ancestry; and care shall be taken to compare different racial groups within the same 5-year age cohorts used by the U.S. Census Bureau.





## *Nursing Advocates & Mentors, Inc.*

*... a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.*

*NAMI, P.O. Box 2034 Aiea, HI 96701*

*E-mail: bramosrazon@aol.com*

### **TESTIMONY IN STRONG SUPPORT OF HB 1616**

Senate Committee on Hawaiian Affairs  
Senate Committee on Health

Report Title: OHA Package; State Planning Act; Health Disparities  
March 21, 2014, 1:15 p.m. | Hawai'i State Capital | Senate Conference Rm. 229

To: Honorable Sen. Maile Shimabukuro, Chair and Honorable Sen. Clayton Hee, Vice Chair  
Honorable Members of the Senate Committee on Hawaiian Affairs: Sen. Brickwood  
Galuteria, Sen. Michelle N. Kidani, Sen. Sam Slom  
Honorable Sen. Josh Green, Chair and Honorable Rosalyn Baker, Vice Chair  
Honorable Members of the Committee on Health: Sen. Suzanne Chun Oakland, Sen. Clarence  
Nishihara, Sen. Sam Slom

From: Beatrice Ramos-Razon, Co-Founder & President, NAMI, Nursing, Advocates & Mentors, Inc.

Dear Hon. Sen. Shimabukuro, Chair; Hon. Sen. Clayton Hee, Vice Chair; and Hon. Members of the Senate Committee on Hawaiian Affairs; and Hon. Sen. Josh Green, MD, Chair; Hon. Sen. Rosalyn Baker, Vice Chair, and Hon. Members of the Senate Committee on Health:

My name is Beatrice Ramos-Razon. As the founder and president of NAMI (Nursing Advocates & Mentors, Inc.), I am proud to submit our strong support for this bill. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people through education, mentoring, advocacy and service.

NAMI strongly supports this bill. We have partnered with AANCART, Asian American Network for Cancer Awareness, Research and Training to conduct focus groups, convened community reviews of health materials, and brokered partnerships to reach out to the Filipino community to save lives from cancer. We fully support the intent of this bill and stand steadfast to support the Office of State Planning to fulfill its mission to serve the people of Hawai'i. With a comprehensive effort to support stakeholders in the Native Hawaiian, Pacific Islanders and Filipino communities, we can all play a vital role to keeping Hawai'i the "Healthy State" from its people, to the land, sea and economy.

Thank you for hearing this important bill and for the opportunity to provide testimony.

Sincerely,

Beatrice Ramos-Razon, RN, FACDONA, President, Nursing Advocates and Mentors, Inc.



**Board Members**

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Jason Okuhama  
Managing Partner,  
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Wayne Tanna  
Asset Building Coalition &  
Chaminade University

**HACBED Staff**

Brent N. Kakesako  
*Executive Director*

Keoki Noji  
*Chief Operating Officer*

Susan Tamanaha  
*Family & Individual Self-  
Sufficiency Program Director*

Athena T. Esene  
*Bookkeeper & Office Manager*

Mika Okuno  
*Planning & Research Associate*

Ben Costigan  
*AmeriCorps VISTA Member*

Anna Dorman  
*AmeriCorps VISTA Member*

Date: March 13, 2014

To: Senator Maile S.L. Shimabukuro, Chair, Senator Clayton Hee Vice Chair, and members of the Committee on Hawaiian Affairs  
Senator Josh Green, Chair, Senator Rosalyn H. Baker, Vice Chair, and members of the Committee on Health

From: Brent Kakesako, Executive Director  
Hawai'i Alliance for Community-Based Economic Development

Re: Strong Support for HB 1616 HD 1, Relating to Health Planning

Aloha Senator Shimabukuro, Senator Hee, Senator Green, Senator Baker, and members of the Committees,

The Hawai'i Alliance for Community-Based Economic Development (HACBED) strongly supports HB 1616 HD 1, which would add social determinants of health to the Hawai'i State Planning Act's objectives and policies for health in order to reduce health disparities among Native Hawaiians, other Pacific Islanders, and Filipinos.

HACBED was established in 1992 as a nonprofit statewide intermediary to address social, economic, and environmental justice concerns through community-based economic development and asset building strategies. HACBED was one of the organizational contributors to the development of the 2013 report *Assessment and Priorities for Health & Well-Being in Native Hawaiians & Other Pacific Peoples*, focusing on the "Other Determinants of Health" section that highlighted the effects of economic, education, social, cultural, emotional, and spiritual factors on an individual's health. HACBED also facilitates the Ho'owaiwai Network, a network of 100+ organizations across the state committed to building genuine wealth for Hawai'i's families and determining an articulation of asset building that is place-based and culturally-grounded. As such, HACBED strongly supports the proposed bill, which would incorporate metrics that truly capture the holistic way families in Hawai'i view health.

HB 1616 HD 1 would modernize the way health disparities are addressed by indigenizing those metrics and indicators to reflect what is truly important to families -- our relationships to each other, to 'āina, to our communities. The inclusion of social determinants of health at a policy level would ultimately lead to a more mindful use of resources to effectuate better health outcomes for families across the state as well as better support communities who are hardest hit and most significantly affected by health inequities and by extension address broader socio-economic justice issues.

Mahalo for this opportunity to testify,

Brent N. Kakesako  
Executive Director  
Hawai'i Alliance for Community-Based Economic Development (HACBED)



## TESTIMONY IN STRONG SUPPORT OF HB 1616

Senate Committee on Hawaiian Affairs  
Senate Committee on Health

Report Title: OHA Package; State Planning Act; Health Disparities  
March 21, 2014, 1:15 p.m. | Hawai'i State Capital | Senate Conference Rm. 229

To: Honorable Sen. Maile Shimabukuro, Chair and Honorable Sen. Clayton Hee, Vice Chair  
Honorable Members of the Senate Committee on Hawaiian Affairs: Sen. Brickwood Galuteria,  
Sen. Michelle N. Kidani, Sen. Sam Slom  
Honorable Sen. Josh Green, Chair and Honorable Rosalyn Baker, Vice Chair  
Honorable Members of the Committee on Health: Sen. Suzanne Chun Oakland, Sen. Clarence  
Nishihara, Sen. Sam Slom

From: Charlene Cuaresma, MPH, AANCART Hawai'i Principal Investigator  
Asian American Network for Cancer Awareness, Research and Training  
University of Hawai'i at Mānoa, Student Equity, Excellence and Diversity  
2600 Campus Rd. QLCSS Rm. 413, Honolulu, HI 96822

Dear Hon. Sen. Shimabukuro, Chair; Hon. Sen. Clayton Hee, Vice Chair; and Hon. Members of the  
Senate Committee on Hawaiian Affairs; and Hon. Sen. Josh Green, MD, Chair; Hon. Sen. Rosalyn  
Baker, Vice Chair, and Hon. Members of the Senate Committee on Health:

My name is Charlene Cuaresma, Principal Investigator for the Asian American Network for Cancer Awareness  
Research and Training (AANCART), which is a Community Network Program of the National Cancer Institute.  
AANCART was established to reduce cancer health disparities among Asian Americans through research,  
education and training. AANCART Hawai'i is an integral part of a consortium of universities through sub-awards  
from parent institution University of California-Davis Cancer Center.

