

House District _____

Senate District _____

**THE TWENTY-SEVENTH LEGISLATURE
APPLICATION FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No: _____

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): DEPARTMENT OF HEALTH

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dbas: **HAWAII PUBLIC HEALTH ASSOCIATION**

Street Address: 7192 Kalaniana'ole Hwy, Suite A143A, PMB 336

Mailing Address: 7192 Kalaniana'ole Hwy, Suite A143A, PMB 336
Honolulu, HI 96825

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name HOLLY KESSLER

Title Executive Director

Phone # 808-388-2000

Fax # 206-350-2505

e-mail holly@hawaiipublichealth.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
 FOR PROFIT CORPORATION
 LIMITED LIABILITY COMPANY
 SOLE PROPRIETORSHIP/INDIVIDUAL

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

TITLE: SUBSIDY FOR 2015 PACIFIC GLOBAL HEALTH CONFERENCE

DESCRIPTION: THIS GIA REQUEST WILL SUBSIDIZE PRE-CONFERENCE EXPENSES FOR THE 2015 PACIFIC GLOBAL HEALTH CONFERENCE TO BE HELD IN HONOLULU, HAWAII. THE PREVIOUS CONFERENCE WAS HELD IN 2012.

4. FEDERAL TAX ID #: _____

5. STATE TAX ID #: _____

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2015: \$ 49,500.00

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
 EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$0
FEDERAL \$0
COUNTY \$0
PRIVATE/OTHER \$0

HOLLY KESSLER, EXECUTIVE DIRECTOR
NAME & TITLE

1/29/14
DATE SIGNED

Application for Grants and Subsidies

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Include the following:

1. **A brief description of the applicant's background:**

The Hawaii Public Health Association was founded in 1945. We are the Hawaii affiliate of the American Public Health Association (APHA). Our mission is to promote public health in Hawaii through leadership, collaboration, education and advocacy. We strive to link Hawaii and Pacific Island communities with the belief that health is achieved through the prevention of disease and the promotion of well-being with optimal physical, psychological, economic, and social environments and the strong interrelationship between health and the quality of life. We are especially concerned with the large health disparities that exist among Native Hawaiians and other Pacific Islanders, and since 2002 HPHA has demonstrated strong leadership by hosting the Pacific Global Health Conference, a meeting dedicated to health issues in Hawaii and other Pacific Island Countries and Territories, and particularly the U.S. associated Pacific Islands. This effort has raised HPHA's visibility among many national and regional partners, and has also significantly increased the association's revenue from these conferences. HPHA currently serves as the primary voice of public health professionals in Hawaii.

The 2015 Pacific Global Health Conference (PGHC) will be a two day conference that will bring together over 500 public health organizations and individuals from across Hawaii and the Pacific Rim. The theme for the 2012 conference was "Transforming Public Health in the Pacific." A theme for the 2015 conference has not yet been determined.

Organization of the conference is a collaborative effort of HPHA, with support from many public health organizations including the State of Hawaii Department of Health, Hawaii Primary Care Association and the University of Hawaii Office of Public Health Studies. The PGHC brings together academics, educators, policymakers, and practitioners from across the Pacific region to share research, discuss current issues, develop strategies for the future, and increase avenues of communication among partners

2. **The goals and objectives related to the request:**

The goal of the funding request is to prepare for the 2015 Pacific Global Health Conference to be held in Honolulu, Hawaii. The Pacific Global Health Conference brings together academics, policymakers, and practitioners from Hawaii and the Pacific to share research, discuss current issues, develop strategies for the future, and increase avenues of communication on emerging public health issues across this widespread geographic and multicultural region. The last conference was held in Hawaii in 2012 (see attached 2012 PGHC Abstract Book).

Need for the project. It is crucial that Hawaii have a well-trained and responsive public health workforce, and the PGHC is the sole event of its kind in the Pacific Region. Previous conferences in 2002, 2005, 2007 and 2012 were attended by over 500 participants. The participants were provided learning opportunities as well as valuable time for networking to form collaborations and share information.

Project goals - the goals of the PGHC are to:

- Increase the knowledge and skills of public health practitioners working in and serving Hawaii, U.S. Pacific Island territories and freely associated states, and other Pacific Island nations and territories.
- Increase participants' knowledge and utilization of evidence-based public health programs that are culturally relevant and resource appropriate for Pacific Island populations and environments.
- Increase knowledge about the forces of globalization and how this phenomena impacts the health of people living in Hawaii, U.S. Pacific Island territories and freely associated states, and other Pacific Island nations and territories.
- Increase information exchange through both structured dialogue sessions and informal networking opportunities for participants.
- Increase awareness of training programs and opportunities for public health workforce development.

Objectives: Community and individual health are multidimensional. The existence of dramatic inequities is now well-known among communities of ethnicity and color as is the association with poverty and socio-economic status. These factors, and social determinants of health as a driver of health equity based on social justice and the right to health, need to be explored. A deeper understanding of the principles of social justice and right to health as a function for community health, are an example of the topics covered in past PGHC's. The objectives of the 2015 PGHC are to explore, understand and address these issues as well as health equity with a focus on social determinants of health, specifically to: (1) Increase Pacific health knowledge sharing, (2) facilitate professional networking for practice and research, and (3) develop Pacific-wide strategies to address current and future public health issues.

