

SCR 114/SR 60

Testimony

Measure Title: REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE.

Report Title: Native Hawaiian Health Task Force; John A. Burns School of Medicine

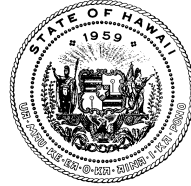
Description:

Companion:

Package: None

Current Referral: HRE/HWN/HTH

Introducer(s): KAHELE, GALUTERIA, SOLOMON, Green, Wakai



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

In reply, please refer to:
File:

SENATE COMMITTEE ON HIGHER EDUCATION

SENATE COMMITTEE ON EDUCATION

SENATE COMMITTEE ON HEALTH

**SCR114/SR60, REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS
SCHOOL OF MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH
TASK FORCE.**

**Testimony of Linda Rosen, M.D., M.P.H.
Director of Health**

April 1, 2014

1 **Department's Position:** The Department of Health (DOH) supports Senate Concurrent Resolution 114
2 (SCR114) and Senate Resolution 60 (SR60).

3 **Fiscal Implications:** None.

4 **Purpose and Justification:** The purpose of SCR114 and SR60 is to urge the John A. Burns School of
5 Medicine (JABSOM) to establish a Native Hawaiian Health Task Force to be administratively attached
6 to JABSOM.

7 The Department supports the creation of the Native Hawaiian Health Task Force and looks
8 forward to participation on the Task Force as well as continued work and partnership with JABSOM on
9 the important issue of Native Hawaiian health and health disparities. A Native Hawaiian Health Task
10 Force will be able to formulate a policy strategy that could be adopted statewide in a coordinated effort
11 by multiple state agencies and stakeholders towards health equity for Native Hawaiians and Other
12 Pacific Islander population groups.

1 Thank you for the opportunity to provide testimony.



UNIVERSITY OF HAWAII SYSTEM

Legislative Testimony

Written Testimony Presented Before the
Senate Committee on Higher Education
Senate Committee on Hawaiian Affairs
Senate Committee on Health
April 1, 2014 at 2:45 pm

by

Jerris R. Hedges, MD
Dean and Professor
John A. Burns School of Medicine
University of Hawai'i at Mānoa

SCR 114/SR 60 – REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE.

Chairs Taniguchi, Shimabukuro and Green, Vice Chairs Kahele, Hee and Baker and members of the committees, mahalo for the opportunity to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force.

The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine, recently completed a two-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples".

SCR 114 and SR 60 represent an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

March 30, 2014

To: The Senate Committees on Health, Hawaiian Affairs, and Higher Education

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

Re: SUPPORT of SCR 114/SR 60

Chairpersons Green, Shimabukuru, and Taniguchi, and members of the Senate Committees on Health, Hawaiian Affairs, and Higher Education:

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 SCR 114/SR 60, which requests the University of Hawaii John A. Burns School of Medicine to establish a Native Hawaiian Health Task Force.

As stated in the resolution, the Department of Native Hawaiian Health at the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". This was a critical study whose results emphasized the fact that economic and social conditions are significant factors in the disproportionate health problems faced by Native Hawaiians.

While not an entirely new concept, there has been more research done in recent years that focuses on social determinants of health. There are, in fact, a number of faculty at the MBT School of Social Work whose scholarship agenda include the exploration of this phenomenon, especially as it applies to vulnerable populations like Native Hawaiians. As social workers, we are particularly sensitive to this aspect of health and are committed to the development of methods that can be utilized by our profession to mitigate or resolve those factors.

SCR 114/SR60 is an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. The task force that would be created will be able to develop data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. I strongly believe that this task force will raise awareness of the importance of Health Equity and be able to propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

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

Thank you for this opportunity to offer these comments.

March 29, 2014

TESTIMONY IN SUPPORT OF SCR 114/SR 60
Relating to Native Hawaiian Health

Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, my name is Dr. Joseph Keawe'aimoku Kaholokula. As a Behavioral Scientist and Chair of the Department of Native Hawaiian Health at the John A. Burns School of Medicine (JABSOM), I had the pleasure of sitting before you last fall to share the results of our 2-year study "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". I am before you today asking for your support of SCR 114/SR 60, establishing a Native Hawaiian Health Improvement task force.

Our assessment demonstrated that in order to address the health of Hawai'i's indigenous people, policy, programs, and services need to focus on upstream factors: the economic and social conditions, and their distribution among the population, that influence group differences in health status; the social determinants of health. Chronic diseases, including diabetes, heart disease and obesity, are health conditions disproportionately affecting Native Hawaiians as a result of colonization and the accompanying socio-cultural and socio-economic changes that have influenced their social determinants of health. The purpose of this Act is to address the findings and recommendations of the Department of Native Hawaiian Health's study by creating a task force to formulate policy and programming recommendations to eliminate the disproportionate impact of the social determinants of health and chronic disease on all individuals, with particular focus on Native Hawaiians.