AANCART mentors McNair scholars at the University of Hawai'i at Mānoa to gain experience in the field of  
translational research, utilizing community-based participatory research. McNair scholars are first generation  
college students. They come from minority, economically disadvantaged groups, including Native Hawaiian and  
Filipino students, who are also over-represented in under-achieving public schools, and under-represented at the  
University of Hawai'i at Mānoa. We collaborated with DOH epidemiologist Ann Pobutsky to document social  
determinants to health disparities among Filipinos in Hawai'i. We strongly support this bill because Hawai'i's  
health stakeholders need sound, evidence-based facts to understand how to be good stewards of limited resources  
to care for and perpetuate Hawai'i's greatest endangered species, its diverse people.

For example, Kenneth Chu, retired chief of the Disparities Research Branch of the National Cancer Institute's  
Center to Reduce Cancer Health Disparities, found that Filipinos have the highest death rate in the nation due to  
cancer among Asian populations. In Hawai'i, Filipinos have among the lowest cancer screening rates and highest  
rates for late stage diagnosis of breast, prostate and colorectal cancers. Furthermore, a large health insurer found  
that Filipinos have the highest percentage of "lost to follow up" for receiving regular mammograms.

Given that, translational research generates strategic, lifesaving data that informs best practices for addressing society's complex disparities. But only one percent of the National Institute of Health research budget is allocated toward this end. At the same time, NIH found that it takes an average of 17 years for only 14% of bench research results to reach the bedside of patients with evidence-based healthcare practices. In spite of that small return from a multi-billion dollar, long-term investment of public funds, Filipinos, Native Hawaiians, Pacific Islanders, and other vulnerable populations were still not benefitting equally from medical advances, as they disproportionately bear some of the greatest cancer burdens in the nation.

On one hand, the Centers for Disease Control and Prevention notes that while heart disease is the greatest killer in the U.S., for Asians, cancer is the number one cause of death. Consequently, Hawai'i's Office of State Planning has a pivotal role in addressing health disparities, as it provides guidance for the state with the largest percentage of Asians in the nation. On the other hand, we also know today that the cost of prohibitive catastrophic illnesses can be mitigated with prevention, education and early detection. If we had more sound evidence on social determinants of health, policy makers, state planners, health care providers, educators, employers, unions, individuals, and families themselves will be more informed stakeholders in Hawai'i, touted as the "Healthy State".

In closing, our Hawai'i state legislature has an opportunity to champion legislation for the Office of State Planning to include cutting edge research on social determinants to health disparities. You will be proud to know that UH McNair scholars of Asian and Pacific Islander heritage, and from the humblest of backgrounds, are demonstrating in local and national scientific conferences, that they are our nation's greatest assets to add to the body of knowledge of social determinants of health and health disparities.

Thank you for hearing this bill, and for the opportunity to strongly support the direction of investing in generating social determinants data for policy making and planning to address health disparities. Good public health is good business. Good public health is everybody's business. Everybody will benefit.

Sincerely,

Charlene Cuaresma, MPH  
AANCART Hawai'i Principal Investigator



**KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES**  
**2239 N. SCHOOL STREET ♦ HONOLULU, HAWAII 96819**  
**♦ TEL: 808-791-9400 ♦ FAX: 808-848-0979 ♦ www.kkv.net**

[COMMITTEE ON HAWAIIAN AFFAIRS](#)

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Senator Clayton Hee, Vice Chair

[COMMITTEE ON HEALTH](#)

Senator Josh Green, Chair  
Senator Rosalyn H. Baker, Vice Chair

3/21/2014

Dear Leaders and Members of the Committees on Hawaiian Affairs and Health:

Kokua Kalihi Valley (KKV) strongly supports HB1616 HD1, which modernizes the state planning act in important ways to strategically focus our policies to build a stronger, healthier Hawai'i.

This measure adds the social determinants of health to the State planning act and encourages all state agencies, not just the Department of Health, to consider these most powerful factors that influence health outcomes.

KKV is proud of its 40 plus years of medical, dental and behavioral health programs to the residents of Kalihi. We know that access to affordable, high quality patient centered care is a good thing. But we also know from our work in the community, that this care is neither the only thing, nor indeed the most important thing influencing whether or not our families are healthy. A tremendous amount of scientific research, as well as our own experience in the community shows that health begins where we live, work and play. Our connections to our family, our neighbors, the 'Aina and our cultures; our sense of self-efficacy and control over the circumstances of our lives; our freedom from the toxic stress of racism and discrimination; our belief in our own unique gifts and the means to share them; these are the things that most matter to being healthy. Indeed, health literally means 'wholeness'. And so we are equally proud of our work on the land with our community at Ho'oulu 'Aina, our work with our Kapuna in our Elder programs, and the many other ways we partner with our community to build a healthier Kalihi.

At present, Hawai'i State Planning Statutes do not explicitly recognize the social determinants of health as key policy considerations for planning. This is especially detrimental to our most

Providing Medical & Dental Services, Health Education, Family Planning, Perinatal, WIC and Social Services to Kalihi Valley residents since 1972. Neighbors being neighborly to neighbors.

vulnerable communities and racial and ethnic groups that continue to experience health disparities. Racial and ethnic health disparity elimination is a national priority, and SB2103 makes it a state priority.

The State of Hawai'i deserves a measure like HB1616HD1 to support a principled, comprehensive, and strategic plan for achieving health care equity.

**Please PASS HB1616HD1, and modernize the our State planning act to reflect current best practices. Please show your support for a healthier Hawai'i**

--

David D Derauf MD MPH

Executive Director

Kokua Kalihi Valley



**HO`OLA LĀHUI HAWAI`I**  
*P.O. Box 3990; Līhu`e, Hawai`i*  
*Phone: 808.240.0100 Fax: 808.246.9551*

March 13, 2014

**COMMITTEE ON HAWAIIAN AFFAIRS**

Senator Maile S.L. Shimabukuro, Chair

Senator Clayton Hee, Vice Chair

**COMMITTEE ON HEALTH**

Senator Josh Green, Chair

Senator Rosalyn H. Baker, Vice Chair

**Testimony in Support of HB 1616, HD1**

Relating to Health

March 21, 2014 2:15pm

Conference Room 229

Ho`ola Lahui Hawaii the only Federally Qualified Health Center and Native Hawaiian Health Care System on Kauai is strongly **SUPPORTING** this bill to support social determinants of health in the state health planning act, including Native Hawaiians.

According to Healthy People 2020 Preamble:

“Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.”

We believe that for any health planning efforts, there must be a social determinants of health focus, as this drives the overall environment for healthy lives.

