

HEALTH AND HUMAN SERVICES SECRETARY KATHLEEN SEBELIUS RESPONDS TO
SENATOR INOUYE'S QUERIES

SENATOR INOUYE: Several years ago, at my request, the Centers for Disease Control established a National Institute for Occupational Safety and Health presence at the University of Hawaii at Hilo.

Unfortunately, a now retired faculty member returned the funds.

With new and energetic faculty now present, will you consider re-establishing a presence back on the island, given our truly unique rural and environmental needs?

SECRETARY SEBELIUS: CDC/NIOSH supported a Training Project Grant at the University of Hawaii-Hilo entitled "Occupational Safety and Health Education - A Behavioral Approach," from August 2001 through June 30, 2006.

The awarded application was competitively reviewed and was awarded based on its technical and scientific merit. The Principal Investigator indicated in August 2005 that the University did not plan to re-compete for support of this project. The grant ended and was subsequently closed out.

On March 12, 2009, CDC/NIOSH provided a step-by-step process for submitting a new application to University of Hawaii at Hilo for a Training Project Grant.

University officials indicated that the University of Hawaii-Hilo planned on submitting a highly competitive application for the upcoming August 24 deadline. The most meritorious applications are expected to be funded in June 2010.

SENATOR INOUYE: I am very pleased that your department continues to recognize the unique health needs of the Native Hawaiian population. I appreciate being kept informed of efforts to improve health outcomes, especially as they relate to diabetes and cancer in this population:

SECRETARY SEBELIUS: HHS has a number of initiatives, grants, and partnerships to address the needs the Native Hawaiian population; attached is a list of some of the grants provided to organizations serving Native Hawaiians. In 2006, HHS established the HHS Workgroup on Asian, Native Hawaiian and other Pacific Islander Issues (WANHOPII).

The mission of WANHOPII is to improve communication, coordination, and agency policies, programs, and evaluations that impact the health, health care, human services and wellbeing of Asian American (AA), Native Hawaiian and other Pacific Islander (NHOPI) communities. In addition, the Office of Minority Health is supporting the development of the Native Hawaiian and Other Pacific Islander Health Agenda, including town hall meetings and summits that provide a forum for NHOPI community members, community-based organizations, and others to voice their issues, concerns, and recommendations, and to mobilize around a health and well-being agenda to address NHOPI health.

Several HHS offices and agencies have programs to improve health outcomes, including those related to diabetes and cancer, of the Native Hawaiian population. Summaries are provided below:

Office of Minority Health

The Office of Minority Health supported the development of the Native Hawaiian and Other Pacific Islander Health Agenda introduced by the Asian & Pacific Islander American Health Forum (APIAHF), and provided additional funding to APIAHF to explore health issues facing Native Hawaiians and Pacific Islanders.

In April 2007, OMH supported the California Native Hawaiian and Pacific Islander Town Hall Meeting to provide a forum for NHOPI community members, community-based organizations, and others working with NHOPI populations to voice their issues, concerns, and recommendations regarding NHOPI health to the Department of Health and Human Services (HHS). The Town Hall and subsequent discussions resulted in the first ever Native Hawaiian & Pacific Islander Health and Well-Being Summit in October 2007 to articulate and mobilize around a health agenda. HHS recognizes that NHOPI communities have unique health needs, and has supported APIAHF in the formation of the Native Hawaiian & Pacific Islander Alliance.

On January 30, 2008 APIAHF with the NHPI Alliance released the report “Guidance for the classification of Native Hawaiians and Pacific Islanders” that appropriately reflects the disaggregation of Asian Americans, Native Hawaiians, and Pacific Islanders.

In April 2009, OMH co-sponsored the Native Hawaiian and Pacific Islander Health Brain Trust, hosted by the APIAHF. The 2009 Brain Trust was the first of a two series conference to learn about pressing health issues and discuss barriers to data collection and reporting on Native Hawaiians and Pacific Islanders, and to identify strategies for community and community-based organizations, researchers, funding agencies, policy makers, and advocates for improving the health and well-being of Native Hawaiians and Pacific Islanders.

