

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Honolulu, HI 96801-3378
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Testimony in SUPPORT of S.B. 2031
RELATING TO THE OFFICE OF HEALTH EQUITY

SENATOR JARRETT KEOHOKALOOLE, CHAIR
SENATE COMMITTEE ON HEALTH

Hearing Date: February 16, 2022

Room Number: Videoconference

1 **Fiscal Implications:** The Department of Health (DOH) defers to the priorities in the Executive
2 Supplemental Budget request. Senate Bill 2031 (S.B. 2031) appropriates funding to the DOH for
3 the fiscal year 2022-2023 to carry out the purposes of the Act, including establishing, hiring, and
4 filling positions and procuring services of contractors.

5 **Department Testimony:** The DOH supports the intent of S.B. 2031 that proposes to amend
6 Chapter 321, Hawaii Revised Statutes (HRS) and establish an Office of Health Equity (OHE)
7 within the DOH, provides positions, and authorizes the creation of external advisory groups.
8 Chapter 321, HRS describing the general powers and duties of the department includes within
9 this responsibility, the goal of achieving health equity, and in assessing state health needs to
10 consider the social determinants of health.

11 Establishing the OHE in the DOH will provide a dedicated organizational unit to address
12 the higher-level activities that are described in S.B. 2031 for assessment, engaging stakeholders
13 to identify policies, systems, and environmental strategies, evaluating, and reassessing strategies.
14 The role of the OHE will be to assure that health equity is integrated across all departmental
15 efforts and to respond and engage with external stakeholders.

16 The experiences and data from Hawaii show that the SARS-CoV-2 virus (COVID-19)
17 pandemic unequally impacts groups already experiencing health disparities. Many of the people
18 in frontline industries, deemed essential services, and at increased risk for exposure due to
19 COVID-19 demographically are Native Hawaiians, Pacific Islanders, and Filipinos, women, and

1 immigrants.¹ The social determinants of health factors that influence health equity and put
2 people at greater risk include discrimination, lack of healthcare access and use, occupation,
3 housing, and educational, income, and wealth gaps.²

4 The department strongly requests that any consideration of establishing and funding the
5 OHE not compromise the priorities presented in the Executive Supplemental Budget request.
6 The department is creating a temporary OHE as one of the strategic activities of a two-year
7 federal grant that ends on May 31, 2023. The grant provides an opportunity for the DOH to
8 assess the OHE priorities and personnel and operational costs moving forward for the fiscal
9 biennium budget request. To fill the gap for funding and complete the remainder of fiscal year
10 2022-2023, the department respectfully requests an appropriation out of the general revenues for
11 the sum of \$121,320.

12 Thank you for the opportunity to submit testimony.

¹ Hawaii Appleseed Center for Law and Economic Justice. *Who are Hawaii's frontline workers?* 22 April 2020. Retrieved 2/04/2022: <https://hiappleseed.org/blog/who-are-hawaiis-frontline-workers>

² Centers for Disease Control and Prevention (CDC), Health Equity – Promoting Fair Access to Health,, Health Equity Considerations and Racial and Ethnic Minority Groups, Updated January 25, 2022. Retrieved 2/04/2022: [Health Equity Considerations and Racial and Ethnic Minority Groups | CDC](#)



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**Testimony in SUPPORT of SB 2031
RELATING TO THE OFFICE OF HEALTH EQUITY**

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
COMMITTEE ON HEALTH

Hearing Date: 2/16/2022

Room Number: Via Videoconference

Dear Committee Members,

We write to SUPPORT SB 2031, which establishes an office of health equity within the Department of Health, provides positions for the office of health equity, and authorizes the creation of office of health equity external advisory groups. This bill works to advance social and economic justice for immigrants and addresses health concerns exacerbated by the COVID-19 pandemic.