Respectfully Requested,

David Peters  
Chief Executive Officer



*I Ola Lāhui*

*Rural Hawaii Behavioral Health Program*

677 Ala Moana Blvd. Suite 904 Honolulu, Hawai'i 96813 ∞ [www.iolalahui.org](http://www.iolalahui.org) ∞ phone (808) 525-6255

**Senate Committees on Hawaiian Affairs and Health  
Friday, March 21, 2014 at 1:15 pm, Rm. 229**

**Testimony in Support of HB 1616, HD1  
Relating to Health Planning**

Honorable Chairs and Vice Chairs of the Senate Committees on Hawaiian Affairs and Health,

My name is **Dr. Jill Oliveira Gray** and I would like to submit my testimony in strong support of HB1616, HD1. As a Licensed Clinical Psychologist and Director of Training for a Rural Behavioral Health Psychology training program, I am intimately aware of the significance social determinants play in the health and well-being of our people of Hawai'i. Native Hawaiians, other Pacific Islanders, and Filipino's in particular, experience significant socioeconomic inequities along with health disparities that lead to higher mortality and morbidity rates than most other ethnic groups in our state.

HB1616 HD1 proposes to implement policy changes that would update the state planning act and allow support for state agencies to focus on initiatives that address socioeconomic inequities in multiple areas (i.e., housing, education, social services, leisure, individual rights and public safety) and implement best practices in health planning and targeted services, interventions and prevention programs that have proven success to improve health outcomes for Native Hawaiians, other Pacific Islanders and Filipinos.

Finally, the proposed changes as outlined in HB1616 HD1 are extremely timely and consistent with other efforts and initiatives happening in our state to transform healthcare. HB1616 HD1 would ensure a more efficient use of resources targeting key services, interventions, prevention program and funding to address the social determinants of health for our most vulnerable populations.

Mahalo nui loa for the opportunity to submit my testimony in strong support of HB1616 HD1.

Aloha,

Jill Oliveira Gray, Ph.D.  
Director of Training  
I Ola Lāhui, Inc.





**HPCA**

HAWAII PRIMARY CARE ASSOCIATION

**Senate Committee on Hawaiian Affairs**

The Hon. Maile S.L. Shimabukaro, Chair

The Hon. Clayton Hee, Vice Chair

**Senate Committee on Health**

The Hon. Josh Green, Chair

The Hon. Rosalyn H. Baker, Vice Chair

**Testimony in Support of House Bill 1616, HD 1**

**Relating to Health Planning**

**Submitted by Robert Hirokawa, Chief Executive Officer**

**March 21, 2-014, 1:15 pm, Room 229**

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, supports House Bill 1616, HD1, calling for the identification of social determinants of health to reduce health disparities among Native Hawaiians, Pacific Islanders, and Filipinos.

The HPCA is a staunch believer in the social determinants of health, those economic and social conditions that influence an individual and a community's health status. These conditions serve as risk factors endemic to a person's living and working environment, rather than their behavioral or genetic histories. Factors such as income, education, access to recreation and healthy foods, housing, and employment, can and do have measurable impacts on a person and a community, both in health and financial outcomes.

House Bill 1616, HD1, seeks to identify those specific social determinants that adversely affect Native Hawaiians, Pacific Islanders, and Filipinos. As these populations make a sizeable percentage of patients seen by community health centers each year, the HPCA strongly supports this measure

Thank you for the opportunity to testify.



# Community Alliance *for* Mental Health

March, 18, 2013

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To: Senate Committees on Hawaiian Affairs and Health  
Re: HB 1616, HD 1

Aloha Chairs Shimabukuro, Green, and the members of their committees,

On behalf of the Community Alliance for Mental Health along with United Self Help we strongly support HB1616, HD 1.

We feel that the understanding of the social determinants of health on these islands is critical to the successful transformation of Hawai'i's health care system.

Scott Wall  
VP/Legislative Advocate  
Community Alliance for Mental Health

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Testimony of Hawai'i Appleseed Center for Law and Economic Justice  
Supporting HB 1616 Relating to Health Planning  
Senate Committee on Hawaiian Affairs  
Senate Committee on Health  
Scheduled for Hearing Friday, March 14, 2014, 1:15 PM, Room 229

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*Hawai'i Appleseed Center for Law and Economic Justice is a nonprofit, 501(c)(3) law firm created to advocate on behalf of low-income individuals and families in Hawai'i on civil legal issues of statewide importance. Our core mission is to help our clients gain access to the resources, services, and fair treatment that they need to realize their opportunities for self-achievement and economic security.*

---

Thank you for the opportunity to testify in **support** of House Bill 1616, which would add the identification of social determinants of health to reduce health disparities among Native Hawaiians, other Pacific Islanders, and Filipinos to the Hawai'i State Planning Act's objectives and policies.

As advocates on a variety of issues affecting low-income people, we recognize that many of these problems have a disproportionate impact on Native Hawaiians and Pacific Islanders. For example, looking at housing as a social determinant of health illustrates the complicated nature and disparate impact faced by Native Hawaiians and Pacific Islanders. We face the highest overall rate of homelessness among the states and the highest housing costs. Digging deeper, neighborhoods with high populations of Native Hawaiians pay a dramatically higher amount of their income toward housing and transportation than other areas. We know that Native Hawaiians form a much higher percent of the homeless population. What are the implications of these troubling facts? Studies indicate that families who are cost-burdened by housing expenses reduce spending on food and medical care because they cannot make ends meet. Children face greater educational challenges and have poorer health indicators. These issues and many others require greater emphasis on social determinants of health to understand health outcomes and where to target our resources to address the most vulnerable populations.

An emphasis on social determinants of health for Native Hawaiians and other Pacific Islanders will help us address these social issues such as housing that affect our entire community. We need a dual commitment to the health of these communities and a focus on broader social determinants that affect all of us. The federal government has long recognized the need to specifically address Native Hawaiian health, but Hawai'i itself is yet to do so. It's time to follow suit, and this bill will move us in the right direction. Again, thank you for an opportunity to testify in **support** of HB 1616.



**HEALTHYPACIFIC.ORG**  
[restoringjusticehi@gmail.com](mailto:restoringjusticehi@gmail.com)

**LEGISLATIVE TESTIMONY**

**HB1616 HD1**  
**RELATING TO HEALTH PLANNING**  
**Senate Committee on Hawaiian Affairs**  
**Senate Committee on Health**

March 21, 2014  
1:15 P.M.  
Capitol Room 229

Aloha mai kākou,

Mahalo nui loa for the opportunity to testify in **STRONG SUPPORT** of **HB1616 HD1**, which allows state agencies to plan and invest in programs that adopt a comprehensive, modern, cost- and life-saving approach to improving public health outcomes in both the short and long terms.