This resolution represents thoughtful collaboration between our medical school, the Office of Hawaiian Affairs, and the Hawai'i State Department of Health. SCR 114/SR 60 are an important next step to take the data shared through the assessment and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

This task force will bring together Native Hawaiian serving agencies and organizations, each of whom have a long and tireless history of promoting health and wellbeing for our residents. By providing an organizational structure that is supported by our State Legislature, it is our intent that the task force will develop a comprehensive plan to will guide policy and programming to advance Native Hawaiian Health and the health of our entire state.

Thank you for your consideration of my testimony in support of SCR 114/SR 60.

Respectfully submitted,

A handwritten signature in black ink, reading "Joseph K. Kaholokula". The signature is written in a cursive style with a large initial 'J' and 'K'.

Joseph Keawe'aimoku Kaholokula, PhD
Chair and Associate Professor
Center for Native and Pacific Health Disparities Research
Department of Native Hawaiian Health
John A. Burns School of Medicine

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TESTIMONY IN SUPPORT OF SCR 114/SR 60
Relating to Native Hawaiian Health

March 29, 2014

Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, my name is Dr. Robin Miyamoto. I am 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 would like to provide testimony in support of SCR 114/SR 60, establishing a Native Hawaiian Health Improvement task force.

In addition to my current position at JABSOM, I have 14 years of experience working in Native Hawaiian communities. I am a founding member of I Ola Lāhui, a training program dedicated to increasing behavioral health services in Native Hawaiian communities, and a member of Nā Limahana O Lonopūhā Native Hawaiian Health Consortium. My experience in these different capacities provides me with a great perspective to view the state of Native Hawaiian Health. For years I have had the privilege of working alongside dedicated and passionate providers, all of whom had the same goal – to improve the health status of Native Hawaiians. I have seen the amazing difference their work has made even as funding for their programs has shrunk. Despite the commitment within the community, we continue to lose ground when faced with considerable disparities. The recent report by the Department of Native Hawaiian Health entitled, “Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples”, provides us with the hard data to demonstrate that while we have much to show for the 25 years since Native Hawaiian Health was officially designated as a priority by the Federal Native Hawaiian Health Improvement Act, significant disparities exist that directly impact the ability of Hawai‘i’s indigenous people to enjoy the same quality of life afforded the rest of the State.

Over the last two years, tremendous resources have been dedicated to transforming the State’s healthcare system. I cannot tell you how many meetings I have attended with the stated purpose of improving the overall health of our State. I leave these meetings consistently disappointed and endlessly frustrated because these transformational plans do not address the needs of nearly 23% of our population, because no meaningful attention has been placed on addressing Native Hawaiian Health.

As a result, the purpose of this resolution is to develop a statewide strategic plan, utilizing the experience and strengths of individuals, state departments, and organizations, while accounting for the current healthcare landscape, funding opportunities, and available resources, that brings

in to sharp focus the outcomes necessary to raise the health status of Hawai'i's indigenous people.

This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

This task force will bring together Native Hawaiian serving agencies and organizations, each of whom have a long and tireless history of promoting health and wellbeing for our residents. By providing an organizational structure that is supported by our State Legislature, it is our intent that the task force will develop a comprehensive plan to will guide policy and programming to finally advance Native Hawaiian Health and as a result, the health of our entire state.

Thank you for your consideration of my testimony in support of SCR 114/SR 60.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Robin E. S. Miyamoto', written in a cursive style.

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



SCR114/SR60

**REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF
MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE.**

Senate Committee on Higher Education
Senate Committee on Hawaiian Affairs
Senate Committee on Health

April 1, 2014

2:45 p.m.

Room 414

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SCR114/SR60, which urge the convening of a Native Hawaiian Health Task Force to evaluate and propose policies, programs and services that focus on the economic and social conditions influencing Native Hawaiian disparities in health status.