COVID-19 exposed systemic inequalities in our healthcare services, and numerous articles in the last two years highlighted the disastrous results for communities.¹ The Department of Health (DOH) was caught unprepared to prevent or even timely respond to these inequities. Bruce

¹See, e.g., Anita Hofschneider, *Health Officials Knew COVID-19 Would Hit Pacific Islanders Hard. The State Still Fell Short*, Civil Beat, August 17, 2020, at <https://www.civilbeat.org/2020/08/health-officials-knew-covid-19-would-hit-pacific-islanders-hard-the-state-still-fell-short/>; Anita Hofschneider, *DOH Says Native Hawaiians Have A High COVID-19 Rate. But How High?*, Civil Beat, April 29, 2020, at <https://www.civilbeat.org/2020/04/native-hawaiians-have-a-high-covid-19-rate-but-how-high/>; Kahiau Cockett-Nagamine, *COVID Magnifies Health Disparities for Micronesians*, Civil Beat, September 4, 2020, at <https://www.civilbeat.org/2020/09/covid-magnifies-health-disparities-for-micronesians/>.



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Anderson, then-director of the Department of Health, said he didn't expect to see any racial disparities.² Toward the end of 2020, the data revealed that Pacific Islanders were twice as likely to be killed or hospitalized by COVID-19.³

Over the course of the pandemic, DOH has built its capacity and protocols towards addressing health equity. This includes developing multilingual COVID-19 materials, partnering with community groups to reach community members through trusted sources, and investing explicitly in health equity. DOH is using a small portion of a large CDC health equity grant from last year to fund several new positions that will support the re-establishment of the office of health equity. Once this grant ends, the office of health equity cannot be allowed to dismantle. This work must not only continue but also expand. Hawai`i needs a permanent office of health equity with the proper appropriations to allow it to execute its functions effectively.

The pandemic has shone a light on the ways in which health equity needs to be a high priority for Hawai`i. When the next crisis hits, the Department of Health cannot be caught unawares like it was for COVID-19. Furthermore health equity is critical not only in moments of crisis but also for addressing long-term public health challenges. Let us take what we have learned from COVID-19 and make positive steps forward so all of our people can live healthy and productive lives.

We SUPPORT SB 2031. Thank you for your support and consideration.

Catherine Chen, Co-chair, Hawai`i Coalition for Immigrant Rights
Liza Ryan Gill, Co-chair, Hawai`i Coalition for Immigrant Rights

² Anita Hofschneider, *Hawaii Pacific Islanders Are Twice As Likely to Be Hospitalized for COVID-19*, Civil Beat, November 20, 2020, at <https://www.civilbeat.org/2020/11/hawaii-pacific-islanders-are-twice-as-likely-to-be-hospitalized-for-covid-19/>.

³ *Id.*



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For Children in Hawai'i

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Titimaeta Ta'ase, JD
State of Hawai'i, Deputy Public Defender

HIPHI Initiatives

Coalition for a
Tobacco-Free Hawai'i

Community Health
Worker Initiative

COVID-19 Response

Hawai'i Drug & Alcohol Free
Coalitions

Hawai'i Farm to School Hui

Hawai'i Oral Health Coalition

Hawai'i Public Health Training Hui

Healthy Eating + Active Living

Kūpuna Food Security Coalition

Date: February 15, 2022

To: Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
Members of the Committee on Health

Re: Support for SB 2031, Relating to the Office of Health Equity

Hrg: February 16, 2022 at 1:00 PM via videoconference

The Hawai'i Public Health Instituteⁱ (HIPHI) is in **support of SB 2031, which establishes the Office of Health Equity within the Hawai'i State Department of Health.**

Despite being routinely named one of the healthiest states in the nation, Hawai'i sees stark racial disparities in myriad health outcomes, including life expectancy. These disparities long preceded the COVID-19 pandemic but were thrown into sharp relief as Pacific Islander and Filipino communities experienced disproportionately high rates of infection and hospitalization.ⁱⁱ HIPHI strives to eliminate racism, disparities and injustices to improve the health and wellness of all people. For us, this translates to moving beyond advocating *for* equity, but rather amplifying our work *against* inequity.

