



HB727
RELATING TO HEALTH

Ke Kōmike Hale o ka Ho‘omalū Mea Kemu a me ka ‘Oihana Kālepa

Pepeluali 12, 2021

2:00 p.m.

Lumi 329

The Office of Hawaiian Affairs (OHA) appreciates the opportunity to provide **COMMENTS** on HB727, which would require the Department of Health (DOH) to coordinate public health statistics, public health program data, epidemiological data, and administrative data from providers of health insurance, to update statewide public health planning and inform public health program development. **OHA appreciates the bill’s intent to improve data infrastructure and governance practices critical to public health planning and program development, and respectfully recommends that any data coordination efforts include the disaggregation of race and ethnicity data, including with respect to Native Hawaiians specifically, and also explicitly include data from public health data repositories.**

OHA’s most recent strategic plan included a strategic priority of Maui Ola (Health), which represents our longstanding and continued commitment to improve the quality of life of Native Hawaiians. In furtherance of this priority, and in line with the Hawai‘i State Planning Act’s priorities under Hawai‘i Revised Statutes § 226-20, OHA has supported a “social determinants of health” approach to health policy, which takes a holistic and systemic view in assessing and addressing health in Hawai‘i’s communities. Notably, research shows that Native Hawaiians continue to have disparate outcomes compared to the rest of the state population, with Native Hawaiians having the highest prevalence of most chronic diseases like asthma, obesity, and diabetes, compared to the state population.¹ These health disparities are correlated with disparities in areas recognized as social determinants of health, such as housing, education, social services, leisure, individual rights, culture, and public safety. For example, in addition to having poorer health outcomes, Native Hawaiians have much lower median family income despite higher participation in the labor force.² **In order to address these disparities, including and particularly with respect to the social determinants that may be causing or contributing to these disparate health outcomes, disaggregated, community specific public health data for Native Hawaiians is critical.**

¹ See OFFICE OF HAWAIIAN AFFAIRS, NATIVE HAWAIIAN HEALTH FACT SHEET 2015 VOL. I, CHRONIC DISEASE , available at <https://www.oha.org/wp-content/uploads/Volume-I-Chronic-Diseases-FINAL.pdf>.

² See OFFICE OF HAWAIIAN AFFAIRS, INCOME INEQUALITY IN THE WAKE OF THE GREAT RECESSION (2016) available at <https://www.oha.org/wp-content/uploads/2014/05/Income-Inequality-and-Native-Hawaiian-Communities-in-the-Wake-of-the-Great-Recession-2005-2013.pdf>.

OHA recognizes and appreciates the bill’s proposal for DOH to coordinate public health statistics, public health program data, and other relevant information to update and implement a program for statewide public health planning and program development. In order to maximize the effectiveness of such a program, OHA does respectfully recommend that specific consideration be given to the need for disaggregated race and ethnicity data, in order to help identify community-specific health disparities as well as the social determinants underlying them. **As the COVID-19 pandemic has highlighted, timely, consistent, and appropriately disaggregated data for Native Hawaiians and Pacific Islanders may be critical to best informing our programmatic interventions, whether it be to address the impacts of the pandemic, or for general public health planning.**

In addition to health insurance providers, OHA notes that there are also public health data repositories which would be helpful to include as part of the coordinated approach this bill envisions. The data in these repositories may be critical to understanding and addressing the social determinants of health of the Native Hawaiian community as well as other communities with disparate health outcomes.

Accordingly, should the Committee choose to move this measure forward, OHA respectfully recommends the inclusion of the following amendment to page 4, lines 5-10, to read as follows:

“(4) Coordinate public health statistics, public health program data, demographic data, epidemiological data, and administrative data from providers of health insurance and public and private public health data repositories doing business in the State, including appropriately disaggregated data for Native Hawaiians, other Pacific Islanders, Filipinos, and other demographic groups consistent with section 226-20, to implement and update a statewide public health planning and public health program development program; and”

As a final note, in addition to the need for appropriately disaggregated data for Native Hawaiians specifically, there is also a coordinated approach needed for the methods in which the data is collected, reported, and shared. Currently, there are many commendable efforts aiming at collecting and reporting on the data needed to best inform Hawai‘i’s public health response and COVID-19 recovery plans. However, there are inconsistencies in the ways in which the data is collected, reported, and shared. OHA notes that OHA’s Data Governance Resolutions, HCR3 and SCR5, propose a coordinated and streamlined approach to improving data governance practices for not only public health data, but also data related to various social determinants of health—such as

(un)employment and housing. OHA believes that the partnership between OHA, DOH, and other critical agencies envisioned in the Resolution can also help to inform the coordination of data as envisioned under this measure, should both measures be adopted by the legislature.

Mahalo for the opportunity to provide comments on this measure.