Benefits for the underprivileged: Hawaii residents enjoy clean air and water, an agreeable climate, and the longest life expectancy than residents of any other state in the union. Despite this enviable status and environmental advantages, health indicators for low income, uneducated and underserved populations continue to linger far below the middle and upper class as the economic recession has exacerbated their ability to access care, and for the government to provide much needed services.

At the forefront of the challenge to improve the health status of residents is the ethnic and cultural diversity of the islands. The indigenous Native Hawaiians have some of the poorest risk factors and health outcomes of any other ethnic group. They face significant disparities in areas such as lifespan, diabetes, cardiovascular disease, and mental health. 11.4% of Native Hawaiians have diabetes mellitus, compared to 9.1% of Japanese and 4.7% of whites. In 2007, 43.2% of Native Hawaiians were obese, and 30.7% were overweight, compared to 13.5% of Japanese and 19.4% of whites being obese, and 35.6% of Japanese and 36.2% of whites being overweight.¹

Additionally, immigrants from Southeast Asia and the Pacific Islands continue to flow into the state from impoverished countries that have inadequate medical services and little or no concept of preventative care. The large influx in recent years of Micronesians alone has created a strain on local health systems and dissension among decision makers as to how to manage the increasing expense of their healthcare.

Many current and previous efforts to address these disparities have focused on individual lifestyle change and genetic vulnerabilities. However, the determinants of health are far more complex and wide ranging than personal choice and genetics. For many underserved populations in Hawaii, poverty, limited educational, employment, and housing opportunities, a degraded environment and discrimination sharply delineate the opportunities for exercising healthy choices. This conference will address health inequities against the framework of social determinants, and also the challenges and opportunities of utilizing new communication technologies in the public health arena.

3. The public purpose and need to be served:

Public health education. The PHGC is the sole event in the region that will bring together public health organizations and individuals to increase their knowledge and skills. Education and information on the latest research and evidence based methods in the field of public health will be provided to participants. Possible conference tracks may include:

- **Public health workforce development:** This track could highlight collaborative education and training programs that strengthen the competence and capacity of the current and future public health workforce in the Pacific. Programs that enhance the quality of public health services,

especially for underserved areas and populations in the region will be featured.

- Health and Culture: This track could address the relationship between health and culture, especially health and wellness among Native Hawaiians, Pacific Islanders and Indigenous populations. Potential topics include social determinants of health, community based participatory research and programs which promote culture to support and improve health. Innovative and collaborative work will be prioritized.
- Health, Communication and Education: The purpose of this track could be to share knowledge that would influence the use of effective health communications and education strategies in the Pacific including new ideas about the use of internet and communication technologies (e.g., social media, texting) in addition to the effective use of long-standing health communication and education methods.
- Policy and advocacy: While much of the focus of our health care “systems” continues to be on the important arena of how to help and support individual behavior change that results in the better health, most improvements in life expectancy and other key markers of healthy populations today are the result of effective population-based public health programs. This track could focus on current policy and advocacy efforts addressing the key health issues facing the Pacific region today. Sessions could address such key issues as cost, effectiveness, degree of difficulty, components and features of a comprehensive and unified approach to NCD policy and law, and work that addresses population-based policies that seek to improve health in an equitable manner.

CME and CEU credits would be available for participants

4. Describe the target population to be served:

The PGHC will address public health issues of concern in the Pacific Region. In Hawaii alone over 1.2 million people reside, and over 7 million visit or immigrate annually.

The target population includes academics, students, policymakers, and practitioners in public health, medicine, nursing, and other related health professions.

5. Describe the geographic coverage:

The geographic coverage is Hawaii and the Pacific Region.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request. The applicant shall:

1. **Describe the scope of work, tasks and responsibilities:**

The scope of this project is to plan for the 2015 Pacific Global Health Conference to be held in Honolulu, Hawaii. The HPHA Board and Executive Director will oversee the activities of the Conference Planning Committee. The Committee will assign tasks to members for: (1) hotel, conference space, and services, (2) call for and review of abstracts, assemble program, and assign presentation rooms and poster sessions, (3) manage registrations, (4) manage CE credits, (5) marketing of conference, (6) set up conference site, (7) coordinate volunteers, services, check ins, CE paperwork, (8) program evaluation and beginning planning for next conference.

The Executive Director will be responsible for administrative tasks such as finalizing contracts for hotel, conference space and services, oversee design of conference program and contract for printing, market conference, assure conference site and volunteer services are ready, and conduct program evaluation with Committee.

Distance Learning Technology Contract. The Executive Director will also negotiate the contract for distance learning technology services for health professionals who want to participate in the conference sessions at a distance and earn CE credits. This technology will benefit professionals in Hawaii neighboring islands and Pacific countries.

