



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
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February 24, 2014

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

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: SB2103, Relating to Health Planning

Date: Monday, February 24, 2014

Time: 2:45 p.m.

Place: House Conference Room 224

POSITION: **Strongly Support**

The Office of Community Services (OCS), a State office administratively located in the DLIR, strongly supports this bill and respectfully offers comments.

I. OVERVIEW OF THIS PROPOSAL

This bill proposes to update the Hawai'i State Planning Act's objectives for health to include a commitment to eliminating health disparities by explicitly addressing social determinants of health in order to reflect the latest medical findings relating to the health needs of Native Hawaiians, other Pacific Islanders, and Filipinos.

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 (OCS) was created in 1985 by legislation codified at Chapter 371K, HRS, and tasked with the responsibility to plan, develop, provide, and coordinate programs serving Hawaii's immigrants, refugees, and economically disadvantaged individuals.

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 long 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.



SB2103
RELATING TO HEALTH PLANNING
Senate Committee on Hawaiian Affairs
Senate Committee on Health

February 24, 2014

2:45 p.m.

Room 224

The Office of Hawaiian Affairs (OHA) **STRONGLY SUPPORTS** SB2103, which is a part of OHA's 2014 legislative package. SB2103 would modernize our State Planning Act to ensure the most efficient use of health planning resources, by targeting key services, interventions, programs and funding to address the social determinants of health of vulnerable communities, including Native Hawaiians, Pacific Islanders and Filipinos.

Current best practices in health planning call for supporting policies that address the social determinants of health for vulnerable communities, which in turn provide for the health and well-being of the overall population. Data show that Native Hawaiians, 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. Eliminating health disparities and achieving health equity across demographics is a national priority, as unequal health outcomes and disparate well-being are pervasive even when people have health insurance and medical care. Under this priority, health care transformation is understood as community transformation. This bill updates our State Planning Act to codify a commitment to addressing these health disparities.

The Kānaka Maoli concept of maui ola considers the entirety of our well-being as contributing to the health of ourselves and the larger community. Maui Ola (Health) is also one of OHA's six strategic priorities and represents our commitment to improve the health and well-being of Native Hawaiians; accordingly, we seek to reduce the occurrence of chronic diseases within the Native Hawaiian community and improve family lifestyle choices.

In pursuit of this goal to improve health outcomes and support community transformation, OHA has committed more than \$4.3 million to support health programs for Native Hawaiians over the past three fiscal years. For the first time since inception, OHA increased its trust fund aid towards these core health services while simultaneously making an increased effort towards aligning social determinants of equity across our organizational priorities. OHA information

shows that we have been able to diversify our community funding while indicating a real commitment to impacting Maui Ola via direct service providers in a multi-disciplinary way. Our grantees have a proven track record of integrated and comprehensive programs that reach patients more frequently with quality, cost-effective services (both clinical and preventative).

Where we live and work has an impact on our health, long before we ever see a doctor. It's time we expand the way we think about health, and ensure health planning takes a holistic and efficient approach that helps healthy people stay healthy, before the onset of health issues that are much more difficult and expensive to address. **Allowing all 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.** SB2103 is one step in this direction.

Therefore, OHA urges the committees to **PASS** SB2103. Mahalo for the opportunity to testify on this important measure.

Center for Hawaiian Sovereignty Studies
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Kenneth R. Conklin, Ph.D. Executive Director
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Unity, Equality, Aloha for all



To: HWN/HTH
For hearing Monday February 24, 2014

Re: SB 2103 RELATING TO HEALTH PLANNING.

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, SB2103, 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.

A minor issue of grammar:

Page 2 of the bill, line 20, makes a point of changing the name of our State by striking the normal spelling <Hawaii> and replacing it with <Hawai'i> including a diacritical mark known as the 'okina. Perhaps if Hawaiian were the language used in the text of this bill, then the name of our State might include the 'okina. However, this bill is written in English, and in English there is no 'okina. Hawaii's people are generally tolerant about whether or not to use the 'okina in the spelling of our name. But it does seem quite intolerant and disrespectful of our English-speakers to go out of the way to strike the name with no 'okina and replace it with the name including the 'okina. So please delete the strike/replace in line 20 on page 2.