**Addressing social determinants of health will save both money and lives in promoting the health and well-being of all our communities.** Planning around the social determinants of health is a common-sense policy approach that recognizes how social circumstances can affect our ability to ensure our own health and well-being. Cultural, linguistic, economic and social barriers, among others, can often prevent individuals from meaningfully accessing the resources needed to achieve and maintain a healthy lifestyle, or avoid unnecessary complications that can lead to the costly exacerbation of existing medical conditions. By allowing state agencies to finally address such barriers to a healthy life, this bill will save the state both money and lives while also improving the conditions of Native Hawaiians, Pacific Islanders and Filipinos, as well as all those who may face similar barriers as these particularly health-vulnerable groups.

In contrast, cutting off Pacific Islanders and other immigrants from accessing critical public healthcare services that they have and continue to pay into – as has been attempted by the previous administration – has thus far proven to be a failure in both cost savings and in the moral integrity and social fabric of our island community. **Had the previous administration taken a social determinants of health approach to planning and investment five years ago, it is highly likely that the state would have already realized a**

**substantial cost savings in terms of reactive and emergency room care, and avoided the unnecessary illnesses and deaths that have since occurred.**

Therefore, HealthyPacific.Org respectfully urges the Committees to **PASS** HB1616 HD1, and make Hawai'i a healthier and happier place for all people who call these islands home.

Thank you very much for the opportunity to testify on this measure.

# Filipino American Citizens League

Jake Manegdeg, President  
P. O. Box 270126 ★ Honolulu, Hawai'i 96827

## TESTIMONY IN STRONG SUPPORT OF HB 1616

Senate Committee on Hawaiian Affairs  
Senate Committee on Health

Report Title: OHA Package; State Planning Act; Health Disparities  
March 21, 2014, 1:15 p.m. | Hawai'i State Capital | Senate Conference Rm. 229

To: Honorable Sen. Maile Shimabukuro, Chair and Honorable Sen. Clayton Hee, Vice  
Chair

Honorable Members of the Senate Committee on Hawaiian Affairs: Sen. Brickwood  
Galuteria, Sen. Michelle N. Kidani, Sen. Sam Slom

Honorable Sen. Josh Green, Chair and Honorable Rosalyn Baker, Vice Chair

Honorable Members of the Committee on Health: Sen. Suzanne Chun Oakland, Sen.  
Clarence Nishihara, Sen. Sam Slom

From: Jake Manegdeg, President, Filipino Coalition for Solidarity

Dear Hon. Sen. Shimabukuro, Chair; Hon. Sen. Clayton Hee, Vice Chair; and Hon. Members of the  
Senate Committee on Hawaiian Affairs; and Hon. Sen. Josh Green, MD, Chair; Hon. Sen. Rosalyn  
Baker, Vice Chair, and Hon. Members of the Senate Committee on Health:

My name is Jake Manegdeg. As president of the Filipino American Citizens League, I support this  
bill. The League was formed over ten years ago to contribute to the advancement of civil rights  
and social justice for minority groups, underserved populations, and vulnerable communities  
through education, advocacy, and social action.

FACL supports this bill because the role of the Office of State Planning is far reaching in  
determining the future of the health of our island state in relation to changing global factors. By  
requiring OSP to consider social determinants to health in its planning practices, all government  
agencies in the business of serving the people will benefit from considering social determinants to  
the health of Native Hawaiians, Pacific Islanders and Filipinos. Their songs are the "canary" of the  
viability of Hawai'i's health. With evidence-based information, those in governance positions in  
the private and public sectors will be well-informed stewards of caring for Hawai'i's diverse  
people, by strengthening those who are most vulnerable in the process.

Thank you for hearing this bill, and for the opportunity for the Filipino American Citizen's League  
to speak up on behalf of its merits and intent. Please consider its passage and enactment.

Very Sincerely,

Jake Manegdeg, President, Filipino American Citizens League



**Letter of Support for HB 1616 HD1  
Relating to Health Planning  
State Capitol, Room 229**

March 21, 2014, 1:00pm

**To: COMMITTEE ON HAWAIIAN AFFAIRS**  
Senator Maile S.L. Shimabukuro, Chair  
Senator Clayton Hee, Vice Chair

**COMMITTEE ON HEALTH**  
Senator Josh Green, Chair  
Senator Rosalyn H. Baker, Vice Chair

Aloha a welina mai nei e nā alaka'i:

It is with great enthusiasm that I write testimony to **STRONGLY SUPPORT HB1616** relating to health planning.

Here in our own homeland, Native Hawaiians are among the hardest hit by social determinants of health, resulting in our state's first people ranking last in many wellness indicators. Other Pacific Islanders and Filipinos face similar challenges.

The best way to address Native Hawaiian health in particular and our state's challenges overall is through a dual commitment to Native Hawaiian health as well as the broader social determinants of health that affect us all.

Incorporating a holistic understanding of health and wellbeing into health planning is consistent with the Kānaka Maoli concept of maui ola, which considers the entirety of our well-being as contributing to the health of ourselves and the larger community.

Though some segments of Hawai'i's population may rank high in national health outcomes, Native Hawaiian, other Pacific Islanders, and Filipinos continue to have life expectancies drastically lower than others groups and much higher rates of chronic disease. This bill implements policy changes to allow state agencies discretion to implement best practices in health planning and support targeted services, interventions, and programs that are proven successes in improving health outcomes for Native Hawaiians, other Pacific Islanders, and Filipinos.

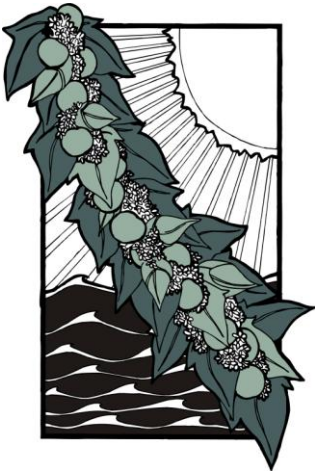
Updating the state planning act to include social determinants provides support for state agencies that decided to address unequal conditions in housing, education, social services, leisure, individual rights, and public safety are created, influenced and shaped by social policies and politics.

Implementing policy that allows state agencies to address the social determinants of health simply makes our approach to healthcare more efficient, and benefits our entire population. Targeting preventative resources to communities most significantly affected by barriers to good health can provide greater overall access to health facilities in rural areas, affordable and safe housing, affordable fresh fruits and vegetables and preventative healthcare for all the people of Hawai'i.

I urge the committee to PASS HB1616 HD1.