The scope of work and project timeline is outlined below. Committees will be formed for each of the functional areas:

1. Program
2. Speakers
3. CME and CEUs
4. Sponsorships
5. Venue

2. Provide a projected annual timeline for accomplishing the results or outcomes of the service:

	July '14	Aug '14	Sept '14	Oct '14	Nov '14	Dec '14	Jan '15	Feb '15	Mar '15	Apr '15	May '15	June '15
Determine conference program	X	X	X									
Apply for CME and CEU approval			X	X	X	X						
Secure speakers				X	X	X	X					
Research sources of support, submit applications and solicitations for sponsorship				X	X	X	X	X				
Solicit and secure vendors for exhibitor tables at conference site					X	X	X	X	X			
Prepare conference program with schedule and description of sessions										X	X	X
Marketing/Public Relations								X	X	X	X	X

The 2015 PGHC is planned to be held in the Fall of 2015.

3. Describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results:

The HPHA Board, Executive Director, and Conference Planning Committee will write a comprehensive evaluation report and will submit the evaluation to the Hawaii Department of Health and Hawaii State Legislature. Formative evaluation will be an ongoing process from June 2014 to September 2015 to examine the conference planning and implementation process. Summative evaluation will examine whether the goal and objectives were met and will quantify registrants, presentations and abstracts, and distribution of participants over the Pacific Region. Total CE credits will be presented. Key knowledge sharing areas, professional networking, and Pacific-wide strategies to address current and future public health issues will be summarize and analyzed. The summative evaluation will: (1) identify conference planning, implementation, and evaluation processes that produce measurable outcomes, and (2) examine the effectiveness of how the theme of the conference determined the mix of conference participants, and knowledge generated.

4. List the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment. Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

HPHA will determine success of this project through the following:

The list of measures of effectiveness that will be reported to the Hawaii Department of Health are identified above (see #3). The summative evaluation will:

- Identify conference planning, implementation, and evaluation processes that produce measurable outcomes.
- Examine the effectiveness of how the theme of the conference determined the mix of conference participants, and knowledge generated.
- Successful completion of the milestones detailed in the section above, in the timeframe specified.
- Positive satisfaction scores on the conference.
- Positive scores on conference participants' learning objectives.
- At least 50 different organizational affiliations represented of attendees, speakers, and volunteers.

III. Financial

Budget

1. **The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.**

See attached budget forms.

2. **The applicant shall provide its anticipated quarterly funding requests for the fiscal year 2015.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$10,000	\$15,000	\$15,000	\$9,500	\$49,500

3. **The applicant shall provide a listing of all other sources of funding that they are seeking for fiscal year 2015.**

There are no other sources for funding except for in-kind support such as professional and student volunteers on the conference planning committees. Planning for the 2012 Pacific Global Health Conference was funded in part by a conference planning grant from the Centers for Disease Control and Prevention.

4. **The applicant shall provide a listing of all state and federal tax credits it has been granted within the prior three years. Additionally, the applicant shall provide a listing of all state and federal tax credits they have applied for or anticipate applying for pertaining to any capital project, if applicable.**

No tax credits granted.

5. The applicant shall provide the balance of its unrestricted current assets as of December 31, 2013.

See attached.

IV. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

The Hawaii Public Health Association (HPHA) Board of Directors and members have experience in holding past successful international conferences in Hawaii. Most recently, the 2012 Pacific Global Health Conference is an example of such expertise. Also, HPHA will collaborate to host and organize the PGHC with various organizations to include:

- University of Hawai'i
- Office of Public Health Studies
- John A. Burns School of Medicine
- Cancer Center
- Hawai'i State Department of Health – numerous entities involved
- Hawai'i Primary Care Association (HPCA)
- Pacific Islands Health Officers Association (PIHOA)
- Pacific Islands Primary Care Association (PiPCA)
- PATH (a bicycle and pedestrian advocacy organization)
- Hawai'i Medical Reserve Corps
- The Coalition for a Tobacco Free Hawai'i
- Hawai'i Initiative for Childhood Obesity Research and Education (HICORE)

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. The applicant shall also describe how the facilities meet ADA requirements, as applicable.

Facilities for the 2015 Pacific Global Health Conference will be negotiated with a local hotel and/or the Hawaii Convention Center in Honolulu, Hawaii. The previous conference was held at the Ala Moana Hotel. The same hotel or one

similar with conference facilities will be negotiated. All of the facilities will be ADA accessible.

V. Personnel: Project Organization and Staffing

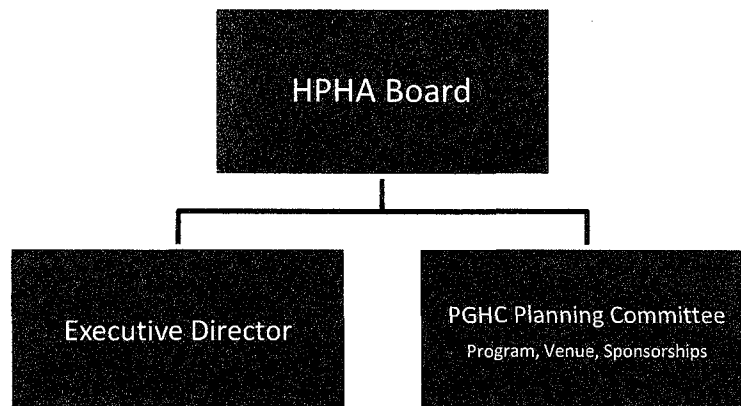
A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Under the direction of the HPHA Board of Directors, the HPHA Executive Director will play the central role in the assessment, planning, implementation, and evaluation of the conference. This will assure there is consistent administrative oversight of the funded project such as contracting conference space and services, conference marketing and evaluation, and management of the budget. The Executive Director will report to the HPHA Board for oversight on the progress of the funded project.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request.



