

# HEALTHY FAMILIES AND COMMUNITIES COMMITTEE

Council of the County of Maui

## MINUTES

February 28, 2019

Council Chamber, 8<sup>th</sup> Floor

**CONVENE:** 1:31 p.m.

**PRESENT:** Councilmember Riki Hokama, Chair  
Councilmember Yuki Lei K. Sugimura, Vice-Chair  
Councilmember Tasha Kama  
Councilmember Michael J. Molina (out 2:45 p.m.)  
Councilmember Tamara Paltin  
Councilmember Keani N.W. Rawlins-Fernandez

**EXCUSED:** Councilmember Kelly T. King

**STAFF:** Shelly Espeleta, Legislative Analyst  
Rayna Yap, Committee Secretary  
Zhantell Lindo, Council Aide, Molokai Council Office (via telephone conference bridge)  
Denise Fernandez, Council Aide, Lanai Council Office (via telephone conference bridge)  
Mavis Oliveira-Medeiros, Council Aide, Hana Council Office (via telephone conference bridge)

**ADMIN.:** Rowena Dagdag-Andaya, Deputy Director, Department of Public Works  
Karen Arakawa, Small Business Advocate, Office of Economic Development  
Mimi Desjardins, Deputy Corporation Counsel, Department of the Corporation Counsel  
*(Seating in the gallery):*  
Karla Peters, Director, Department of Parks and Recreation  
David Yamashita, Planner VI, Department of Parks and Recreation  
Buddy Almeida, Assistant Housing Administrator, Department of Housing and Human Concerns  
Linda Munsell, Assistant Housing Administrator, Department of Housing and Human Concerns

**OTHERS:** Jennifer Maydan, Chair, Healthy Eating and Active Living  
Lauren Armstrong, Executive Director, Maui Metropolitan Planning Organization  
Wesley Lo, Chief Executive Officer, Hale Makua Health Services  
Lauren Loor, Maui County Community Coordinator, Healthy Eating and Active Living  
Kaimana Brummel, Community Engagement Lead, Blue Zones Project

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Laksmi Abraham, Community Program Manager, Blue Zones  
Project  
(8) additional attendees

**PRESS:** *Akaku: Maui Community Television, Inc.*

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CHAIR HOKAMA: . . .*(gavel)*. . . The Council's Committee on Healthy Families and Communities will come to order. This is our regular meeting of 28 February, 2019. This afternoon we have in attendance our Vice-Chairman, Ms. Sugimura.

VICE-CHAIR SUGIMURA: Good afternoon, Chair.

CHAIR HOKAMA: We also have present Committee Members, Kama.

COUNCILMEMBER KAMA: Good afternoon, Chair.

CHAIR HOKAMA: Good afternoon. Paltin.

COUNCILMEMBER PALTIN: Aloha auinala.

CHAIR HOKAMA: Okay. Rawlins-Fernandez.

COUNCILMEMBER RAWLINS-FERNANDEZ: Aloha, Chair.

CHAIR HOKAMA: And Molina.

COUNCILMEMBER MOLINA: Good afternoon, Mr. Chair.

CHAIR HOKAMA: Thank you. We excuse Ms. King. She is already possibly on her way to the East Coast for national requirements. We'll take public testimony at this time. Please, everyone, turn off your noisemaking devices. We'll maintain a decorum to allow each other the ability to appreciate each other's comments. We provide three minutes of testimony to each one who would like to speak this afternoon. If you do represent an organization, we ask that you share that with this Committee. And then, other than that we'll start.

**. . .BEGIN PUBLIC TESTIMONY. . .**

CHAIR HOKAMA: And our first testifier is Jen Maydan.

MS. MAYDAN: Aloha, Chair --

CHAIR HOKAMA: Hi.

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MS. MAYDAN: --and Committee Members. Mahalo for the opportunity to provide some words in support of the efforts of the Healthy Eating Active Living, HEAL Coalition and Blue Zones Project to support healthy communities. My name is Jennifer Maydan and I'm a planner with the County's Long-Range Planning Division and Chair of the HEAL Coalition for Maui, Molokai, and Lanai. In today's presentations, you will hear about the efforts of HEAL and Blue Zones to advocate for healthy communities through collaboration with County departments, including Planning, Public Works, Transportation, and Parks, State agencies, public health professionals, and community advocacy groups, just to name a few. This collaborative work has been going on for years, making notable improvements in our communities and having a positive impact on individual and public health, but I want to stress to you, Chair and Committee Members, that we are in a public health crisis. I'm not talking about the healthcare insurance situation in this country being talked about in Washington, D.C. I'm talking about something that we, as local Maui County residents, planners, engineers, and policymakers have the power to change. My ten-year-old son is part of the first generation of children in America that are predicted to live shorter lives than their parents. You might think how is this possible given our advances in modern medicine and science? You can think of this health crisis as an urban design crisis. A crisis of inactivity, that leads to preventable chronic disease, born of our landscape, our built environment, and the communities that we build. Where you live, whether it's walkable and a bikeable community or not, is more a predictor of your health than your genes or your diet. And this is something completely in our control as County government. So, I'm speaking to you as members of this Committee, members of the Multimodal Transportation Committee, members of the Budget Committee, and members of the Maui County Council. And imploring you to take this information seriously. When items come before your committees for improved sidewalks, bike lanes, bus routes, roundabouts, new parks, and trails, and other projects that promote active living and social well-being in our communities, these are not just feel-good projects. These are necessities. They are the infrastructure for building healthy communities for keiki, kupuna, and everyone in between. We owe it to our kids and grandkids to build healthy and safe communities and not sentence them to a life of preventable chronic disease. And there's a bonus. This is really a win-win situation. Building healthy communities also makes sense environmentally and economically. There is no reason not to do this. Mahalo for the opportunity to testify, and I hope you enjoy and learn from the great presentations you'll hear today. Mahalo.