Addressing health equity is integral to the 10 Essential Services of Public Health. Creating a dedicated Office of Health Equity within the Department of Health will increase the Department's capacity to not only *assess and monitor* population health and *identify* racial disparities, but build the necessary relationships with community stakeholders to *combat* those disparities and *eliminate* inequity. An office dedicated to health equity means the ability to establish metrics for the state, track the progress of the Office's strategies, and course-correct where needed.

For these reasons, HIPHI respectfully requests that the Committee **PASS** SB 2031.

Thank you for the opportunity to provide testimony.

Mahalo,

A handwritten signature in black ink that reads 'Amanda Fernandes'.

Amanda Fernandes, JD
Policy and Advocacy Director

ⁱ Hawai'i Public Health Institute is a hub for building healthy communities, providing issue-based advocacy, education, and technical assistance through partnerships with government, academia, foundations, business, and community-based organizations.

ⁱⁱ Hawai'i State Department of Health (2021). COVID-19 in Hawai'i: Addressing Health Equity in Diverse Populations. Disease Outbreak Control Division: Special Report. Honolulu, Hawai'i.



February 16, 2022 at 1:00 pm
Via Videoconference

Senate Committee on Health

To: Chair Jarrett Keohokalole
Vice Chair Rosalyn H. Baker

From: Paige Heckathorn Choy
Associate Vice President, Government Affairs
Healthcare Association of Hawaii

Re: **Submitting Comments**
SB 2031, Relating to the Office of Health Equity

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 20,000 people statewide.

Thank you for the opportunity to provide comments on this measure, which would establish the Office of Health Equity in the Department of Health. to and during the pandemic, our members have undertaken various initiatives to address some health equity issues, such as joining the nationwide Alliance for Innovation on Maternal Health (AIM) collaborative to improve outcomes for birthing people in the state; completing a Community Health Needs Assessment; continuing and building on screenings for behavioral health in our hospitals; among many other projects that our individual members are focused on. However, the pandemic shed a new light and urgency on the issue of equity and access to critical healthcare services, and we deeply appreciate the legislature's interest in finding solutions to social determinants of health.

Issues surrounding health equity are broad and require dedicated focus and prioritization. As we know, social determinants of health are dependent on housing, food, education, employment, and other sometimes unwieldy issues that are difficult for providers, plans, and community groups to tackle on their own. We support efforts to bring many partners under one roof to best address the underlying issues creating disparities and inequity in accessing healthcare services. Thank you for the opportunity to provide comments on this measure.

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

GLORIA CHANG
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

ADMINISTRATIVE AND RESEARCH OFFICE
BUDGET, PROGRAM PLANNING AND
MANAGEMENT DIVISION
FINANCIAL ADMINISTRATION DIVISION
OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

WRITTEN ONLY
TESTIMONY BY CRAIG K. HIRAI
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
TO THE SENATE COMMITTEE ON HEALTH
ON
SENATE BILL NO. 2031

February 16, 2022
1:00 p.m.
Via Videoconference

RELATING TO THE OFFICE OF HEALTH EQUITY

The Department of Budget and Finance (B&F) offers comments on this bill.

Senate Bill No. 2031 amends Chapter 321, HRS, to add a new section to establish the Office of Health Equity (OHE) within the Department of Health (DOH) and appropriates an unspecified amount of general funds in FY 23 to DOH for OHE, including the establishment, hiring, and filling of positions and contractors.

B&F notes that, with respect to the general fund appropriation in this bill, the federal Coronavirus Response and Relief Supplemental Appropriations Act requires that states receiving Elementary and Secondary School Emergency Relief (ESSER) II funds and Governor's Emergency Education Relief II funds must maintain state support for:

- Elementary and secondary education in FY 22 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

Further, the federal American Rescue Plan (ARP) Act requires that states receiving ARP ESSER funds must maintain state support for:

- Elementary and secondary education in FY 22 and FY 23 at least at the proportional level of the state's support for elementary and secondary education relative to the state's overall spending, averaged over FYs 17, 18 and 19; and
- Higher education in FY 22 and FY 23 at least at the proportional level of the state's support for higher education relative to the state's overall spending, averaged over FYs 17, 18 and 19.