C. Compensation

The applicant shall provide the annual salaries paid by the applicant to the three highest paid officers, directors, or employees of the organization by position.

HPHA Personnel	Annual Salaries
██████████, Executive Director (PT)	\$30,000

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

No litigation pending.

B. Licensure or Accreditation

The applicant shall specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

No special qualifications, licensure, or accreditation applicable.

BUDGET REQUEST BY SOURCE OF FUNDS
(Period: July 1, 2014 to June 30, 2015)

Applicant: Hawaii Public Health Association

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	15,000			
2. Payroll Taxes & Assessments	0			
3. Fringe Benefits	0			
TOTAL PERSONNEL COST	15,000			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	1,000			
2. Insurance	750			
3. Lease/Rental of Equipment	0			
4. Lease/Rental of Space	0			
5. Staff Training	0			
6. Supplies	1,750			
7. Telecommunication	500			
8. Utilities	0			
9. Service Deposits	8,000			
10. Venue Deposit	10,000			
11. Marketing	3,000			
12. CMU and CEUs	2,500			
13. Honoraria	5,000			
14. Ground transportation	2,000			
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	34,500			
C. EQUIPMENT PURCHASES	0			
D. MOTOR VEHICLE PURCHASES	0			
E. CAPITAL	0			
TOTAL (A+B+C+D+E)	49,500			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	49,500	Holly Kessler 808-388-2000		
(b)		[REDACTED]		
(c)				
(d)				
TOTAL BUDGET	49,500	Holly Kessler, Executive Director Name and Title (Please type or print)		

BUDGET JUSTIFICATION PERSONNEL - SALARIES AND WAGES

Applicant: Hawaii Public Health Association

Period: July 1, 2014 to June 30, 2015

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Executive Director	0.25	\$30,000.00	50.00%	\$ 15,000.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				15,000.00
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Hawaii Public Health Association

Period: July 1, 2014 to June 30, 2015

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
NONE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
NONE			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:				
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION CAPITAL PROJECT DETAILS

Applicant: Hawaii Public Health Association

Period: July 1, 2014 to June 30, 2015

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2012-2013	FY: 2013-2014	FY:2014-2015	FY:2014-2015	FY:2015-2016	FY:2016-2017
PLANS	0	0	0	0	0	0
LAND ACQUISITION	0	0	0	0	0	0
DESIGN	0	0	0	0	0	0
CONSTRUCTION	0	0	0	0	0	0
EQUIPMENT	0	0	0	0	0	0
TOTAL:	0	0	0	0	0	0
JUSTIFICATION/COMMENTS:						

**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS AND SUBSIDIES PURSUANT TO
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant or subsidy.
- 2) The applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants or subsidies used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant or subsidy was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant or subsidy used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Hawaii Public Health Association

(Typed Name of Individual or Organization)

1/29/14

(Date)

Holly Kessler

Executive Director

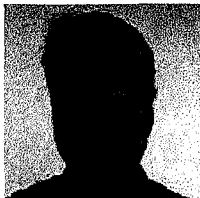
(Typed Name)

(Title)



Board of Directors

2013-2014



Robert Hirokawa, MPH, DC, DrPH

President

Member of HPHA since: 2006

Public Health Interests: Diabetes, social determinants of health, access to healthcare

Current Employment and Related Activities:

Hawaii Primary Care Association



Deb Zysman, MPH

Immediate Past President

Member of HPHA since: 2006

Public Health Interests: prevention, public health policy, community engagement and coalition building, public health workforce development and leadership

Current Employment and Related Activities:

Executive Director, Good Beginnings Alliance



Nancy S. Partika, RN, MPH

Vice President

Member of HPHA since: 1979

Public Health Interests: Transparency and accountability in PH leadership; public health policy and workforce issues; distance education in public health; undergraduate public health education; access to health care for vulnerable populations, and MCH policy and program issues

Current Employment and Related Activities: Assistant Specialist, University of Hawai'i-Manoa, John A. Burns School of Medicine and Office of Public Health Studies



Katie Richards, MPH

Secretary

Member of HPHA since: 2008

Public Health Interests: Public health policy, obesity prevention, building healthy communities, work site wellness, physical activity and health in populations

Current Employment and Related Activities: Physical Activity Coordinator, Healthy Hawai'i Initiative, Hawai'i State Department of Health

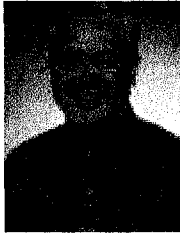


Angela Sy, DrPH
Treasurer

Member of HPHA since: 2004

Public Health Interests: Program Evaluation, community based participatory research, health disparities, cancer prevention and control, tobacco prevention, Filipino American.