Mauli Ola (Health) is one of OHA's strategic priorities and represents our commitment to improve the conditions and quality of life of Hawaiians, namely through the reduction of chronic disease rates within the Native Hawaiian community. In line with this priority, the 2013 John A. Burns School of Medicine (JABSOM) report "Assessment and Priorities for Health & Well-being in Native Hawaiians and Other Pacific Peoples" identifies a number of programs that have already improved the health and well-being of participants by focusing on preventative care, community support and addressing social determinants of health. **OHA supports these resolutions, which would address the findings of the JABSOM report, and urge agency coordination to support targeted services, interventions and programs that can holistically improve the health conditions of Native Hawaiians, other Pacific Islanders and all of our state's population.**

Therefore, OHA urges the Committees to **PASS** SCR114/SR60.

Mahalo for the opportunity to testify on these important measures.



S.C.R. 114/S.R.60

**Requesting the University of Hawaii John A. Burns
School of Medicine to Establish a Native Hawaiian Health Task Force
Senate Committee on Higher Education
Senate Committee on Hawaiian Affairs
Senate Committee on Health
April 1, 2014; 2:45 pm**

Aloha Mai kakou!

Thank you for the opportunity to provide testimony in support of SCR 114, Requesting the University of Hawaii John A. Burns School of Medicine to establish a Native Hawaiian health task force. 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. Part of our outreach and community building for Queen's has realized our need for collaboration. Our organization is focused upon the hospital experience and acute tertiary medical care. We realize, however, that other health organizations must be engaged with us in order to provide the best possible care. Academics, individual professionals, and other service organizations are critical to the forward movement of healthcare overall. By utilizing our individual expertise for a collective goal, Native Hawaiian health can be made an integral part of future policy. Native Hawaiians continue to be disparately compared to the rest of the population in health outcomes. A formal task force would assist in driving the necessary components toward collective productivity in Native Hawaiian Health.

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 Queen's 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. We realize that we cannot accomplish these alone.

Supporting SCR114 provides the opportunity for a broader workgroup towards addressing the unique needs of Native Hawaiians and all of the people of Hawai'i.

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: HRE/HWN/HTH
For hearing Tuesday April 1, 2014

Re: SCR 114 / SR 60
REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF
MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE.

Testimony in opposition unless the resolution is amended to include
two issues 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?

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.

Conclusion and suggested amendment:

Please insert into an appropriate place in SCR 114 / SR 60 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.



Association of Hawaiian Civic Clubs

P. O. Box 1135
Honolulu, Hawai`i 96807

SENATE JOINT COMMITTEES ON HIGHER EDUCATION,
HAWAIIAN AFFAIRS AND HEALTH

SCR 114/SR60 REQUESTING THE UNIVERSITY OF HAWAII
JOHN A. BURNS SCHOOL OF MEDICINE TO ESTABLISH A
NATIVE HAWAIIAN HEALTH TASK FORCE

Tuesday, 4/01/14; 2:45pm; Room 414

Aloha Chairman Taniguchi, Madam Chair Shimabukuro, Chairman Green and members of the joint committees on Higher Education, Hawaiian Affairs and Health. I am Soulee Stroud, president of the Association of Hawaiian Civic Clubs(AHCC) testifying in support of this measure to establish a Native Hawaiian Health Task Force.

History's documentation of a healthy, robust, deeply spiritual and thriving population of Natives first seen by Western explorers bears little resemblance to the dismal statistics of twenty first century Native Hawaiians. Identification and solutions to the problems should be considered at many levels by the Task Force and its members. Having a member of the AHCC serve on the Task Force might be helpful for the community outreach.

Thank you for the opportunity to testify.

Contact: jalna.keala2@hawaiiantel.net



TO: Senator Brian T. Taniguchi, Chair
Senator Gilbert Kahele, Vice Chair
COMMITTEE ON HIGHER EDUCATION

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: Tuesday, April 1, 2014 Room 414

RE: **Support for SCR114 / SR60** - REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE.

The Waimānalo Health Center (WHC) **supports SCR114 / SR60**, establishing a Native Hawaiian Health Task Force. Completion of a 2-year study and document entitled “Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples” has been instrumental in sharing promising practices and notable improvements to addressing health disparities. It has also been a sobering reminder that the disparity in health status of Native Hawaiians compared to other racial/ethnic populations in Hawai‘i and across the nation “continues to be considerable and disturbing.”

Waimānalo Health Center serves 47% Native Hawaiians primarily in the community of Waimānalo, experiencing significant physical, social, economic, educational, etc. challenges. Efforts to move forward in developing a strategic and collaborative plan to critically address the resources needed to improve Native Hawaiian Health across all stakeholders is imperative. SCR 114 and SR 60 may be the next step to making this a reality. The requests of the task force are significant, therefore, collaborating or aligning with similar State and community efforts could be invaluable.

The Waimānalo Health Center urges your **support SCR114 / SR60**. Thank you for the opportunity to provide testimony.