Respectfully,  
Keola Kawai'ula'iliahī Chan, Ka Pounui (Executive Director)





*I Ola Lāhui*

*Rural Hawaii Behavioral Health Program*

677 Ala Moana Blvd. Suite 904 Honolulu, Hawai'i 96813 ∞ www.iolalahui.org ∞ phone (808) 525-6255

**Senate Committees on Hawaiian Affairs and Health  
Friday, March 21, 2014 at 1:15 pm, Rm. 229**

**Testimony in Support of HB 1616, HD1  
Relating to Health Planning**

Honorable Chairs and Vice Chairs of the Senate Committees on Hawaiian Affairs and Health,

My name is **Dr. Aukahi Austin** and I would like to submit my testimony in strong support of HB1616, HD1. I am a Licensed Clinical Psychologist and Executive Director for I Ola Lāhui, a non-profit organization dedicated to improving the health and well-being of Native Hawaiians and other rural, medically underserved communities in Hawai'i. I Ola Lāhui was developed specifically to address Native Hawaiian and rural community health disparities by providing assessments and interventions for chronic disease management and more traditional mental health needs, increasing the number of trained psychologists available to work with Native Hawaiians, and conducting research to determine the effectiveness of the interventions we provide. Through my clinical and research activities I am keenly aware of the significant burden Native Hawaiians have and continue to face with regard to socioeconomic inequities and related health disparities. HB1616 HD1 represents an opportunity to make significant changes in our state planning act that would ultimately benefit not only Native Hawaiians but our entire state population.

HB1616 HD1 proposes to implement necessary policy changes to update and modernize the state planning act and allow support for state agencies to focus on initiatives that address socioeconomic inequities in multiple areas (i.e., housing, education, social services, leisure, individual rights and public safety) and implement best practices in health planning and targeted services, interventions and prevention programs that have proven success to improve health outcomes for Native Hawaiians, other Pacific Islanders and Filipinos.

The proposed changes as outlined in HB1616 HD1 are extremely timely and consistent with other efforts and initiatives happening in our state to transform healthcare. HB1616 HD1 would ensure a more efficient use of resources targeting key services, interventions, prevention program and funding to address the social determinants of health for our most vulnerable populations.

HB1616 HD1 is vitally important for our state and I thank you for the opportunity to submit my testimony in strong support.

Aloha,

A. Aukahi Austin, Ph.D.  
Executive Director, Clinical Supervisor  
I Ola Lāhui, Inc.





TO: Senator Maile S.L. Shimabukuro, Chair  
Senator Clayton Hee, Vice Chair  
COMMITTEE ON HAWAIIAN AFFAIRS

Senator Josh Green, Chair  
Senator Rosalyn H. Baker, Vice Chair  
COMMITTEE ON HEALTH

FR: Mary Oneha, APRN, PhD  
Chief Executive Officer, Waimānalo Health Center

Date: Friday, March 21, 2014

RE: **Support for HB 1616 HD1** - RELATING TO HEALTH PLANNING.

The Waimānalo Health Center (WHC) **supports HB 1616 HD1**, adding to the Hawaii State Planning Act's objectives and policies for health the identification of social determinants of health to reduce health disparities among Native Hawaiians, other Pacific Islanders, and Filipinos. Establishing a commitment to reducing health disparities for Native Hawaiians will improve health outcomes and the quality of life for all. The Waimānalo Health Center serves 47% Native Hawaiians primarily in the community of Waimānalo, experiencing significant physical, social, economic, educational, etc. challenges.

Native Hawaiians, other Pacific Islanders, and Filipinos continue to have life expectancies drastically lower than other groups and much higher rates of chronic disease. HB 1616 codifies a clear and unmistakable commitment to the health of this vulnerable population and to addressing the social determinants of health in general. HB 1616 is one step towards modernizing the way we address disparities, by providing support for state agencies that seek to include social determinants of health in their policy planning, leading to effective use of resources and better health outcomes for all, while ensuring communities hardest hit and most significantly affected by barriers to good health are not left behind.

The Waimānalo Health Center urges your support of **HB 1616 HD1**. Thank you for the opportunity to provide testimony.



**Papa Ola Lokahi**  
Nana I Ka Pono Na Ma

**Papa Ola Lokahi**

894 Queen Street  
Honolulu, Hawaii 96813

Phone: 808.597.6550 ~ Facsimile: 808.597.6551

### **Papa Ola Lokahi**

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

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### **SENATE COMMITTEE ON HEALTH**

Sen. Josh Green, Chair, & Sen. Rosalyn H. Baker, Vice Chair

### **TESTIMONY IN SUPPORT of HB 1616 HD1 RELATING TO HEALTH PLANNING**

Friday, March 21, 2014, 1:15 PM  
Conference Room 225, State Capitol

Sharlene Chun-Lum, Executive Director

Greetings of aloha to Chairs Shimabukuro and Green, Vice Chairs Hee and Baker, and Members of the Senate Committees on Hawaiian Affairs and Health.

Papa Ola Lōkahi, the Native Hawaiian Board of Health, is in support of HB 1616, which adds objectives and policies to the Hawai'i State Planning Act that address social determinants to reduce health disparities in Hawai'i.

Since the *E Ola Mau Hawaiian Needs Assessment* in the 1980s up to and including the most recently published *Assessment & Priorities for Health & Well-Being in Native Hawaiians and other Pacific Peoples*, it is well demonstrated that the health of our people is intricately tied to our social and economic well-being. Since 1988, Papa Ola Lōkahi (POL) has been gathering, tracking and/or distributing such data to the Native Hawaiian Health Care Systems and other providers who then address the health needs of Hawaiian communities by creating and delivering programs and services, drafting policies, and strengthening a health care workforce.

*Our health is also determined in part by access to social and economic opportunities; the resources and supports in our homes, neighborhoods and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, air and food; and the nature of our social interactions and relationships.*

The U.S. Department of Health & Human Services (DHHS) opens its Healthy People 2020 with the preamble above. The World Health Organization (WHO) has recognized social determinants as fundamental to assessing global needs for health. And through the Native Hawaiian Health Care Improvement Act (42 USC 11701, 1988) the federal government codified its commitment to Native Hawaiian health, including holistic approaches, more than 26 years ago.

Papa Ola Lōkahi now urges the State of Hawai'i to update the State Planning Act so that relevant resources, policies, programs, services and interventions that address social determinants of health can be developed and implemented.

Mahalo nui for the opportunity to offer testimony in support of HB 1616.



## TESTIMONY IN STRONG SUPPORT OF HB 1616

Senate Committee on Hawaiian Affairs  
Senate Committee on Health

Report Title: OHA Package; State Planning Act; Health Disparities  
March 21, 2014, 1:15 p.m. | Hawai'i State Capital | Senate Conference Rm. 229

To: Honorable Sen. Maile Shimabukuro, Chair and Honorable Sen. Clayton Hee, Vice Chair  
Honorable Members of the Senate Committee on Hawaiian Affairs: Sen. Brickwood  
Galuteria, Sen. Michelle N. Kidani, Sen. Sam Slom  
Honorable Sen. Josh Green, Chair and Honorable Rosalyn Baker, Vice Chair  
Honorable Members of the Committee on Health: Sen. Suzanne Chun Oakland, Sen.  
Clarence Nishihara, Sen. Sam Slom

From: Rouel Velasco, Chair, National Federation of Filipino American Associations Region 12

Dear Hon. Sen. Shimabukuro, Chair; Hon. Sen. Clayton Hee, Vice Chair; and Hon. Members of the  
Senate Committee on Hawaiian Affairs; and Hon. Sen. Josh Green, MD, Chair; Hon. Sen. Rosalyn Baker,  
Vice Chair, and Hon. Members of the Senate Committee on Health:

My name is Rouel Velasco, Chair, NaFFAA Region 12, which strongly supports this bill. NaFFAA  
Region 12 represents the interests of Filipinos in Hawai'i, Guam, and the Commonwealth of Northern  
Marianas Islands. We are an affiliate of the National NaFFAA. Washington policy-makers, private  
industry and national advocacy groups recognize NaFFAA as the Voice of Filipinos and Filipino  
Americans throughout the United States. We are a non-partisan, non-profit national affiliation of more  
than five hundred Filipino-American institutions and umbrella organizations that span twelve regions  
throughout the continental United States and U.S. Pacific territories.