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Testimony of Hawai'i Appleseed Center for Law and Economic Justice
Supporting SB 2103 Relating to Health Planning
Senate Committee on Hawaiian Affairs
Senate Committee on Health
Schedule for Hearing Monday, February 24, 2014, 2:45 PM, Room 224

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 SB 2103, 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 SB 2103.

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
and
Senate Committee on Health
The Honorable Josh Green, M.D., Chair
The Honorable Rosalyn Baker, Vice Chair

February 24, 2014
2:45 pm
Conference Room 224

Re: SB 2103 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 address social determinants of health to reduce health disparities 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 supports efforts to identify social determinants as an important component of health planning:

- KP conducted Hawaii's first community health needs assessment entitled Community Voices on Health in 2010. 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.

- In 2013, Kaiser Permanente Center for Health Research, Hawaii launched an innovative \$1.5-million, three-year study that will provide valuable new information on the prevalence of diabetes and the factors contributing to differences in outcomes among specific population groups of Asians, Pacific Islanders and mixed-race individuals.

Thank you for your consideration.



HPCA

HAWAII PRIMARY CARE ASSOCIATION

Senate Committee on Hawaiian Affairs

The Hon. Maile S.L. Shimabukuro, 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 Senate Bill 2103
Relating to Health Planning
Submitted by Robert Hirokawa, Chief Executive Officer
February 24, 2014, 2:45 pm, Room 224

The Hawaii Primary Care Association (HPCA), which represents the federally qualified community health centers in Hawaii, supports Senate Bill 2103, 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.

Senate Bill 2103 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.



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

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

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

Date: Monday, February 24, 2014

RE: **Support for SB 2103** - RELATING TO HEALTH PLANNING.

The Waimānalo Health Center (WHC) **supports SB 2103**, 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. 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. SB 2103 codifies a clear and unmistakable commitment to the health of this vulnerable population and to addressing the social determinants of health in general. SB 2103 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 **SB 2103**. Thank you for the opportunity to provide testimony.



HEALTHYPACIFIC.ORG
restoringjusticehi@gmail.com

LEGISLATIVE TESTIMONY

SB2103
RELATING TO HEALTH PLANNING
Senate Committees on Hawaiian Affairs and
Health

February 24, 2014
2:45 P.M.
Capitol Room 224

Aloha mai kākou,

Mahalo nui loa for the opportunity to testify in **STRONG SUPPORT** of **SB2103**, 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** SB2103, 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.



KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES
2239 N. SCHOOL STREET ◆ HONOLULU, HAWAII 96819
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[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

2/24/2014

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

Kokua Kalihi Valley (KKV) strongly supports SB2103, 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 SB2103 to support a principled, comprehensive, and strategic plan for achieving health care equity.

Please PASS SB2103. 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

From: mailinglist@capitol.hawaii.gov
To: [HWNTestimony](#)
Cc: cinzia.b.olter@gmail.com
Subject: *Submitted testimony for SB2103 on Feb 24, 2014 14:45PM*
Date: Saturday, February 22, 2014 10:55:01 PM

SB2103

Submitted on: 2/22/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Cinzia Olter	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [HWNTestimony](#)
Cc: mkhan@hawaiiantel.net
Subject: Submitted testimony for SB2103 on Feb 24, 2014 14:45PM
Date: Thursday, February 20, 2014 2:42:11 PM

SB2103

Submitted on: 2/20/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Leimomi Khan	Individual	Support	No

Comments: As indicated in the bill, social determinants of health is the single most important factor in individual and population health outcomes. While medical care can prolong survival and improve prognosis after some serious diseases, more important for the health of the population are the social and economic conditions that make people ill and in need of medical care in the first place. An assessment made by the John A. Burns School of Medicine indicated that Native Hawaiians, other Pacific Islanders, and Filipinos, as a collective, continue to have disparate health outcomes compared to the rest of the state. Inclusion of a commitment to social determinants of health as a priority in the Hawai State Planning Act acknowledges this disparity and reflects positively on the legislature for recognizing this situation and attempting to do something about it.