OMH also works closely with our community partners, including Papa Ola Lokahi, to respond to the concerns and needs of the Native Hawaiian community. Through the Youth Empowerment Program, OMH supports the Lanakila Learning Center through the University of Hawaii at Hilo. The Lanakila Learning Center is an alternative learning center of Hilo High School servicing “at –risk” 10th-12th graders, and providing a variety of wellness workshops in substance abuse prevention/intervention, social skills training, anger management, health and nutrition, and fitness classes.

Through the Community Partnerships to Eliminate Health Disparities grant program, OMH supports the Life Foundation, a program that seeks to improve the health status of Native Hawaiians, Asians, and Pacific Islanders through targeted HIV prevention and care services. Life Foundation partners with Waikiki Health Center and Waianae Coast comprehensive Health Center.

Health Resources and Services Administration

The Health Resources and Services Administration (HRSA) provide funding for the Native Hawaiian Health Care Program, which is funded through the Health Center appropriation. The focus is to improve the health status of Native Hawaiians by making health education, health promotion, and disease prevention services available through the support of the Native Hawaiian Healthcare Systems. The Native Hawaiian Healthcare Systems use a combination of outreach, referral, and linkage mechanisms to provide or arrange services. Services provided include nutrition programs, screening and control of hypertension and diabetes, immunizations, and basic primary care services. In FY 2007, Native Hawaiian Healthcare Systems provided medical and enabling services to more than 6,500 people. The Native Hawaiian population is also served by the Health Centers operating more broadly across Hawaii.

NIDDK’s Diabetes Education in Tribal Schools (DETS) Project

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) has provided funding to 8 Tribal Colleges and Universities to develop supplemental curricula on diabetes education for K-12 schools that educate American Indian and Alaska Native children. The curricula are completed and the investigators are now recruiting and training teachers in the K-12 schools. Recently, the investigators were invited by some schools in Maui to provide professional education to their teachers so they can also use the DETS curricula to teach children in their K-12 schools about diabetes and prevention. You may find more information on the DETS at: <http://www3.niddk.nih.gov/fund/other/dets/index.htm>.

HHS National Diabetes Education Program

The HHS National Diabetes Education Program (NDEP) is the leading federal government public education program that promotes diabetes prevention and control.

Launched in 1997, NDEP's mission is to reduce the morbidity and mortality associated with diabetes. More than 200 organizations and many volunteers have joined with NDEP to help develop critical and effective initiatives. The NDEP Asian American and Pacific Islander Work Group has led development of tip sheets on comprehensive diabetes control and the primary prevention of diabetes in 15 Asian and Pacific Islander languages. Through the Centers for Disease Control and Prevention (CDC), the NDEP supported Papa Ola Lokahi's Pacific Diabetes Education Program, serving Native Hawaiians and a diverse population across the Pacific Islands with culturally appropriate in-language diabetes materials.

The Hawaii Diabetes Prevention and Control Program (HI DPCP) has received funding from the CDC since 1987. Activities supported by the DPCP include surveillance, development of the Hawaii Diabetes Coalition, translation, development and distribution of resource materials, quality improvement initiatives, and review of the Hawaii State Practice Recommendations.

Centers for Medicare and Medicaid Services

Many of CMS' activities have focused on the Native Hawaiian healthcare system (Papa Ola Lokahi is the lead agency) along with grants to various Federally Qualified Health Centers (FQHCs) and community health centers.

CMS also funds a Cancer Prevention and Treatment Demonstration for Racial and Ethnic Minorities (ending in 2010) at Molokai General Hospital. The demonstration is using a randomized control design to study the impact of various evidence based, culturally competent models of patient navigator programs designed to help minority beneficiaries navigate the healthcare system in a more timely and informative manner and facilitate cancer screening, diagnosis and treatment to improve healthcare access and outcomes as well as potentially lower total costs to Medicare. Approximately 12,700 Medicare fee-for-service beneficiaries are eligible to be enrolled in the study during this four-year project.