The U.S. Department of Education has issued rules governing how these maintenance of effort (MOE) requirements are to be administered. B&F will be working with the money committees of the Legislature to ensure that the State of Hawai'i complies with these ESSER MOE requirements.

Thank you for your consideration of our comments.



To: The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice-Chair
Senate Committee on Health

From: Peggy Mierzwa, Government Affairs, AlohaCare

Hearing: Wednesday, February 16, 2022, 9:00AM

RE: **SB2031 Relating to the Office of Health Equity - Support**

AlohaCare appreciates the opportunity to provide testimony in **support of SB2031**. This measure would establish an office of health within the Department of Health, fund positions in the office and authorizes the office to create advisory groups.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving 80,000 Medicaid and dual-eligible health plan members on all islands. We are the only health plan in Hawai'i that exclusively serves Medicaid beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality health care for all. We believe that health is about supporting whole-person care.

While Hawai'i has one of the highest rates of life expectancy within the United States. However, that health indicator does not apply equally across all races in the state. This disparity became more evident through the COVID-19 epidemic. In Hawai'i, those with existing health disparities and economic disadvantages were at a much greater risk for contracting COVID-19. Native Hawaiians, Pacific islanders, and Filipinos were at higher risk of exposure because of higher rates of preexisting conditions, higher rates of smoking, over representation in service industry jobs, and large households.

These disparities in health are not solely related to COVID-19, but they became pronounced because of it. Our state cannot be considered healthy and resilient until these inequities are addressed. There needs to be clear, meaningful analysis of race data relating to public health and social determinants of health. The Office of Health Equity along with their advisory committees will provide valuable expertise for identifying health inequities and provide ways to address them.

Mahalo for this opportunity to testify on **SB2031**.



American Cancer Society
Cancer Action Network
2370 Nuʻuanu Avenue
Honolulu, Hi 96817
808.460.6109
www.fightcancer.org

House Committee on Health
Senator Jarrett Keohokalole, Chair
Senator Rosalyn Baker, Chair

Hearing Date: February 16, 2022

ACS CAN SUPPORTS SB 2031 – RELATING TO THE OFFICE OF HEALTH EQUITY

Cynthia Au, Government Relations Director– Hawaii Guam
American Cancer Society Cancer Action Network

Thank you for the opportunity to SUPPORT SB 2031 – RELATING TO THE OFFICE OF HEALTH EQUITY which establishes the Office of Health Equity within the Department of Health and appropriates funds.

The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

Cancer is the second leading cause of death in Hawaiʻi taking over 2,500 lives each year. Successfully fighting cancer depends on access to timely, high-quality, affordable health care coverage and treatment. Without adequate coverage options, people are less likely to get screened for cancer and are more likely to be diagnosed with cancer at an advanced stage when survival is less likely and the cost of care is higher. All individuals should have equitable access to quality cancer care and equal opportunity to live a healthy life. Our ability to continue to make progress against cancer relies heavily on eliminating the inequities that exist in cancer care.

Disparities in cancer care are largely attributed to obstacles to accessing health care services. These obstacles include, but are not limited to, lack of or inadequate health insurance coverage, individuals with limited incomes, lacking a usual source of care, transportation difficulties and health literacy challenges especially affecting the many rural communities across the state of Hawaii. The pandemic has further illuminated these health disparities and worsened the problems. ACS CAN supports evidence-based policies at the local, state and federal levels that aim to reduce disparities and improve health outcomes for all individuals.

ACS CAN supports the establishment and funding of the Office of Health Equity within Department of Health. That Office, if adequately equipped and funded, will work to increase the capacity of government, private providers, communities, and individuals to eliminate health disparities and improve the quality of life of Hawaii's diverse populations to eliminate health disparities in Hawaii.