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To: [HWNTestimony](#)
Cc: d Rodrigues2001@yahoo.com
Subject: Submitted testimony for SB2103 on Feb 24, 2014 14:45PM
Date: Thursday, February 20, 2014 6:31:29 PM

SB2103

Submitted on: 2/20/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Darlene Rodrigues	Individual	Support	No

Comments: I write in strong support for SB2103. We need the best tools to determine health policy for our state. Utilizing social determinants of health will modernize our planning process for creating better outcomes for communities which have the worst health in our state, Native Hawaiians, Pacific Islanders and Filipinos. Updating the State Planning Act will help public health and community organizations create best practices that will benefit our communities. Thank you for the opportunity to testify.

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From: mailinglist@capitol.hawaii.gov
To: [HWNTestimony](#)
Cc: kekunad001@hawaii.rr.com
Subject: *Submitted testimony for SB2103 on Feb 24, 2014 14:45PM*
Date: Friday, February 21, 2014 8:06:16 AM

SB2103

Submitted on: 2/21/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Denise Kekuna	Individual	Support	No

Comments:

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February 20, 2014

To: Senate Committees on Hawaiian Affairs and Health

From: Dr. Noreen Mokuau
University of Hawai'i at Mānoa, MBT School of Social Work

Re: SUPPORT of HB SB 2103, relating to health planning

Chairpersons Shimabukuro and Green, and members of the Senate Committees on Hawaiian Affairs and Health:

My name is Dr. Noreen Mokuau, I am the Dean of the Myron B. Thompson School of Social Work at the University of Hawai'i at Mānoa, and I am writing today in support of SB 2103.

The bill amends Section 226-20 of the Hawai'i Revised Statutes, by updating the Hawai'i State Planning Act's objectives for health to include a commitment to eliminating health disparities by explicitly addressing social determinants of health in order to reflect the latest medical findings relating to the health needs of Native Hawaiians, other Pacific Islanders, and Filipinos.

The concept that socioeconomic factors and their distribution among the population are the primary determinants of individual and group differences in health status originated many decades ago, but has been brought to the forefront by increased research in the area over the past ten years and increased focus in professional literature in the past five years. There is now overwhelming evidence that social determinants, including social, economic, and cultural factors outside of medicine, have more influence on the level of health of specific populations than the actual medical care provided.

Guided by professional values that emphasize economic and social justice, social workers are actively collaborating with other health professions to develop and apply appropriate interventions such as income redistribution and housing reform. We are especially concerned about the plight of more vulnerable populations like Filipinos, Native Hawaiians, and other Pacific Islanders.

I am therefore strongly urging your favorable consideration of this bill.

Thank you for this opportunity to offer these comments.

From: mailinglist@capitol.hawaii.gov
To: [HWNTestimony](#)
Cc: Awai76@aol.com
Subject: Submitted testimony for SB2103 on Feb 24, 2014 14:45PM
Date: Friday, February 21, 2014 5:12:44 PM

SB2103

Submitted on: 2/21/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Awai	Individual	Support	No

Comments: With a masters of science in Criminal Justice Administration, Native Hawaiian representative in national organizations for Asian American Pacific Islanders, and an advocate for social services, I support SB2103. Social determinants of health, includes an understanding of various cultures. Socioeconomic factors and cultural differences gives us an understanding of the great disparities in the quality of life for Hawaii residents. Eliminating health disparities with better access and medical and behavioral health services are important factors, as described in the Affordable Care Act. Please support this bill!

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SB2103

Submitted on: 2/20/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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22 February 2014