NaFFAA is in strong support of this bill. Our mission aims to foster economic empowerment of Filipinos  
in order for our people, who live across the U.S.A., to be good stewards in the communities in which we  
are privileged to call home, raise our families, work, prosper, and contribute to the well-being of all its  
people, with special due respect to the indigenous people in North America and here in the islands of  
Hawai'i. Given this, we see the tremendous responsibility of the Office of State Planning to account for  
the care of Hawai'i's people. To address the complex disparities that persist among Native Hawaiians,  
Pacific Islanders and Filipinos, we fully support the intent of this bill. This gives our communities parity  
as stakeholders in working jointly with others to mitigate social determinants to good health, access to  
education, ensuring labor equity, and more.

Thank you for hearing this bill and for the opportunity to submit our strong support.

Sincerely,

Rouel Velasco, Chair, NaFFAA Region XII

**From:** [Ann Pobutsky](#)  
**To:** [HWNTestimony](#)  
**Subject:** SUPPORT OF BILL 1616  
**Date:** Wednesday, March 19, 2014 10:07:24 AM

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The link between low socio-economic status and poor physical health is one of the oldest known and documented relationships in epidemiology. Although Native Hawaiians, other Pacific Islanders, and Filipinos as a collective continue to have disparate health outcomes compared to the rest of the state population, so do those of other ethnicities who are in the lowest socio-economic groups, when viewed as a collective and grouped by household income or educational attainment or other characteristics. The epidemiological data show that the main reasons for health disparities are socio-economic status related, not specific to ethnic group identity or membership: low household income, low educational attainment and other demographic characteristics such as sex/gender and marital status. Other groups such as people with mental illness or LGBTQ are stigmatized and experience health disparities as well. For Native Hawaiians, other Pacific Islanders and Filipinos, there is the added insult of historical trauma and oppression.

A social determinants of health perspective is based on evidence that shows health disparities and other forms of social inequality affect all of us. A social determinants of health perspective is not about "us versus them" but about how we all are affected by such inequities such as bad health outcomes, no matter what the ethnicity.

The definition in HB 1616 should be changed to be inclusive of all people in the State of Hawaii, and with prioritized efforts for Native Hawaiians, other Pacific Islanders and Filipinos: (7) Prioritize programs, services, interventions, and activities that address identified social determinants of health to reduce health disparities among all groups affected, based on epidemiological data, and with targeted efforts for Native Hawaiians, other Pacific Islanders and Filipinos.



Ann Pobutsky  
909 Kahuna Lane 3101  
Honolulu, HI 96826

**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HWNTestimony](#)  
**Cc:** [contai@hotmail.com](mailto:contai@hotmail.com)  
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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Charlyn Ontai	Individual	Support	No

Comments:

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**Cc:** [d Rodrigues2001@yahoo.com](mailto:d Rodrigues2001@yahoo.com)  
**Subject:** Submitted testimony for HB1616 on Mar 21, 2014 13:15PM  
**Date:** Wednesday, March 19, 2014 3:01:51 PM

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Darlene Rodrigues	Individual	Support	No

Comments: I write on strong support of HB1616. Utilizing social determinants of health in planning for health policies will help our Native Hawaiian, Pacific Islander and Filipino communities. Let's modernize how we do public health by utilizing best practices that make sense for our communities. Mahalo for the opportunity to testify.

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**Subject:** \*Submitted testimony for HB1616 on Mar 21, 2014 13:15PM\*  
**Date:** Thursday, March 20, 2014 3:27:48 PM

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**HB1616**

Submitted on: 3/20/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dawn Tanimoto	Individual	Support	No

Comments:

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Dean O	Individual	Support	No

Comments:

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**Subject:** Submitted testimony for HB1616 on Mar 21, 2014 13:15PM  
**Date:** Wednesday, March 19, 2014 12:36:38 PM

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jacob Kaumuali'i Ching	Individual	Support	No

Comments: Aloha Committee Chair, As a Native Hawaiian, I experienced friends and family in disparity and the programs that they attend are suffering financial hardships and therefore unable to expand and reach out to more individuals. I urge you and this committee to support this bill. Mahalo Jacob Kaumuali'i Ching Kailua-Kona Resident

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**Cc:** [mendezj@hawaii.edu](mailto:mendezj@hawaii.edu)  
**Subject:** \*Submitted testimony for HB1616 on Mar 21, 2014 13:15PM\*  
**Date:** Monday, March 17, 2014 12:58:07 PM

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**HB1616**

Submitted on: 3/17/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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**Subject:** Submitted testimony for HB1616 on Mar 21, 2014 13:15PM  
**Date:** Wednesday, March 19, 2014 7:18:44 PM

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Joakim Jojo Peter	Individual	Support	No

Comments: On behalf of our COFA Community Advocacy Network, I fully support HB 1616. It is important to include proper planning and funding to address the social determinants of health that has long produced disparities and impede social progress of our vulnerable populations including Native Hawaiians, Filipinos, Pacific Islanders and other at-risk ethnic populations. It is not only justified, it is responsible governance to have proper information to support accurate planning and implementation of social policies. This measure is long overdue and I applaud the leadership of the Hawaii State Legislature for introducing and supporting this important legislation. Mahalo Nui.

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Kelley Withy, MD, PhD  
571 Kaimalino St.  
Kailua, HI 96734

Written Testimony in Support of House Bill 1616

I am writing to offer my support for HB1616—Social Determinants of Health. As a Board Member of the Hawaii State Rural Health Association and a physician in Hawaii, I believe strongly in the need support access for all Hawaii's community members, particularly those who are the most vulnerable, with some of the greatest need to be found in rural areas. Only in this way will be able to meet the needs of our ever-growing population. HB1616 works toward this aim and I fully support it.

Thank you for your attention to this issue and please keep up the good work!

Sincerely, Kelley Withy, MD, PhD

I fully support HB1616. This bill would call for focus on, and identification of, social determinants of health that has been shown to be a significant aspect for the health disparities amongst Native Hawaiians and Pacific Islanders. Consequently health disparities contribute, in large part, to many other social problems, continuing a cycle that cost this state millions of dollars per year.