Thank you for the opportunity to support this important bill.



**American
Heart
Association.**

American Heart Association testimony in SUPPORT of SB 2031, “Relating to the Office of Health Equity”

The American Heart Association strongly supports SB 2031.

Where you live, work, play and worship – factors called social determinants of health – can affect the quality and length of your life. Social determinants of health are influenced by how money, power and resources are distributed at local, national and global levels. Under-resourced communities often face higher risks for heart disease, stroke and other major health problems because of social determinants such as limited access to affordable and safe housing, healthy food and quality health care. These factors also impact the economic stability of a community.

For years the American Heart Association has been striving to ensure everyone has an optimal, just opportunity to be healthy. But this is not the reality for many people of color and others whose health suffers because of social factors beyond their control. In fact, people in some under-resourced ZIP codes have shorter life expectancies than their neighbors just a few miles away. And people in often-remote rural areas face significantly higher death rates from heart disease and stroke.

COVID-19 has illuminated these unacceptable health disparities and worsened the problems. The pandemic and economic hardships have disproportionately harmed the health of Native Hawaiian and Pacific Islander populations in Hawaii.

However, those disparities did not first emerge during the pandemic, they’ve existed for far longer. That’s why it is necessary to establish and fund the Office of Health Equity within the state Department of Health. That Office, if adequately equipped and funded, will improve planning and coordination of activities and programs related to social, cultural, linguistic, and economically disadvantaged populations in Hawaii. It will work to ensure that every Hawaii resident will have the same health access, opportunities, and protections as everybody else and services will be provided with aloha and the upmost respect for diversity. And it will work to increase the capacity of government, private providers, communities, and individuals to eliminate health disparities and improve the quality of life of Hawaii’s diverse populations.

The American Heart Association strongly supports SB 2031 and looks forward to working closely with the DOH’s Office of Health Equity to eliminate health disparities plaguing our state.

Mahalo for this opportunity to ask for your support of this important bill and community health resource.

Respectfully submitted,

Hawaii Division | 677 Ala Moana Blvd., Ste. 600 | Honolulu | HI | 96813

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“To be a relentless force for a world of longer, healthier lives.”

For more information on the AHA’s educational or research programs, visit www.heart.org or contact your nearest AHA office.

Don Weisman
Government Relations/Communications and Marketing Director



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**Testimony in SUPPORT of SB 2031
RELATING TO THE OFFICE OF HEALTH EQUITY**

Senator Jarrett Keohokalole, Chair
Senator Rosalyn H. Baker, Vice Chair
COMMITTEE ON HEALTH

Hearing Date: 2/16/2022

Room Number: Via Videoconference

Dear Committee Members,

We write to SUPPORT SB 2031, which establishes an office of health equity within the Department of Health, provides positions for the office of health equity, and authorizes the creation of office of health equity external advisory groups. This bill works to advance social and economic justice for immigrants and addresses health concerns exacerbated by the COVID-19 pandemic.

COVID-19 exposed systemic inequalities in our healthcare services, and numerous articles in the last two years highlighted the disastrous results for communities.¹ The Department of Health (DOH) was caught unprepared to prevent or even timely respond to these inequities. Bruce Anderson, then-director of the Department of Health, said he didn't expect to see any racial disparities.² Toward the end of 2020, the data revealed that Pacific Islanders were twice as likely to be killed or hospitalized by COVID-19.³

Over the course of the pandemic, DOH has built its capacity and protocols towards addressing health equity. This includes developing multilingual COVID-19 materials, partnering with community groups to reach community members through trusted sources, and investing explicitly in health equity. DOH is using a small portion of a large CDC health equity grant from last year to fund several new positions that will support the re-establishment of the office of

¹See, e.g., Anita Hofschneider, *Health Officials Knew COVID-19 Would Hit Pacific Islanders Hard. The State Still Fell Short*, Civil Beat, August 17, 2020, at <https://www.civilbeat.org/2020/08/health-officials-knew-covid-19-would-hit-pacific-islanders-hard-the-state-still-fell-short/>; Anita Hofschneider, *DOH Says Native Hawaiians Have A High COVID-19 Rate. But How High?*, Civil Beat, April 29, 2020, at <https://www.civilbeat.org/2020/04/native-hawaiians-have-a-high-covid-19-rate-but-how-high/>; Kahiau Cockett-Nagamine, *COVID Magnifies Health Disparities for Micronesians*, Civil Beat, September 4, 2020, at <https://www.civilbeat.org/2020/09/covid-magnifies-health-disparities-for-micronesians/>.