Through CMS-funded grants directed to states, State Health Insurance Assistance Programs, or SHIPs, provide free counseling and assistance to people with Medicare and their families. The Hawaii SHIP provides the following activities:

1. Part D/LIS and general Medicare counseling, information and outreach to beneficiaries and information on how the plans will coordinate with the unqualified SPAP which will lead to improved access to medications by beneficiaries. While this is not specifically targeted to diabetes and cancer health outcomes, these activities will help improve access to needed medications for this population.

2. Through the Executive Office on Aging (EOA) of the Department of Health where the SHIP is housed, the native Hawaiian programs participate in the Healthy Aging project.

Administration on Aging

With funding from the U.S. Administration on Aging, Hawaii's Executive Office on Aging and Department of Health work together to offer Healthy Aging Partnership - Empowering Elders (HAP-EE), which began in September 2006.

HAP-EE carries out programs that have been proven effective in reducing the risk of disease, disability and injury among the elderly. These include the Chronic Disease Self-Management Program, Arthritis Self-Management Program, Diabetes Self-Management Program, and EnhanceFitness.

These programs provide seniors with simple tools and techniques they can use to better manage their chronic conditions, reduce their risk of falling, and improve their nutrition and physical health.

A pre-post study of the Hawaii Chronic Disease Self-Management Program reported improvements in physical activity; reductions in pain, fatigue and shortness of breath; and a reduction in medical care use. Results of pre-post study of EnhanceFitness participants in Hawaii showed improvements in gait and strength, increased levels of physical activity, and reduction in falls.

Centers for Disease Control and Prevention

The Division of Cancer Prevention and Control provides funding to the Hawaii Department of Health, through a cooperative agreement, to provide breast and cervical cancer screening and diagnostic services to underserved women, including Native Hawaiian women.

The Division of Cancer Prevention and Control also provides funding to the Hawaii Department of Health for the Comprehensive Cancer Control Program.

Hawaii has a comprehensive cancer control plan that was developed by a coalition that includes a diverse group of stakeholders. Coalition members include representatives of organizations, such as Papa Ola Lokahi, that focus on the needs of the Native Hawaiian population.

Office on Women's Health (OWH)

Advancing System Improvements to Support Targets for Healthy People 2010 (ASIST2010) is a three-year cooperative agreement program funded by the Office on Women's Health. ASIST2010 uses a public health systems approach to improve performance on objectives that target women and/or men in the following Focus Areas: Cancer, Diabetes, Heart Disease, Stroke, Access to Quality Health Services, Educational and Community-Based Programs, Nutrition and Overweight Physical Activity, and Fitness. Two of the 12 funded ASIST2010 programs targeting diabetes include as their target population Pacific Islanders:

- **National Kidney Foundation of Michigan (Ann Arbor, MI)** - The site utilizes PATH, Tomando Control de su Salud and Enhance Fitness programs to provide people with chronic diseases and those at-risk with the skills and tools needed to improve their health outcomes and manage their symptoms. To assure that the programs are culturally appropriate, leaders and programs are gender-specific as needed to reach certain racial and ethnic minority populations, including African Americans, Hispanic/Latinos, Asian Americans/Pacific Islanders, Native Americans and Arab Americans.
- **Wise Woman Program of Saipan, CNMI** - The Wise Woman Village Project (WWVP) of the Northern Marianas Islands Department of Public Health provides outreach, health screening, and education. WWVP addresses non-communicable diseases (diabetes, mellitus, hypertension, cardiovascular disease, and cervical cancer) in addition to tobacco use assessment and cessation referral. It addresses physical activity promotion through a partnership with a faith-based organization and other community organizations.
- **BodyWorks** - Another OWH program, **BodyWorks**, is designed to help parents and caregivers of adolescents improve family eating and activity habits. The program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight. The program uses a train-the-trainer model to distribute the Toolkit through community-based organizations, state health agencies, non-profit organizations, health clinics, hospitals and health care systems. There are approximately 20 trainers in Hawaii; a list can be found at: <http://www.womenshealth.gov/BodyWorks/find.trainers.statedetail.cfm?state=HI>.

Administration for Children and Families: Office of Head Start

The Office of Head Start provides grants to various entities including schools, Tribes and non-profit and for-profit agencies to provide comprehensive child development services to economically disadvantaged children and family.

