HTH HEARING

03-11-13

HB 914, HD1

TESTIMONY



HB914 HD1 RELATING TO OBESITY PREVENTION

Senate Committee on Health

March 11, 2013 3:00 p.m. Room 229	March 11, 2013	3:00 p.m.	Room 229
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The Office of Hawaiian Affairs (OHA) <u>SUPPORTS</u> HB914 HD1, which would establish the Hawai'i Interagency Obesity Prevention Council and appropriates funds for programs related to obesity prevention and related chronic diseases.

OHA's strategic priorities include Mauli Ola (Health), which represents our commitment to improve the conditions of Native Hawaiians and quality of life by reducing the onset of chronic diseases. Obesity is a common condition of chronic diseases, and data suggests that Native Hawaiians and other Pacific Islanders are at greater risk for obesity and health complications. As such, OHA's Health Advocacy Initiative Core and Advisory Team are focusing its efforts on decreasing Native Hawaiian obesity rates in relation to Hawai'i's general population.

We particularly support a public health approach that aims to take a holistic and systemic view to address obesity in Hawai'i's communities, while working collaboratively with public and private interests. We also encourage the inclusion of the Native Hawaiian and Pacific Islander community to provide input and make recommendations to the council.

In addition, we encourage state agencies to disaggregate data as it will assist the state and our larger community of stakeholders to develop, plan, and recommend meaningful policies. OHA looks forward to working with the council to ensure that we are collectively responsive to the needs and concerns related to chronic disease rates in the Native Hawaiian community.

Therefore, OHA urges the committee to **PASS** HB914 HD1. Mahalo nui loa for the opportunity to testify.



UNIVERSITY OF HAWAI'I SYSTEM

Legislative Testimony

Written Testimony Presented Before the Senate Committee on Health Monday, March 11, 2013 at 3:00pm by May Okihiro, MD Director, Hawai'i Initiative for Childhood Obesity Research and Education Department of Pediatrics John A. Burns School of Medicine and Jerris Hedges, MD on behalf of Deans and Directors in the College of Health Sciences and Social Welfare University of Hawai'i at Mānoa

HB 914 HD1 – RELATING TO OBESITY PREVENTION

Chair Green, Vice Chair Baker and members of the committee:

Obesity is the most significant risk factor for adult obesity and chronic disease such as diabetes and cardiovascular disease. Of great concern, obesity has become very common among adults in Hawai'i and now among the children and adolescents of Hawai'i.

- Childhood obesity increased 29 percent from 1999 to 2011 (YRBS 2011). In some communities of Hawai'i, over 50% of children and teens are now overweight and obese (Okihiro, 2005).
- Approximately one in four adults in Hawai'i is obese. From 2000 to 2010, the percentage of adults considered obese increased to 48 percent (BRFSS 2010).
- Major health disparities exist across racial and ethnic groups in Hawai'i; 44
 percent of Native Hawaiians adults are obese compared to 14 percent of
 Japanese adults.
- Obesity is a major risk factor for diabetes. The prevalence of self-reported diabetes in Hawai'i rose from 1997 to 2007 rose from 5% to 7.7% of adults. Ageadjusted diabetes prevalence is highest in Hawai'i among our low-income adults (13.4%), Native Hawaiians (12.5%) and Filipinos (9.9%) (BRFSS 2010).
- Economic Cost of obesity: An estimated \$470 million is spent annually on obesity-related health problems in Hawai'i (Trogdon, 2012)

The development of obesity involves a complex interplay of factors impacting the nutrition and physical activity of people in Hawai'i. Reversing the obesity and chronic disease epidemic will take a multi-faceted and comprehensive approach involving multiple sectors of the community.

In 2012 the Governor established a Childhood Obesity Prevention Taskforce, under Act 269, to address the growing crisis of childhood obesity in Hawai'i. The Taskforce was made up of 20 voting members representing a wide variety of organizations and agencies. The Taskforce reviewed the extensive evidence on obesity and delivered a comprehensive set of recommendations for the 2013 legislative session. The Governor and Legislature are now acting on several bills and resolutions based on these recommendations.

However, under Act 269, the Taskforce's mandate expired in December 2012 and the Taskforce was dissolved.