Current Employment and Related Activities: Assistant Professor, School of Nursing & Dental Hygiene, University of Hawai'i at Manoa; Caucus Councillor, American Public Health Association Asian Pacific Islander Caucus 2011-2013



John A.H. (Hau'oli) Tomoso, MSW
Director

Member of HPHA since: 2009

Public Health Interests: Social determinants of health/health equity, public policy, cultural competence in the delivery of health care

Current Employment and Related Activities:
Executive Director, Hui No Ke Ola Pono, Inc., the Native Hawaiian Health Care System for Maui



Tony Krieg, MPH
Director

Member of HPHA since: 2011 (as well as a member in the 80's/90's)

Public Health Interests: Improve the well-being of the frail and vulnerable in our community, especially our elders

Current Employment and Related Activities:
C.E.O. of Hale Makua Health Services
Chair of the Long Term Care Leadership of the Healthcare Association of Hawaii



Gerald H. Ohta, MPH
Representative to the Governing Council of APHA

Public Health Interests: Disparities, education, access

Member of HPHA since: 1969

Current Employment and Related Activities:
Affirmative Action Officer, Hawaii State Department of Health
State Agency Representative and Vice-Chair, State Language Access Advisory Council
Departmental Language Access Coordinator, Americans with Disabilities Act Coordinator,
State Refugee Health Coordinator and State Distance Learning Coordinator (CDC Public Health Training Network)
Member, UH School of Public Health Alumni Association Board
Member, Office of Public Health Studies Committee on Re-establishing the School of Public Health



Rebecca Kang, RN, PhD
Director

Member of HPHA since: 2013

Public Health Interests: Public Health Nursing, Maternal-Child Health, Infant Mental Health

Current Employment and Related Activities: Hawaii State Department of Health, Public Health Nursing Branch



Colby Takeda
Director

Member of HPHA since: 2011

Public Health Interests: Nutrition, ATOD, physical activity promotion, child and adolescent health.

Current Employment and Related Activities: Hawaii Meth Project



Deliana Fuddy, A.C.S.W., MPH In Memoriam
Ex-Officio Director

Member of HPHA since: 2000

Public Health Interests: Health equity & chronic disease prevention

Current Employment and Related Activities: Director, Department of Health, State of Hawaii



Jay Maddock, PhD
Ex-Officio Director

Member of HPHA since: 2000

Public Health Interests: Community-level health promotion, leadership and systems thinking

Current Employment and Related Activities: Director and Professor, Office of Public Health Studies, University of Hawaii at Manoa



Mark Tomita, RN, MCHES, PhD
Ex-Officio Director

Member of HPHA since: 2012

Public Health Interests:

Current Employment and Related Activities: Chair, Department of Health Sciences, Professor of Health Sciences, Hawaii Pacific University

**Hawaii Public Health Association
Balance Sheet
as of December 31, 2013**

	<u>12/31/13</u>
ASSETS	
Current Assests	
First Hawaiian Bank Checking Account	<u>36,209.10</u>
TOTAL ASSETS	<u><u>36,209.10</u></u>
LIABILITIES & EQUITY	
Current Liabilities	
MHAC - funds held for others	<u>3,558.31</u>
Total Liabilities	<u>3,558.31</u>
Equity	
Unrestricted Net Assets	<u>32,650.79</u>
Total Equity	<u>32,650.79</u>
TOTAL LIABILITIES & EQUITY	<u><u>36,209.10</u></u>

**Internal Revenue Service
P. O. Box 2508
Cincinnati, OH 45201**

Department of the Treasury

Date: April 19, 2012

Person to Contact:
Sophia Brown # 02-02975
Toll Free Telephone Number:
877-829-5500

**DEBORAH ZYSMAN
2279 MAKANANI DRIVE
HONOLULU HI 96817**

Dear Sir or Madam:

This is in response to your December 1, 2011, requesting for a copy of the determination letter for Hawaii Public Health Association.

We are unable to locate a copy of the application or determination letter for this organization. While we were unable to provide copies of these documents, our records indicate a determination letter was issued in June 1982, recognizing the organization as exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to this organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to the organization or for its use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A large black rectangular redaction box covering the signature area.

Cindy Thomas
Manager, Exempt Organizations
Determinations

UNIVERSITY OF HAWAII CANCER CENTER CONNECTION

Improving Public Health Across the Pacific: A Retrospective of the 2012 Pacific Global Health Conference

Hali Robinett MPH

The Cancer Center Connection is a standing column from the University of Hawaii Cancer Center and is edited by Carl William Vogel MD, PhD, FHMPPH Contributing Editor. Dr. Vogel is professor and former director of the University of Hawaii Cancer Center and has been the editor of this column since 2011.