Letter of Support for HB 1616
House District:39
2nd Congressional District Senate District: 18

March 31, 2014

SCR 114 and SR 60
Establishing a Native Hawaiian Health Task Force
Senate Committees on Higher Education, Hawaiian Affairs, and Health

Aloha a welina mai nei e nā alaka'i:

It is with great enthusiasm that I write testimony to **STRONGLY SUPPORT SCR 114 and SR60** relating to establishing a Native Hawaiian Health Task Force.

Though some segments of Hawai'i's population may rank high in national health outcomes, Native Hawaiians continue to have life expectancies drastically lower than others groups and much higher rates of chronic disease. SCR 114 and SR 60 call for the convening of a Native Hawaiian Health Improvement Task Force to address some of these issues as a collective. It is our hope that a concrete action plan with objectives and desired outcomes are formulated as part of the task force's report, which can inform more targeted legislation in the future to improve NH health. It will also serve to inform University of Hawai'i in the areas of education and workforce development as these are key components to improved health in our state. Lastly, it will hopefully promote community development and existing community-based programs that Department of Native Hawaiian Health has developed.

The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". It is a document we can all learn from and reference in years to come so that we ensure solutions are incorporated into an action plan.

SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

I urge the committee to PASS SCR 114 and SR60.

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

From: mailinglist@capitol.hawaii.gov
To: [HRETestimony](#)
Cc: rbkarasuda@hotmail.com
Subject: Submitted testimony for SR60 on Apr 1, 2014 14:45PM
Date: Saturday, March 29, 2014 12:59:54 PM

SR60

Submitted on: 3/29/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

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

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60. RaeDeen Karasuda, PhD

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

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Subject: Submitted testimony for SCR114 on Apr 1, 2014 14:45PM
Date: Sunday, March 30, 2014 11:17:05 AM

SCR114

Submitted on: 3/30/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Chace Moleta	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

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Subject: Submitted testimony for SR60 on Apr 1, 2014 14:45PM
Date: Sunday, March 30, 2014 11:23:50 AM

SR60

Submitted on: 3/30/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth Ortiz	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60. Mahalo, Kenneth Ortiz Native-Hawaiian Medical Student at JABSOM

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From: mailinglist@capitol.hawaii.gov
To: [HRETestimony](#)
Cc: amaunake@hawaii.edu
Subject: Submitted testimony for SCR114 on Apr 1, 2014 14:45PM
Date: Sunday, March 30, 2014 12:55:48 PM

SCR114

Submitted on: 3/30/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Alika Maunakea	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

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To: [HRETestimony](#)
Cc: tusagawa@hawaii.edu
Subject: Submitted testimony for SR60 on Apr 1, 2014 14:45PM
Date: Sunday, March 30, 2014 3:51:07 PM

SR60

Submitted on: 3/30/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Tricia	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

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Honorable Chair Brian Taniguchi,

I would like to provide testimony in strong support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force.

The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine, recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report to develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies. These bills will help us maximize resources and improve health outcomes, not only for Native Hawaiians but for all who suffer health inequities in our state.

This task force will allow the Department of Native Hawaiian Health to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. These activities will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

Sincerely,
Gregory G Maskarinec, PhD

2304 Lipioma Way
Honolulu Hawaii 96822

(808) 949-2884
gregorym@hawaii.edu

:: Leanne Kealoha Fox ::

2nd Congressional District

House District: 39
Senate District: 18

March 31, 2014

SCR 114 and SR 60

Establishing a Native Hawaiian Health Task Force

Senate Committees on Higher Education, Hawaiian Affairs, and Health

Aloha a welina mai nei e nā alaka'i:

It is with great enthusiasm that I write testimony to **STRONGLY SUPPORT** SCR 114 and SR60 relating to establishing a Native Hawaiian Health Task Force.

Though some segments of Hawai'i's population may rank high in national health outcomes, Native Hawaiians continue to have life expectancies drastically lower than others groups and much higher rates of chronic disease. SCR 114 and SR 60 call for the convening of a Native Hawaiian Health Improvement Task Force to address some of these issues as a collective. It is our hope that a concrete action plan with objectives and desired outcomes are formulated as part of the task force's report, which can inform more targeted legislation in the future to improve NH health. It will also serve to inform University of Hawai'i in the areas of education and workforce development as these are key components to improved health in our state. Lastly, it will hopefully promote community development and existing community-based programs that Department of Native Hawaiian Health has developed.

The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". It is a document we can all learn from and reference in years to come so that we ensure solutions are incorporated into an action plan.

SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

I urge the committee to **PASS** SCR 114 and SR60.

Respectfully, me ka `oia`i`o.

Letter of Support for SCR 114 and SR60

From: mailinglist@capitol.hawaii.gov
To: [HRETestimony](#)
Cc: winonalee808@gmail.com
Subject: Submitted testimony for SCR114 on Apr 1, 2014 14:45PM
Date: Monday, March 31, 2014 9:53:31 AM

SCR114

Submitted on: 3/31/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Winona K Lee	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 which would establish a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will contribute to the development of a strategic plan to guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

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Subject: Submitted testimony for SCR114 on Apr 1, 2014 14:45PM
Date: Monday, March 31, 2014 10:29:24 AM

SCR114

Submitted on: 3/31/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Nobumi	UH JABSOM Dept. Native Hawaiian Health	Comments Only	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

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To: [HRETestimony](#)
Cc: clairemt@hawaii.edu
Subject: Submitted testimony for SCR114 on Apr 1, 2014 14:45PM
Date: Monday, March 31, 2014 10:55:08 AM

SCR114

Submitted on: 3/31/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Claire Townsend	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I submit the following in as testimony in support of SCR 114 and SR 60 and the establishment of a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". This assessment describes the current challenges that we, as a state, face in fostering health and wellness for Native Hawaiians and Other Pacific People. SCR 114 and SR 60 are an important next step in the development of a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies. With this information, we will be able to develop and propose effective, targeted legislation to address social determinants of health in Hawai'i. Through your support, this task force will propose cost-effective programs to address health disparities and promote wellness on a state level. The strategic plan to be developed by the task force will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Mahalo for your consideration of my testimony in support of SCR 114 and SR 60.

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Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees,

I humbly ask for your support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force.

The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples".

SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

Sachi Kaulukukui

From: mailinglist@capitol.hawaii.gov
To: [HRETestimony](#)
Cc: melelook@gmail.com
Subject: Submitted testimony for SCR114 on Apr 1, 2014 14:45PM
Date: Monday, March 31, 2014 11:49:50 AM

SCR114

Submitted on: 3/31/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Mele Look	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

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Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in SUPPORT of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force.

The Department of Native Hawaiian Health, as part of the University of Hawai‘i’s John A. Burns School of Medicine recently completed a 2-year study entitled “Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples”.

SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai‘i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services.

Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

Kamuela Werner
Masters in Public Health Graduate Student at UH Manoa

From: mailinglist@capitol.hawaii.gov
To: [HRETestimony](#)
Cc: nrobello@gmail.com
Subject: Submitted testimony for SR60 on Apr 1, 2014 14:45PM
Date: Monday, March 31, 2014 1:53:45 PM

SR60

Submitted on: 3/31/2014

Testimony for HRE/HWN/HTH on Apr 1, 2014 14:45PM in Conference Room 414

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Robello	Individual	Support	No

Comments: Honorable Chairs Taniguchi, Shimabukuro, and Green, Vice Chairs Kahele, Hee, and Baker and members of the committees, I would like to provide testimony in support of SCR 114 and SR 60 establishing a Native Hawaiian Health Task Force. The Department of Native Hawaiian Health, as part of the University of Hawai'i's John A. Burns School of Medicine recently completed a 2-year study entitled "Assessment and Priorities for Health and Well-being in Native Hawaiians and Other Pacific Peoples". SCR 114 and SR 60 are an important next step to take the data shared through the assessment report and develop a strategic and collaborative plan for Native Hawaiian Health across public and private agencies that maximizes resources and improves health outcomes. This task force will allow us to create data sharing policies to improve access to Native Hawaiian specific data available from State agencies and use that data to propose legislation to address social determinants of health in Hawai'i. We anticipate that this task force will raise awareness of the importance of Health Equity and propose cost-effective programs to address social determinants of health. The strategic plan developed will guide the use of existing collaborations, systems, and partnerships to advance Native Hawaiian Health, including community-based health promotion and preventive services. Thank you for your consideration of my testimony in support of SCR 114 and SR 60.

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Honorable Chairs Taniguchi, Shimabukuro and Green; Vice Chairs Kahele, Hee and Baker and members of the committees, I would like provide my testimony of support of SCR 114 AND SR 60 effectively establishing a Native Hawaiian Health Task Force. The current state of the Native Hawaiian population in relation to health is dire. The disparities we face are severe. This task force holds huge promise in the ability to management and dissemination of the information that has already been garnered. Thank you for your consideration of my testimony in support of SCR 114 and SR 60. Mahalo,
Kekaihalai Avilez