

STATE OF HAWAII
DEPARTMENT OF HEALTH
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Testimony in SUPPORT of H.B. 2429
RELATING TO THE OFFICE OF HEALTH EQUITY

REPRESENTATIVE RYAN I. YAMANE, CHAIR
HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, AND HOMELESSNESS

Hearing Date: February 8, 2022

Room Number: Videoconference

1 **Fiscal Implications:** The Department of Health (DOH) defers to the priorities in the Executive
2 Supplemental Budget request. House Bill (H.B.) 2429 appropriates funding to the DOH for the
3 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 H.B. 2429 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 H.B. 2429 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](#)

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
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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 HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES, &
HOMELESSNESS
ON
HOUSE BILL NO. 2429

February 8, 2022
9:00 a.m.
Room 329 and Videoconference

RELATING TO THE OFFICE OF HEALTH EQUITY

The Department of Budget and Finance (B&F) offers comments on House Bill (H.B.) No. 2429.

H.B. No. 2429 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.



February 5, 2022

The Honorable Ryan I. Yamane, Chair
The Honorable Adrian K. Tam, Vice Chair
House Committee on Health, Human Services, & Homelessness

Re: HB 2429 – Relating to the Office of Health Equity

Dear Chair Yamane, Vice Chair Tam, and Committee Members:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 2429, 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 also had a negative impact on the communities' experiencing disparities in health and life expectancy. HMSA supports the intent of this measure to improve and advance health equity.

Thank you for allowing us to testify on HB 2429.

Sincerely,

Matthew W. Sasaki
Assistant Vice President
Government & External Relations



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Dina Shek, JD
Medical-Legal Partnership
For Children in Hawai'i

Garret Sugai

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 7, 2022

To: Representative Ryan I. Yamane, Chair
Representative Adrian K. Tam, Vice Chair
Members of the Committee on Health, Human Services, and
Homelessness

Re: Support for HB 2429, Relating to the Office of Health Equity

Hrg: February 8, 2022 at 9:00 AM via videoconference

The Hawai'i Public Health Instituteⁱ (HIPHI) is in **support of HB 2429, 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** HB 2429.

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.

HB-2429

Submitted on: 2/4/2022 5:19:42 PM

Testimony for HHH on 2/8/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|---------------------|---------------------|---------------------------|-----------------------------------|
| Judy Strait-Jones | Individual | Support | No |

Comments:

I strongly support this bill.

This bill relates to establishing the Office of Health Equity within the Department of Health. It also establishes funding for this office.

A permanent office of healthy equity is critical to accomplish the work that is needed in Hawaii relating to access to health and equity.

Please strongly consider lending your support to this bill.



February 8, 2022 at 9:00 am
Via Videoconference

House Committee on Health, Human Services, and Homelessness

To: Chair Ryan I. Yamane
Vice Chair Adrian K. Tam

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

Re: **Testimony in Support**
HB 2429, 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 testify in **support** of this measure, which would establish the Office of Health Equity in the Department of Health. While our members have worked on addressing disparities in care over the decades, we understand that the pandemic shed a new light and urgency on the issue of equity and access to critical healthcare services. Prior 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.

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 our support of this measure.



ALOHACARE

To: The Honorable Ryan I Yamane, Chair
The Honorable Adrian K Tam, Vice-Chair
House Committee on Health, Human Services and Homelessness

From: Peggy Mierzwa, Government Affairs, AlohaCare

Hearing: Tuesday, February 8, 2022, 9:00AM

RE: **HB2429 Relating to the office of Health Equity - Support**

AlohaCare appreciates the opportunity to provide testimony in **support of HB2429**. 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 **HB2429**.



**American
Heart
Association.**

American Heart Association testimony in SUPPORT of HB 2429, “Relating to the Office of Health Equity”

The American Heart Association strongly supports HB 2429.

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 HB 2429 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,

A handwritten signature in black ink that reads "Donald B. Weisman".

Chairman of the Board

Jason Fujita

President

Michael Lui, MD

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Rick Bruno, MD, FACEP

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Jackie De Luz

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David Underriner

Jennifer Walker

Serving Hawaii since 1948

Our Mission:

“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

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



**SUPPORT WITH AMENDMENT - HB 2429, "RELATING
TO INCREASING THE OFFICE OF HEALTH EQUITY."**

House Committee on Health, Human Services, and
Homelessness

Chair Yamane and Vice Chair Tam

February 8, 2022 at 9:00AM

CR329 & Via Video Conference

Aloha Chair Yamane, Vice Chair Tam, 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 HB 2429, 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 and has more nuanced, specific community input in 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 serve as "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 that is meant to contribute to successful action. In addition, the NHPI 3R Team supports the proposed OHE to have a minimum number of FTEs so that it can engage with community as well as build upon the work of existing government offices that intersect with health equity work. We 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.

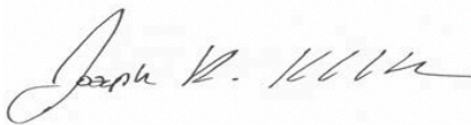
Respectfully,



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

HB-2429

Submitted on: 2/7/2022 9:25:29 AM

Testimony for HHH on 2/8/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|---------------------|---------------------|---------------------------|-----------------------------------|
| Kristin Mills | Individual | Support | No |

Comments:

Aloha,

As a public health educator, I am in strong support of HB2429. We need a permanent Office of Health Equity. We, as a collective community cannot have "health" unless ALL people, regardless of language and culture, have health and access to health. For this to happen we need a permanent Office of Health Equity.

Please support HB2429.

Mahalo, Kristin Mills, M.S., M.A.

HB-2429

Submitted on: 2/7/2022 10:26:05 AM

Testimony for HHH on 2/8/2022 9:00:00 AM

| Submitted By | Organization | Testifier Position | Remote Testimony Requested |
|---------------------|---------------------|---------------------------|-----------------------------------|
| Valerie Rose | Individual | Support | No |

Comments:

Funding is need to maintain the Office of Health Equity. As we have seen with the pandemic, not everyone has equal access to health services. This puts the State in jepordy when there is a public health crisis.

Maintaining the Office of Health Equity after the CDC grant will help to ensure Hawaii can sustain another public health crisis.