One year ago this month, the Hawaii Public Health Association (HPHA) hosted its 5th Pacific Global Health Conference (PGHC), *Transforming Public Health in the Pacific*, held in Honolulu, Hawaii, October 8-10, 2012. Like the previous HPHA-sponsored global public health conferences held in 2002, 2003, 2005 and 2007, the October 2012 PGHC brought together a diverse mix of public health practitioners, academics and policymakers from across the Pacific to address public health issues unique to the region. The HPHA, as the only American Public Health Association (APHA) affiliate in the region, remains committed to supporting the aims of a regional public health conference recognizing that communities in Hawaii and the larger Pacific region face common threats to public health, such as food insecurity, natural disasters, global warming, and among others, non-communicable diseases of epidemic proportions. HPHA also recognizes that opportunities for networking, training and knowledge exchange are relatively limited in our geographically dispersed and isolated region. While HPHA's 2002 and 2003 conferences attracted participants from as far away as Africa and Australia, HPHA began tailoring its PGHC program in 2005 to directly address the needs and interests of public health professionals in Hawaii and neighboring US-affiliated Pacific Islands (USAPI), namely the US flag territories of Guam, the Commonwealth of the Northern Mariana Islands and American Samoa, and the independent nations in free association with the United States, including the Republic of Palau, Republic of the Marshall Islands and the Federated States of Micronesia (Yap, Chuuk, Pohnpei and Kosrae). PGHC 2012, likewise designed for public health practitioners, academics and policymakers from Hawaii and the USAPI, offered a two and a half day program that featured local, regional and national speakers invested in improving the health of communities in the Hawaii-Pacific region.

Pacific Global Health Conference 2012

The passage of the Affordable Care Act (ACA), signed into law in March 2010, and the timely and historic June 2012 US Supreme Court decision upholding the constitutionality of the ACA, gave rise to a "transformation" theme that shaped much of the 2012 PGHC program. Opening keynote speaker Paulo Pontemayor of the Asian & Pacific Islander American Health

Forum, who was joined by a response panel of representatives from APHA, Papa Ola Lokahi, Hawaii Health Connector and the Pacific Islands Primary Care Association (PIPCA), spoke to the ACA and the Asian American, Native Hawaiian and Pacific Islander community. Other keynote speakers responded to the real and anticipated changes in health care and public health from the perspectives of health equity, human rights and social justice (Dr. Adewale Troutman, APHA President-Elect), and health communications and inequalities (Dr. Vish Viswanath, Dana-Farber/Harvard Cancer Center). Closing keynote speaker, Dr. Dave Jenkins, founder and Medical Director of SurfAid International, shared new science in behavior change for improved impact on health in low and middle income countries.

HPHA's 2012 call for abstracts resulted in 5 skills-building workshops, 63 oral presentations and 29 poster presentations—each peer-reviewed and organized into a five track scientific program: (1) workforce development, (2) health and culture, (3) health communications and education, (4) policy and advocacy, and (5) a "mixed plate" category which featured regionally relevant, creative approaches to addressing public health issues. Health promotion and disease prevention projects employing photography, print art, social media, videos, documentaries and storytelling were showcased in the mixed plate track, while some of the actual artwork was displayed during the conference and the locally-produced *Ingredients Hawaii* documentary was screened, with an introduction by director Robert Bates.

The scientific program canvassed a broad spectrum of topics. Declared a Regional State of Health Emergency by the Pacific Island Health Officers Association¹ (PIHOA), non-communicable diseases (NCD), including diabetes, cancer, heart disease, and stroke, and related risk factors such as tobacco and betel nut use, obesity, physical activity, and nutrition, were the focus of several oral presentations. Researchers and staff from the University of Guam/University of Hawaii Cancer Center Partnership (U34)², the Children's Healthy Living Program (CHL), and the Department of Native Hawaiian Health, Department of Pediatrics and Department of Family Medicine and Community Health at the University of Hawaii (UH) John A. Burns School of Medicine (JABSOM), as well as PIHOA, Cancer Council of the Pacific Islands (CCPI), and Hawaii State Department of Health (DOH)

representatives were among those who illustrated the NCD crisis and reported on the progress and outcomes of research and NCD prevention and control programs in the region.

Other regionally relevant sessions, presented by experts in their field, addressed the following topics:

- healthcare transformation
- public health advocacy and legislation
- policy, systems and environmental change
- health disparities and community based participatory research
- workforce development
- nursing and undergraduate public health training
- food sustainability
- community health workers and patient navigators
- traditional practices and health, including hula
- substance abuse and mental health services
- bullying and suicide prevention – in youth and Pacific Islanders
- HIV/AIDS and sexual risk behaviors
- Hepatitis B and HPV
- childhood vaccination
- palliative care
- geriatrics and caregiving

To round out the program, local, regional, and national organizations were invited to chair sessions, some of them sponsored, addressing critical and timely public health issues. Among the invited organizations were JABSOM's Department of Family Medicine and Community Health and Department of Native Hawaiian Health who chaired respective sessions on the CCPI and community-academic partnerships to address obesity disparities. Other invited sessions focused on the health and health services impact of compact migration, chaired by PIHOA; region-wide efforts to address public health workforce development, chaired by the California Pacific Public Health Training Center; health communication and disparities, sponsored by the UH Cancer Center; trends in mental health transformation, chaired by HHS-Region IX Substance Abuse and Mental Health Services Administration; social marketing for public health, presented by the Hawai'i DOH; and performance improvement, the National Public Health Improvement Initiative and public health department accreditation, chaired by the Public Health Accreditation Board.