Aloha Members of the Committee,

Mahalo for the opportunity to testify on SB 2103, Native Hawaiian Health Planning. The proposed amendments to the State Planning Act objectives are crucial to improving the health of Kanaka Maoli (Native Hawaiians). As a primary care physician and researcher, my work has focused on the health of Kanaka Maoli. Building on the important foundations of such physicians as Drs Kekuni Blaisdell and Emmitt Aluli, the connections between the physical, mental and spiritual health of the Kanaka Maoli and the aina and the determinants of health (SDOH) have become ever more clear. In discussing the determinants of health, it is important to understand that not only the obvious elements of educational, economics, environment are important, but more so the underlying distribution of power and resources, as well as such factors as racism and colonialism. Social justice must be directly addressed, whether in the over-representation of Kanaka Maoli in the criminal justice system, the ongoing trauma of suppressed self-determination, or the structural violence of colonial occupation of lands. Such factors become embodied in negative health outcomes, whether high rates of teen suicide, substance abuse, or inequities in chronic disease such as diabetes, hypertension and cardiovascular disease. Equally disturbing, such outcomes become intergenerational, through such mechanisms as epigenetics and the developmental origins of health and disease. Throughout the lifespan, many Kanaka Maoli are exposed to levels of individual and systemic stress which lead to higher allostatic loads, the overloading of the body's ability to cope with stress and the higher likelihood of increased morbidity and early mortality.

In order to address these inequities, social justice and the SDOH must become visible. As Kanaka Maoli scholars strive to make the genealogy of power in Hawai'i more visible, so should conscious efforts to address social justice and the SDOH. Not only do the SDOH need to be addressed, but the underlying socioeconomicpolitical structures that produce inequities. It is only by addressing past and present injustice, from the overthrow to military occupation and maldistribution of wealth, that health outcomes will be improved.

In conclusion, I urge the Committee to pass SB 2103 and continue to support better health, and justice for Kanaka Maoli. Mahalo.

Kawika Liu, MD, PhD, JD
1131 Maple Ave
Ukiah, CA 95482
808.265.3852

:: Leanne Kealoha Fox ::

2nd Congressional District

House District: 39
Senate District: 18

February 21, 2014

SB 2103

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** SB2103 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** SB2103.

Respectfully, me ka `oia`i`o.

Letter of Support for SB2103

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SB2103

Submitted on: 2/20/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
RaeDeen Karasuda	Individual	Support	No

Comments: I strongly support this measure.

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SB2103

Submitted on: 2/20/2014

Testimony for HWN/HTH on Feb 24, 2014 14:45PM in Conference Room 224

Submitted By	Organization	Testifier Position	Present at Hearing
Randy Compton	Individual	Support	No

Comments:

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Richard N Salvador
3419 East Manoa Road
Honolulu, Hawaii 96822

February 24, 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

Senate Bill 2103 – Relating to Health Planning

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.

DATE: Monday, February 24, 2014

TIME: 2:45pm

PLACE: Conference Room 224, Hawaii State Capitol,
415 South Beretania Street, Honolulu, HI

Dear Committee Members,

I am submitting testimony in **strong support of SB 2103** 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 [and that] these circumstances are shaped by the distribution of money, power and resources at global, national and local levels."

How true that is! This makes sense at the gut level where we intuitively feel and immediately connect the fact of ours and anyone'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 Senate 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.*”

Which is why some very *Akamai* people, you included, are working together to improve our State of Hawaii laws on planning for better outcomes of public policies such as better health outcomes for minority populations.

This makes sense to me as it is similar to the goals and objective of work I have done before. I have worked previously to focus national and international attention on *environment racism* and to increasing&moving governments’ awareness toward the necessity of creating just laws based on *environmental justice*. This 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.” This could be sheer outrage if we continue to ignore what we know about poverty, health outcomes, and quality of life and act as though in our government planning processes, it does not matter.

But, it does matter. And it matters absolutely.

Like any work that seeks to reform existing laws so that they are more attuned to the nuances which have the influence of either extending or limiting the quality of life, this bill is brilliant. And it is timely. Inspired by these work of refocusing and re-training our attention on, and creating just public policies, I come before this Senate Committee and sincerely ask the honorable Chairs and Committee Members to hasten the passage of this bill as well as in the House and facilitate its move to the Governor for signature.

Thank you Senators for extending me an opportunity to provide testimony. And, 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
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TESTIMONY IN SUPPORT OF SB2103
Relating to Health Planning

February 24, 2014

Honorable Chairs Shimabukuro and Green, Vice Chairs Hee and Baker and members of the committees, 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 Senate Bill 2103 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. SB 2103 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 SB 2103.

Respectfully submitted,



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

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Cc: wctanaka@gmail.com
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SB2103

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Submitted By	Organization	Testifier Position	Present at Hearing
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!

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