²Anita Hofschneider, *Hawaii Pacific Islanders Are Twice As Likely to Be Hospitalized for COVID-19*, Civil Beat, November 20, 2020, at <https://www.civilbeat.org/2020/11/hawaii-pacific-islanders-are-twice-as-likely-to-be-hospitalized-for-covid-19/>.

³*Id.*



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health equity. Once this grant ends, the office of health equity cannot be allowed to dismantle. This work must not only continue but also expand. Hawai`i needs a permanent office of health equity with the proper appropriations to allow it to execute its functions effectively.

The pandemic has shone a light on the ways in which health equity needs to be a high priority for Hawai`i. When the next crisis hits, the Department of Health cannot be caught unawares like it was for COVID-19. Furthermore health equity is critical not only in moments of crisis but also for addressing long-term public health challenges. Let us take what we have learned from COVID-19 and make positive steps forward so all of our people can live healthy and productive lives.

We SUPPORT SB 2031. Thank you for your support and consideration.

Catherine Chen, Co-chair, Hawai`i Coalition for Immigrant Rights

Liza Ryan Gill, Co-chair, Hawai`i Coalition for Immigrant Rights



February 11, 2022

The Honorable Jarrett Keohokalole, Chair
The Honorable Rosalyn H. Baker, Vice Chair
Senate Committee on Health

Re: SB 2031 – Relating to the Office of Health Equity

Dear Chair Keohokalole, Vice Chair Baker, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on SB 2031, which establishes the Office of Health Equity within the Department of Health to advance health equity by collaborating with multi-sector partners and establishing goals of the Office, as well as appointing and convening an advisory group at the discretion of the Director of Health.

Although Hawaii has one of the highest life expectancy rates in the United States, that rate varies by geographic area. The COVID-19 pandemic has had a negative impact on communities experiencing disparities in health and life expectancy. HMSA supports this measure to improve and advance health equity.

Thank you for allowing us to testify on SB 2031.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations

**Native Hawaiian & Pacific Islander
HAWAI'I COVID-19 TEAM**
Response. Recovery. Resilience.



**SUPPORT WITH AMENDMENT - SB 2031, "RELATING
TO THE OFFICE OF HEALTH EQUITY."**

Senate Committee on Health
Chair Keohokalole and Vice Chair Baker
February 16, 2022 at 1:00PM
Via Video Conference

Aloha Chair Keohokalole, Vice Chair Baker, and Members of the Committee on Health, Human Services, and Homelessness,

As a coalition of Native Hawaiian and Pacific Islander organizations, the Native Hawaiian & Pacific Islander COVID-19 Hawai'i Response, Recovery, and Resilience (NHPI 3R) Team **SUPPORTS** and **PROVIDES AMENDMENT SUGGESTIONS** for SB 2031, which creates an Office of Health Equity (OHE) in the State Department of Health.