This bill is of special importance to me because of the personal experience I have had in my early years as a low income earning Pacific Islander. There were times when the lack of income limited the degree of choices when it came to nutrition and medical care. The consequences of those limitations severely affected my ability to continue with my goal for a higher education.

Despite those limitations, I was able to continue on and finish my education with the help of governmental and non-governmental organizations. For instance, the local scholarship program, Ho 'omaka Hou, provided financial assistance to those us who sought to become better citizens. I believe that their focus on identifying individuals affected by one element of the social determinates of health was a factor in choosing candidates. Moreover, my use of the nutrition supplemental program provided by the Hawaii State Human Services program assisted me in providing for myself healthier and more nutritional sound meals. These are only a few of many examples where focus on social determinates of health have helped to foster assistance to people who are willing and trying to become healthy and effective contributing members of our state.

Although my goals for a higher education was reached and am now a contributing member to our state, there are many more who have the same drive but have failed to meet them because social factors such as health has created an almost impossible barrier to cross. It is my strong belief that HB 1616 will help state sectors develop and implement programs that will effectively minimize or alleviate health disparities for those affected in our state.

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**Cc:** [changkwaix@aol.com](mailto:changkwaix@aol.com)  
**Subject:** \*Submitted testimony for HB1616 on Mar 21, 2014 13:15PM\*  
**Date:** Wednesday, March 19, 2014 9:32:12 AM

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kevin Chang	Individual	Support	No

Comments:

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:: Leanne Kealoha Fox ::

2<sup>nd</sup> Congressional District

House District: 39  
Senate District: 18

March 13, 2014

**HB1616 HD1**

**Relating to Health Planning**

Senate Committees on Health and Hawaiian Affairs

Aloha a welina mai nei e nā alaka'i:

It is with great enthusiasm that I write testimony to **STRONGLY SUPPORT** HB1616 HD1 relating to health planning.

Here in our own homeland, Native Hawaiians are among the hardest hit by social determinants of health, resulting in our state's first people ranking last in many wellness indicators. Other Pacific Islanders and Filipinos face similar challenges.

The best way to address Native Hawaiian health in particular and our state's challenges overall is through a dual commitment to Native Hawaiian health as well as the broader social determinants of health that affect us all.

Incorporating a holistic understanding of health and wellbeing into health planning is consistent with the Kānaka Maoli concept of maui ola, which considers the entirety of our well-being as contributing to the health of ourselves and the larger community.

Though some segments of Hawai'i's population may rank high in national health outcomes, Native Hawaiian, other Pacific Islanders, and Filipinos continue to have life expectancies drastically lower than others groups and much higher rates of chronic disease. This bill implements policy changes to allow state agencies discretion to implement best practices in health planning and support targeted services, interventions, and programs that are proven successes in improving health outcomes for Native Hawaiians, other Pacific Islanders, and Filipinos.

Updating the state planning act to include social determinants provides support for state agencies that decided to address unequal conditions in housing, education, social services, leisure, individual rights, and public safety are created, influenced and shaped by social policies and politics.

Implementing policy that allows state agencies to address the social determinants of health simply makes our approach to healthcare more efficient, and benefits our entire population. Targeting preventative resources to communities most significantly affected by barriers to good health can provide greater overall access to health facilities in rural areas, affordable and safe housing, affordable fresh fruits and vegetables and preventative healthcare for all the people of Hawai'i.

I urge the committee to **PASS** HB1616 HD1.

Respectfully, me ka `oia`i`o.

Letter of Support for HB1616 HD1

Regarding HB 1616 - RELATING TO HEALTH PLANNING:

Identification of social determinants of health to reduce health disparities

I support this measure as this is a pivotal point toward reaching and communication of further outreach/messaging campaigns toward improving health among minority populations and prevent continuing health disparities. We need to understand cultural attitudes toward western medicine/health clinics, medicine vs. cultural remedies and their definition/understanding of the most prevalent and preventable diseases (e.g., hypertension, diabetes, and coronary artery/heart disease).

I have often heard during conversation with patients, that their illness is just the way it is and there is nothing they can do about it. These are primarily elderly who are suffering from complications of diabetes and high blood pressure. I am hearing that they feel there is nothing they can do to prevent these illnesses or complications thereof. We have to better understand the social mindsets of these high risk groups to get the most effective message to the youth and young parents. This bill will help fine tune the approach we take to make an impact and instill self efficacy toward better health and disease prevention.

This bill also specifies a cooperative approach between public and private efforts. It's the private efforts by community organizations that will make the biggest impact. For example, A hula halau holding educational sessions on health that includes the young dancers and their families. We can allow public school parents to get involved by visiting classes and teaching approved curriculum/educational material, or starting clubs that focus on good health and healthy choices. Because each school district has a demographically different student/parent base, these are the private sectors we want to get onboard with improving our diabetes and hypertension statistics among minority populations.

Thank you for your time and consideration in this matter,

Lora Lum



**From:** [mailinglist@capitol.hawaii.gov](mailto:mailinglist@capitol.hawaii.gov)  
**To:** [HWNTestimony](#)  
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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Randy Compton	Individual	Support	No

Comments: Passing this bill will be a substantial step in the direction of remedying the adverse impact on health that colonialism and profit-centered healthcare systems impose on large portions of our society who are underrepresented in the existing power structure.

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**From:** [Reginald Ho](#)  
**To:** [HWNTestimony](#)  
**Cc:** [REGINALD HO](#)  
**Subject:** TESTIMONY IN SUPPORT OF HB1616 AND SB2103  
**Date:** Thursday, March 20, 2014 3:00:25 PM

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I SUPPORT THIS BILL ON BEHALF OF THE NATIVE HAWAIIAN, PACIFIC ISLANDER, AND FILIPINO COMMUNITIES.  
Reginald Ho, MD

Richard N Salvador  
3419 East Manoa Road  
Honolulu, Hawaii 96822

March 21, 2014

COMMITTEE ON HAWAIIAN AFFAIRS

Senator Maile S.L. Shimabukuro, Chair

Senator Clayton Hee, Vice Chair

COMMITTEE ON HEALTH

Senator Josh Green, Chair

Senator Rosalyn H. Baker, Vice Chair

**House Bill 1616 – Relating to Health Planning**

Adds to the Hawaii State Planning Act's objectives and policies for health the identification of social determinants of health to reduce health disparities among Native Hawaiians, other Pacific Islanders, and Filipinos.

DATE: Friday, March 21, 2014  
TIME: 1:15pm  
PLACE: Conference Room 229, Hawaii State Capitol  
415 South Beretania Street, Honolulu, HI

Dear Committee Members,

I am submitting testimony in **strong support of HB1616** which seeks to add new language to Hawaii State Planning Act's objectives and policies for health by identifying social determinants of health as important factors to address in order to reduce health disparities among Native Hawaiians, other Pacific Islanders, and Filipinos.