Breakfast roundtables, a new addition to the PGHC format, provided opportunities for conference registrants to participate in hour-long guided discussions on cutting edge global health topics. Several conference speakers as well as invited guests facilitated discussions on 20 different topics. Despite the 7:30 am start time, the roundtables proved to be a popular addition.

Outcomes and Lessons Learned

Unlike HPHA's previous conferences, PGHC 2012 did not result in financial gains for the association. Early efforts to secure foundation and federal grants proved unsuccessful, and only a

handful of partners signed on as conference co-sponsors, largely due to the poor economic climate following the recession. Too, a lavish Las Vegas conference sponsored by the General Services Administration in June 2010 led to travel and conference restrictions imposed in 2012 on federal employees and agencies. Consequently, fewer federal government representatives were on the program and in the crowd compared to years past, and without federal support HPHA was forced to rely primarily upon registration fees to cover conference expenses.

Given the high cost of air travel between the USAPI and Honolulu, PGHC steering committee members contacted regional organizations early in the planning process in attempt to synchronize PGHC and regional Honolulu-based meeting dates. Several organizations, including PIPCA and CCPI, committed to scheduling their 2012 Honolulu-based meetings in conjunction with the conference, making it possible for their USAPI-based members and staff to participate in and present at PGHC.

All the coordination, planning and promotion efforts resulted in a conference that reached maximum capacity with 467 registrants, including 97 registrants (20%) from out-of-state of which 36 (12%) were from neighboring Pacific Islands. PGHC 2012 attracted a significant number of students, largely from public health and nursing programs on Oahu. Sixteen registrants from Hawai'i's neighbor islands and the USAPI were able to attend, thanks to \$5,000 in travel support from HPHA. And because the cost of HPHA membership was structured into the conference registration fee, HPHA expanded its membership from just over 200 members before the conference to 646 members at the time of this writing.

Thanks to dedicated faculty at the UH Office of Public Health Studies, PGHC 2012 offered more continuing education credits/hours than ever offered before. Fifty-six healthcare professionals each received up to 17.25 Continuing Education Units made available by the Hawai'i State Department of Health's Alcohol and Drug Abuse Division; 15 public health educators each received up to 25 hours of Continuing Education Contact Hours (CECH) for Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES); and 23 physicians each received up to 17.25 hours in Continuing Medical Education (CME) AMA PRA Category 1 Credits™.

While feedback from the 2012 conference, based on participant evaluations and key informant interviews (with physicians), was overwhelmingly positive, HPHA is challenged in response to the demand for future Pacific Global Health Conferences. Following the HPHA's 2002 and 2003 conferences, the association moved to a biennial format, realizing that annual conferences at the magnitude of PGHC were difficult to sustain without dedicated staff and significant resources⁷. In looking ahead, HPHA leadership responsible for PGHC 2012 recommended that no future planning commence without early financial commitments from partner organizations in the form of dedicated staff and/or direct financial support. HPHA is forming an exploratory committee to identify possible strategies to support a regional public health conference as early as 2015. Collaborating with

a local, regional and/or national professional association(s)/ organization(s), one or more with experience hosting state or regional health related conferences, is a consideration.

Implementing the region's premier public health conference would be impossible without dedicated public health leaders willing and able to devote time and energy to the planning process. Eleven public health professionals, all based in Hawai'i, including O'ahu's neighbor islands, comprised the 2012 PGHC Steering Committee. Many more volunteers contributed their time and expertise to PGHC 2012, including 34 abstract reviewers from Hawai'i and the USAPI and 46 on-site volunteers. Two part-time HPHA staff plus a conference vendor provided vital support to the PGHC Steering Committee and subcommittees. And for the past three consecutive Pacific Global Health Conferences (2005, 2007 and 2012), staff at the University of Hawai'i Cancer Center (UHCC) has taken on the role of conference chair, while others at UHCC have served at the steering and subcommittee levels. Greater representation from the USAPI as well as institutional support for those involved in PGHC planning will be crucial to its future success.

With a new board president and a recently hired part-time executive director, HPHA is gearing up for a busy year ahead. HPHA members can expect to see increased capacity as the association strengthens its partnerships and responds to the needs and interests of its growing membership. And partners can expect to hear from HPHA regarding future opportunities to collaborate and leverage resources in support of public health training, professional development and capacity building in Hawai'i and in the USAPI. For more information about HPHA's PGHC exploratory committee, contact HPHA's Executive Director, Holly Kessler, at hawaiipublichealth@gmail.com. PGHC 2012 abstracts are available for download at <http://hawaiipublichealth.org/pghc>.

