

HPHA Legislative and Government Relations Committee

Meeting Sum-Up 11/2/15

Members present at meeting:

- Jill Tamashiro
- Cindy Goto
- Hoce Kalkas
- Holly Kessler

Hand-outs: (also attached)

1. Agenda
2. HPHA By-laws, including revised mission statement and guidelines

Top Take-aways:

1. Announcements:

- Keiki Caucus Meeting held on October 21 - identified top 5 Overall/Combined Priorities in their 2015 Children and Youth Summit. These were: cyberbullying, racism, LGBT rights; domestic violence/women's rights; increase of minimum wage; more hands-on programs in schools; renewable energy resources.

Are any of these topics important to the Leg Committee for collaboration?

- Next Keiki Caucus Meeting: Wednesday November 4, 12:00-2:00pm, State Capitol Conference Room 229: Preliminary Review of 2016 Legislative Agenda.

If you are able to attend, please share your take-aways with the committee!

- ****2015 Policy and Advocacy Training: Thursday November 12, 2015****

8:15AM- 12:30PM

UH Cancer Center – Sullivan Conference Room

Registration NOW OPEN: Please click here (and it's FREE!)

<http://org.salsalabs.com/dia/track.jsp?v=2&c=A%2BxW2vMU2qNLKYWmMq%2BRLR7SIG4dbPKk>

2. **By-laws and Guidelines** were reviewed; modifications were made under Guidelines # 1.- quantitative values were removed (7/13) and (3/5) with the understanding that "majority" was sufficient.
3. **Discussion** was held on "How will the HPHA Legislative Committee impact the public health scene for 2016?" keeping in mind the top 3 identified priorities during last meeting's dialogue: *Countering homelessness, Improved health care access (including mental health), and Childhood health (countering obesity, school health).*

- Discussed how to best approach these broad topics- how can we narrow our scope?
- Suggestions were made to look at the commonalities across the broad topics that can bring our focus together (i.e. improved access to health care for the homeless, homeless and childhood health, etc). Needs further discussion.
- Currently, the HPHA represents a strong voice in climate change; this led to discussion of the potential representation of sub-topics for the Leg Committee: can we stem off from this platform?
- The HPHA Leg Committee has been approached by several organizations who represent the elderly/aging population seeking possible collaboration- how about built environment and the aging population? Cross collaborations among various agencies would be key and an important step in creating relationships for the HPHA.
- Another comment was made that if we decide to champion an issue/topic, who will be our experts? Do we have committee members who are experts in the field? If not, how will we best represent a topic? A suggestion was made to host training opportunities to learn about a topic/issue available for all committee members.

To Do:

- Please [complete the Doodle poll](#) on availability for the next meeting- coming soon!
- ****NEW** Online Discussion:** open for ALL committee members! I encourage everyone to participate!! It is really important that we all collaborate- this is a great way to accommodate everyone's schedule; you can do it when you have a spare moment! Log in and tell us your thoughts.

Instructions:

- 1. Log-in to Gmail (you will need a google account-most of you have one already).
- 2. Click the Google Apps icon located in the top right-hand (ish) corner
- 3. Scroll down to the DOCS icon and click
- 4. You should see the "HPHA Leg Comm Pathway for 2016" document.
- 5. Edit and contribute to the document!
- 6. I will be sending out an invitation to join the discussion, in which you may just be able to bypass all the above.
- *****please let me know if you have trouble accessing this document!**
Contact me on my personal email or cell: hocekalkas@alumni.unc.edu or 808-377-0151

Next on the Agenda:

- Continue discussion on focus/path of the HPHA Legislative Committee
- Start scheduling meet and greets with Legislators; share our focus/mission.

Food For Thought:

A few more words on health equity-

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.- CDC

<http://www.cdc.gov/chronicdisease/healthequity/>

**Please let me know if you'd like to unsubscribe to the bi-monthly meeting notes!*