A major focus of services to enrolled children and their families is towards improving health outcomes through the provision of educational, nutritional and health services. These primary and secondary prevention services are making a major impact on improving health outcomes for those Native Hawaiian children and families that are currently served under existing Head Start grants. Hawaii is served under Region 9.

The most recent statewide data (Source: 2008 OHS Program Report Information) shows that Head Start funds a total of 7 grantees, and 21% of the Hawaii state HS/EHS children served are Native Hawaiian or other Pacific Islander ethnicity. This includes 1,588 for Head Start and 377 for Early Head Start.

Head Start's goals include prevention and reduction of childhood overweight and obesity, to reduce the incidence of Type 2 Diabetes Mellitus. Obesity is a major risk factor for the development of Type 2 Diabetes Mellitus.

The Office of Head Start is conducting a major initiative to prevent and reduce childhood obesity, through a program titled "I Am Moving, I Am Learning" (IMIL). I Am Moving, I Am Learning introduces multidisciplinary teams from local Head Start programs to the science of obesity prevention, and arms them with state-of-the-art resources and best practices for addressing the growing child obesity epidemic in an intentional and purposeful manner.

Head Start also works to prevent and reduce tobacco smoke exposure. The Family and Child Experiences Survey (FACES) study shows that 45% of Head Start families smoke and 56% of Early Head Start families smoke.

The Office of Head Start and the Indoor Environments Division of the U.S. Environmental Protection Agency are partnering to improve the overall health of Head Start children. The partnership aims to reduce young children's exposure to secondhand smoke and other asthma triggers. The goal of the partnership is not to get parents to stop smoking. Rather, the purpose of the toolkit is for Head Start staff to use the information as a means to educate parents of the many ways to enhance their children's health.

PRACTITIONERS

SENATOR INOUE: Given the need to create practice incentives for practitioners that are aligned with the health reform legislation being proposed (such as cost-effective practice, adoption of quality measures, and use of practice guidelines), what medical legal protections can be extended to practitioners on a federal level such that the practice of defensive medicine is eliminated?

SECRETARY SEBELIUS: The President has stated that he understands that some doctors feel that they are looking over their shoulders out of fear of lawsuits and often order more tests and treatment to avoid being legally vulnerable.

He does not advocate caps on malpractice awards, which could be unfair to people who've been wrongfully harmed, but he does think we should explore a range of ideas to put patients first while letting doctors focus on practicing medicine.

There have been a number of proposals offered in recent years to reduce lawsuits and promote patient safety, from plans to expand the use of "Sorry Works" systems (early disclosure and apology-based mediation) as then-Senator Obama introduced in 2005, to proposals to encourage broader use of evidence-based guidelines as Senator Wyden and others have supported. There are many ideas out there and the President and I want to work with you.

SENATOR INOUE: Given the shortage of rural practitioners across America and the limitations associated with recruitment and retention of practitioners to rural Hawaii, what incentives can be established to encourage rural training of practitioners, including needed specialists?

SECRETARY SEBELIUS: Effective health action requires an adequately staffed, highly skilled, diverse and interdisciplinary workforce prepared to address health challenges of the 21st Century.

In HRSA, the budget expands loan repayment and scholarship programs for physicians, nurses, and dentists who are committed to practicing in medically underserved areas.

Additionally, funding will enhance the capacity of nursing schools, increase access to oral health care through dental workforce development grants, target minority and low income students, and place an increased emphasis on ensuring that America's senior population gets the care and treatment it needs.

The Administration also provided additional funds for the Indian Health Service to cover the rising cost of tuition impacting scholarship and loan repayment programs. These programs help IHS compete with other public and private sector employers and bring needed health care professionals to remote, rural reservations.

In addition, IHS provides grants to universities to train American Indians and Alaska Natives to return to their communities as healthcare professionals. We believe these programs will help ease the shortage of rural practitioners over time.

NOTE: The questions posed by the Senator were submitted to the U.S. Department of Health and Human Services in March and responses from Secretary Sebelius were received July 17.