Acknowledgements

Makalo to the following volunteers, including HPHA Board members (*), who volunteered their time and expertise as members of the 2012 PGHC Steering Committee: Kimo Alameda, Kevin Cassel*, Clifford Chang, Michele Gendrano, Jay Maddock*, Gerald Ohia*, Mary Saela Maria, Angela Sy*, Valerie Yontz* and Deborah Zysman*, and to the additional volunteers who supported the work of the subcommittees: Therese Argoud*, Malachy Grange*, Pedro Ham, John A. Hui'oli Tomoso*, Trish Jordan, Al Katz, Rebecca Knight, Selene LeGare, Angela Techur-Pedro and Rebecca Williams.

And to HPHA staff Lisa Maddock and Colby Iakedi, thank you for your tremendous skills, patience and support!

A very special thanks to our 2012 conference sponsors: Pacific Islands Primary Care Association, Hawai'i Public Health Training Hub, California Pacific Public Health Training Center, Hawai'i Pacific Health, University of Hawai'i Cancer Center, and the University of Hawai'i John A. Burns School of Medicine's Department of Native Hawaiian Health, Department of Family Medicine and Community Health and Department of Public Health Sciences.

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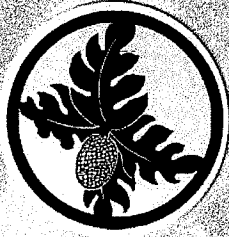
OUR MISSION

HPHA serves to promote public health in Hawai'i through leadership, collaboration, education, and advocacy.

OUR VISION

HPHA envisions health equity in Hawai'i and the Pacific and a thriving public health workforce able to effectively respond to health challenges.

Pacific Global Health Conference



TRANSFORMING PUBLIC HEALTH
IN THE PACIFIC

OCTOBER 8-10, 2012

ALMA MATER HOTEL, HONOLULU, HAWAII



www.hawaiipublichealth.org/PGHC

MANY THANKS TO THE PGHC STEERING COMMITTEE, HPHA STAFF
AND VOLUNTEERS WHO HAVE MADE THIS EVENT POSSIBLE.

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Mixed Plate: Hali Robinett, University of Hawai'i Cancer Center/Hawai'i Public Health Association

(continued on Inside Back Cover...)

Hawai'i Public Health Association

October 8-10, 2012 / Honolulu, Hawai'i

MANY THANKS TO THE PGHC STEERING COMMITTEE, HPHA STAFF
AND VOLUNTEERS WHO HAVE MADE THIS EVENT POSSIBLE.

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Special thanks to Trish Jordan for lending her time and talents to the production of this program.



Excerpt from the 2012 Pacific Global Health Conference Abstract Booklet

Booklet contains 154 pages

Full copy available for download at:

<http://www.hawaiipublichealth.org/abstractbooklet>

Pacific Global Health Conference



ABSTRACT BOOKLET

October 8-10, 2012 | Ala Moana Hotel | Honolulu, Hawai'i

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Responsive Panel: Adewale Troutman, MD, MPH, MA², Hardy Spoehr³, Coral Andrews, FACHE, MBA, RN⁴, Arielle Buyum, MPH, CPH⁵
¹Asian & Pacific Islander American Health Forum
²American Public Health Association
³Papa Ola Lokahi
⁴Hawaii Health Connector
⁵Pacific Islands Primary Care Association & A.B. Consulting
- 6 HEALTH EQUITY, HUMAN RIGHTS AND SOCIAL JUSTICE**
A. Troutman, MD, MPH, MA
American Public Health Association
- 7 THE COMMUNICATION REVOLUTION AND HEALTH INEQUALITIES IN THE 21ST CENTURY: PROMISES AND PITFALLS**
K. Viswanath, PhD
Harvard University
- 8 IMPROVING IMPACT UTILIZING THE NEW SCIENCE IN BEHAVIOR CHANGE**
D. Jenkins, MD
SurfAid International

THE AFFORDABLE CARE ACT AND THE ASIAN AMERICAN, NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITY

Speaker: P. Pontemayor, MPH¹

Responsive Panel: A. Troutman, MD, MPH, MA², H. Spoehr³, C. Andrews, FACHE, MBA, RN⁴, A. Buyum, MPH, CPH⁵

¹Asian & Pacific Islander American Health Forum

²American Public Health Association

³Papa Ola Lokahi

⁴Hawaii Health Connector

⁵Pacific Islands Primary Care Association & A.B. Consulting

In March 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act (ACA), the largest overhaul of the health care system in our nation's history. Health care reform lowers the cost of health care, increases the number of health care providers, holds health insurance companies accountable, improves the quality of health care and extends health coverage to those previously uninsured. While the Asian American, Native Hawaiian and Pacific Islander population represented the largest rate of growth in population over the last decade many communities are unaware of the benefits of the ACA. This session will provide a national overview of how the ACA affects the AA and NHPI community and outlines some challenges that policymakers must address throughout implementation.

Learning Objectives:

1. Identify how the Affordable Care Act impacts the AA and NHPI population on a national level.
2. Become aware of some of the major issues affecting the AA and NHPI population and health care.
3. Gain an understanding of the major components of the Affordable Care Act that are in place or will be in place.