HB 914 HD1 will establish such a council to advise the governor and legislature on a plan to address obesity in Hawai'i and monitor progress. In order for the State of Hawai'i to address the obesity and chronic disease epidemic in a meaningful way, such a permanent multi-disciplinary council, made up of representatives from multiple sectors, including government agencies and community organizations needs to be established. The Council will support the development, implementation and evaluation of Hawaii's obesity prevention plan and promote collaboration, effectiveness, accountability and progress on this urgent matter.

For these reasons, we strongly support this bill.



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Monday, March 11, 2013 – 3:00 pm Conference Room 229

The Senate Committee on Health

- To: Senator Josh Green, Chair Senator Rosalyn H. Baker, Vice Chair
- From: Virginia Pressler, MD, MBA

Re: HB 914, HD 1 Relating To Obesity Prevention Testimony in Support

My name is Virginia Pressler, MD, MBA, Executive Vice President and Chief Strategic Officer for Hawai'i Pacific Health (HPH). HPH is a nonprofit health care system and the state's largest health care provider anchored by its four nonprofit hospitals: Kapi'olani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic & Hospital and Wilcox Memorial Hospital on Kauai. HPH is committed to providing the highest quality medical care and service to the people of Hawai'i and the Pacific Region through its four affiliated hospitals, 49 outpatient clinics and service sites, more than 5,400 employees and 1,300 physicians on staff.

I am writing in support of HB 914, HD 1 which establishes the Hawaii Interagency Obesity Prevention Council and appropriates funds from the Children's Health Promotion fund for programs related to obesity prevention and related chronic diseases. This bill is part of a comprehensive approach to obesity as recommended by ACT 269, The Childhood Obesity Prevention Task Force.

Testifying as both a health care provider and as an employer, Hawai'i Pacific Health believes this bill will reduce the approximately \$470M spent *annually* on obesity-related health problems in Hawai'i. Approximately 1 in 3 children entering kindergarten in Hawai'i are overweight or obese. Additionally, 23% of Hawai'i adults are obese and another 34% are overweight.

Given the recognition and growing awareness that health care providers must work as partners with our patients in order to manage health care costs, the time to act is now. This bill will be a win-win-win for Hawai'i as it will decrease consumption of sugar sweetened beverages, improve our residents health status, decrease health care spending, and provide revenue to enable additional health care education and awareness of this alarming trend. We owe it to our Keiki and our community. We ask that you pass this measure.

Thank you for the opportunity to provide testimony on this measure.









Affiliates of Hawai'i Pacific Health



Testimony on HB 914, HD1, "Relating to Obesity Prevention"

The American Heart Association supports the intent of HB 914, HD1, and welcomes the opportunity to serve as a stakeholder in the proposed Obesity Prevention Council.

As the bill states, obesity has become one of the leading health issues for our state. If left unchecked, it holds the potential to cripple Hawaii's health care system and Hawaii's businesses that largely cover employee healthcare costs.

As heart disease is the leading cause of death in Hawaii, and stroke is the third leading cause of death and the leading cause of major disability, the American Heart Association strongly supports the provision of state dollars to address those health issues. A heart disease and stroke prevention program currently exists within the DOH, however it is entirely funded startup funding provided through the Centers for Disease Control, and that funding is set to expire in July 2013. As obesity is one of the leading risk factors for the development of heart disease and stroke, funding applied to that program to implement the state heart disease and stroke plan that has already been developed with input from community stakeholders would be appropriate.

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"Building healthier lives, free of cardiovascular diseases and stroke."

We also express caution that food and beverage industry involvement in the proposed task force could result in efforts to detract attention away from addressing overconsumption of calories to a focus only on physical activity, or burning of calories. That would be a recipe for failure. For instance, to burn off the calories in just one can of sugar-sweetened soda it would take about 20 minutes of hard running, and that amount of exercise would not compensate for any other calories consumed through meals. To be truly effective, any obesity prevention campaign needs to be comprehensive and address both reductions in calorie consumption and increased physical activity.

Hawaii's obesity epidemic must be addressed comprehensively through a combination of public education and strong, progressive policy aimed at encouraging the public toward living healthier. The future of our public's health and all Hawaii businesses' economic health depends on it.

Respectfully submitted,

onald B. Weismon

Donald B. Weisman Hawaii Government Relations/Mission:Lifeline Director

<u>HB914</u>

Submitted on: 3/9/2013 Testimony for HTH on Mar 11, 2013 15:00PM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
TROY ABRAHAM	Individual	Support	No

Comments: I support urgent passage of this bill

Please note that testimony submitted <u>less than 24 hours prior to the hearing</u>, 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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