The intent of the bill is generally supported, but the current bill language is broad and may be strengthened so that the proposed OHE will be adequately resourced in the future and has nuanced, specific community input from its advisory groups. The following amendments are provided with the intent to create an OHE that is community-informed about health equity across multiple domains and has staff to ensure that the OHE has enough resource to make meaningful long-term achievements. The amendment suggestions from the NHPI 3R Team are:

1. To specify the OHE to report directly to the Director of the Department of Health in Section 1, if this is not already achieved within Department of Health regulations;
2. To add a minimum of 4.0 FTE in the proposed OHE in Section 1;
3. To replace the broad categories of the proposed policy advisory groups in Section 2(c)(1)(A-C) with more specific categories, including but not limited to:
 - a. Leaders from organizations advancing racial and ethnic health equity for Native Hawaiians, Pacific Islanders, and other disadvantaged racial or ethnic groups;
 - b. Leaders from organizations advancing gender and sexual minority health equity;
 - c. Leaders from organizations advancing disability health equity for those with physical, developmental, and other disabilities; and
 - d. Leaders from organizations advancing health equity for geographically disadvantaged communities, such as rural and remote communities; and
 - e. Leaders from organizations with other such specific health equity expertise.


The perspective of amending the bill to provide more specificity and directness is derived from feedback from those who recall past iterations of the OHE and look forward to support a new iteration that builds upon past work in an informed path forward. If the will of the State Legislature and State Department of Health is to genuinely pursue health equity, broad goals to support the social determinants of health and lack of assured minimum staff are components that may actually have negative impact. Community trust will be difficult to build if the proposed OHE design does not reflect a robust understanding of the deep and longstanding work needed to truly move equity forward, as is stated in the proposed purpose of the office to contribute "catalysts for change."

The organization members of the NHPI 3R Team provide a variety of health perspectives with the common thread of serving Native Hawaiian and/or Pacific Islander

individuals and families. Equity work can be time-consuming and difficult, so the intent of the NHPI 3R Team is to provide support and gratitude for the intent of this bill and to provide feedback to support community-centered success. In addition, the NHPI 3R Team supports the proposed OHE to have a minimum number of FTEs so that its staff can engage with community as well as build upon the work of existing government offices that intersect with health equity work. We also respectfully urge the amendments so that the proposed OHE may have the capacity to meet the challenges that health equity brings to the forefront and have the bandwidth to engage with and be accountable to community members and organizations.

Mahalo for the opportunity to provide testimony. The NHPI 3R Team can be contacted via email at nhpicovid@papaolalokahi.org.

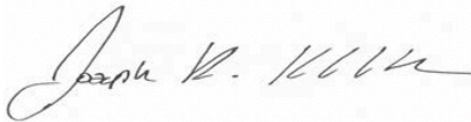
Respectfully,



Sheri Daniels, Native Hawaiian Co-Lead



Josie Howard, Pacific Islander Co-Lead



Joseph Keawe'aimoku Kaholokula, Native Hawaiian Co-Lead



Felea'i Tau, Pacific Islander Co-Lead

SB-2031

Submitted on: 2/12/2022 9:41:56 PM

Testimony for HTH on 2/16/2022 1:00:00 PM

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Thaddeus Pham	Individual	Support	No

Comments:

Aloha Chair Keohokalole, Vice Chair Baker, and HTH Committee Members,

As a public health professional and concerned community citizen, I write in strong support of SB2031, which would establish the Office of Health Equity in the Department of Health, and appropriate funds for its functioning.

As has been clearly demonstrated and reported on during the ongoing COVID-19 pandemic, health issues have disparate impacts on our local communities, especially those that are already underserved. This Office would formally emplace an accountable body to monitor such disparities and make recommendations to ameliorate or eliminate them.

Please support SB2031.

With thanks,

Thaddeus Pham (he/him)

SB-2031

Submitted on: 2/15/2022 2:57:39 PM

Testimony for HTH on 2/16/2022 1:00:00 PM

LATE

Submitted By	Organization	Testifier Position	Remote Testimony Requested
Louise L.inker	Testifying for DOH/PHN/Molokai	Support	No

Comments:

Health Equity is important because we have a very diversified population in many different ways, ie, economic status, physical environment, culture differences, etc. To be able to provide what is equitable for all of the people of Hawaii is very challenging. It was/is recognized during this pandemic that we are in today. Configuring a system that would best serve all of the people of Hawai'i could be a task within the Office of Health Equity. Please pass this bill. We are all involved with Health Equity. Mahalo.