In its report last year (May 2013), the World Health Organization (WHO) put its stamp of approval on what its agencies have done in the past few years around the world in tackling what are called "social determinants of health" as priority areas in the improvement of health outcomes for poor communities. On its own website, WHO describes social determinants of health as "the conditions in which people are born, grow, live, work and age" adding that "these circumstances are shaped by the distribution of money, power and resources at global, national and local levels."

These observations ring true at so many levels. They make sense at the gut level where we intuitively feel and immediately connect the fact of ours and everyone's access to wealth as the defining factor in whether or not people actually have access to essential health care resources that extend and ensure the quality of their lives. Moreover, countless reports corroborating this link between means and ends fill official and unofficial reports from people who advocate on behalf of poor communities. This is why this House bill begins by recognizing "*social determinants of health as the single most important factor in individual and population health outcomes, [even] more so than genetic disposition or medical care.*"

You are wise to consider wording the language of this bill as you have. What better, more *Akamai* way it is to suggest improving existing State of Hawaii laws on planning that begin to ensure better outcomes of public policies, such as better health outcomes for minority populations. It makes sense. The bill states that "the legislature...finds that the Hawai'i State Planning Act does not explicitly recognize social determinants of health as an important component of health planning."

Finding existing laws to be so narrowly conceptualized, we must admit as much and make all necessary changes and not continue to ignore what we know about how poverty is so intimately tied to health outcomes and quality of life measures. We must connect the process of government planning to the many ways in which social determinants of health affect health outcomes. We must become more attuned to the nuances in which social determinants of health unduly influence health outcomes of peoples and populations and make use of them in planning for better health outcomes. As it is, this bill is brilliantly written and timely.

Inspired by work seeking to refocus and re-train our attention on creating just public policies, I come before this House Committee and sincerely ask the honorable Chairs and Committee Members to hasten the passage of this bill in your House and in the Senate and facilitate its move to the Governor for signature.

Thank you Representatives for giving me an opportunity to provide testimony. Mahalo for your hard work.

Sincerely,

Richard N Salvador  
Member - COFA Community Advocacy Network of Hawaii

ROBIN E. S. MIYAMOTO, PSY.D.  
677 ALA MOANA BOULEVARD SUITE 1016  
HONOLULU, HI 96813  
PHONE: (808) 692-1012 FAX: (808) 692-1055

**TESTIMONY IN SUPPORT OF HB1616 HD 1**  
Relating to Health Planning

March 19, 2014

Honorable Chairs Shimabukuro and Green, and members of the committee, my name is Dr. Robin Miyamoto. As a Clinical Psychologist and Assistant Professor in the Departments of Native Hawaiian Health and Family Medicine and Community Health at the John A. Burns School of Medicine, I am well aware of the importance of addressing the social determinants of health in eliminating health equity in Hawai'i. Thus, I would like to provide testimony in support of House Bill 1616 that would update the Hawai'i State Planning Act's objectives for health.

Eliminating health disparities is a national public health priority in the United States. Health disparities exist when a particular population has significantly higher rates of disease incidence, prevalence, morbidity, or mortality than the general population. In Hawai'i, social and health inequities parallel each other, and certain ethnic groups in Hawai'i bear a disproportionate burden of these inequities. Native Hawaiians, Pacific Islanders, and Filipinos are more likely to be undereducated, to be working in low paying jobs, to be incarcerated, and to be living in poorer conditions than other ethnic groups. They are also the highest-ranking ethnic groups in terms of diabetes, cardiovascular disease, and certain cancers, and their risk factors, such as obesity, hypertension, and tobacco use, compared to the general population. People from these groups are more likely to develop diabetes and cardiovascular disease at younger ages. Depression, anxiety and substance abuse are also higher among these groups. Consequently, they live an average of a decade less than people of other ethnic groups in Hawai'i. The CDC states that "health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances."

This bill represents thoughtful deliberation amongst the Office of Hawaiian Affairs, the Department of Native Hawaiian Health and the state Department of Health. HB 1616 is one step towards modernizing the way we address health disparities, by providing support for state agencies that seek to include social determinants of health in their policy planning, which ultimately may lead to effective use of resources and better health outcomes for all, while ensuring communities hardest hit and most significantly affected by barriers to good health are not left behind.

Thank you for your consideration of my testimony in support of HB 1616 HD1.

Respectfully submitted,



Robin E. S. Miyamoto, Psy.D.  
Clinical Psychologist

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**HB1616**

Submitted on: 3/20/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Suresh Tamang	Individual	Support	No

Comments:

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**HB1616**

Submitted on: 3/20/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Veronika Geronimo	Individual	Support	No

Comments: Thank you for hearing this bill, and for the opportunity to strongly support investing in generating social determinants data for policy making and planning to address health disparities.

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Kapina	Individual	Support	No

Comments:

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**Date:** Wednesday, March 19, 2014 5:48:33 PM

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Godfrey	Individual	Support	No

Comments:

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**Subject:** Submitted testimony for HB1616 on Mar 21, 2014 13:15PM  
**Date:** Saturday, March 15, 2014 10:46:09 PM

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**HB1616**

Submitted on: 3/15/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Wayne	Individual	Support	No

Comments: Please pass this measure to modernize our health planning, and save both money and lives through the smart and effective commitment of resources. Mahalo nui for your consideration and support of this measure!

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**Subject:** \*Submitted testimony for HB1616 on Mar 21, 2014 13:15PM\*  
**Date:** Thursday, March 20, 2014 1:07:55 AM

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**HB1616**

Submitted on: 3/20/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Sharde	Individual	Support	No

Comments:

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**Cc:** [deanandsue@gmail.com](mailto:deanandsue@gmail.com)  
**Subject:** \*Submitted testimony for HB1616 on Mar 21, 2014 13:15PM\*  
**Date:** Wednesday, March 19, 2014 1:22:13 PM

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**HB1616**

Submitted on: 3/19/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Susan	Individual	Support	No

Comments:

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**Cc:** [oilipua64@gmail.com](mailto:oilipua64@gmail.com)  
**Subject:** Submitted testimony for HB1616 on Mar 21, 2014 13:15PM  
**Date:** Thursday, March 20, 2014 4:47:46 PM

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**HB1616**

Submitted on: 3/20/2014

Testimony for HWN/HTH on Mar 21, 2014 13:15PM in Conference Room 229

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Jessica O. Kaikaina	Individual	Support	No

Comments: Aloha Committee Chair(s), My name is Jessica Oilipua- Kaikaina and I am a native Hawaiian. I am in support of HB1616 because I believe that our cultural practice of sun-drying i'a (fish) should be preserved and supported. I believe that those who continue to practice this technique of food preparation, and others who will learn it in the future, should be able to continue this practice. I also believe that if this practice provides for partial and/or total self-subsistence of individuals and/or of families then it be an allowable source of income. Mahalo for allowing my testimony in this matter. Aloha and Mahalo, Jessica Oilipua- Kaikaina

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