CHAIR HOKAMA: Thank you very much for your testimony. Any questions on, for clarification? We thank you very much for being present. We have been informed that currently there is no request for testimony at our three District Offices. So, next will be Lauren Armstrong.

MS. ARMSTRONG: Good afternoon, Chair and Councilmembers. Thank you for having me. I'm Lauren Armstrong, Executive Director with the Maui MPO. I really wanted to thank Blue Zones and HEAL for being so active in our communities. It really does enhance the great work that County folks, like Rowena, are doing to enhance the health and safety of people living on Maui. So, it is about culture change. It's about having this positive energy and really giving us the space and structure to get together and think

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holistically about health in our communities, so I just wanted to say thank you for all the great work that you've done, and look forward to working with all of you on this topic. Thank you.

CHAIR HOKAMA: Thank you for being here this afternoon. Anyone else would like to provide public testimony this afternoon? Okay will anyone else have...we've been contacted by District for request? Okay, with no further request for testimony, we will close our testimony portion with no objection, Members.

COUNCILMEMBERS: No objections.

CHAIR HOKAMA: Thank you. So ordered.

**. . .END OF PUBLIC TESTIMONY. . .**

**ITEM HFC-13(6): PRESENTATION ON OPPORTUNITY ZONES AND HEALTHY COMMUNITIES**

CHAIR HOKAMA: Okay, we have one item only, Members, and we have a group of individuals that represent various portions of what we hope to talk about as opportunities or Opportunity Zones within the County. This is the start of what your Chair believes will be multiple discussions on the subject. Part of, I guess I would say in my own simplified version is today the Chair is trying to hanawai the seeds that have been presented to the community earlier about potential opportunities called Opportunity Zones and we'll see what we can sprout from our hanawai, and we'll see what makes sense for us to encourage and bear fruit in the future. So, this afternoon we have quite a few number of people, but the first one has a time commitment to catch a flight to speak to others, so I'd like to ask Mr. Wes Lo, who is of course our director of Hale Makua, for his comments on the Opportunity Zones and again, Mr. Lo, we appreciate the all your previous efforts of making this County as best as you can informed about this subject, so we thank you for your presence this afternoon.

MR. LO (*PowerPoint Presentation*): Thank you, Mr. Chair. Thank you, Councilmembers. Just as a quick background before I start my presentation, I do want to note on Chair Hokama's comments about opportunities and Opportunity Zones. There is sort of a genesis of what's occurred and Opportunity Zones will be talked about a little bit, but I wanted to make sure you understand that the notion of what they call Opportunity Zones which I will get into briefly, is just one of the tools in the tool kit on how to develop community and the various funding possibilities. I think the more pertinent discussion is about the opportunities to develop a community in the fashion the community wants to go. So, late last year, I was approached by all people, the Federal Reserve Bank of San Francisco to speak at a conference in Honolulu, and it was called Healthy Communities Hawaii. Of course, it's kind of odd that you'd get called by the Federal Reserve Bank of San Francisco to talk about health and healthcare, but they are starting, there's actually a movement across the nation to develop communities much like was talked about, which is dealing with developing a community for people's health.

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The comment was made by one of the presenters from the Federal Reserve Bank that there's a person that says, how can, why can I invest in drugs to lower to my drug pressure...lower my blood pressure, but I can't invest in a community to do the same thing? So, there's just a, as I'll talk about, there's trillions of dollars in this sector that are available and the Federal Reserve Bank is going across the nation as they say, and Mr. Chair was at that luncheon, is looking for a landing zone for social opportunities to make communities better, which will also have some downstream effects on their economics. So, with that, I'm sorry for the little lengthy intro on this. This is the presentation I gave to the Maui audience, I think it was a week ago. So, the first quote I have is being healthy means more than simply not being sick, it means having a sense of well-being and personal fulfillment. I think a couple of the testifiers were talking...yeah, so make sure I use this thing right here. Okay, so although it's called Healthy Communities, the discussion is not exclusively about medical care. It's about the factors that affect health in the local context. So, to set up the discussion, I wanted to talk about why they are looking at that, and then I was asked to talk about a project that Hale Makua is envisioning that may have some opportunities and it's to stimulate other ideas on things we can do in the community. So, the buzzwords in the healthcare sector is social determinants of health; the things that affect our health. And there are economic stability healthcare, neighborhood and environment, education, and the social and community context. So, I am going to give a quick briefing of one man's opinion of the landscape of Maui. All right, so economic stability, I just happened across a MSN. You know, I heard the Internet is the Bible so I look at all kinds of things on the Internet, but I think we all know this slide. We are number one in Hawaii. This is states where the average salary isn't enough to get by. In the fine print you'll see that it says the annual expenditures to live in Hawaii is 111,000, yet in Hawaii our household average, median household income is 71,000. So, even though we have the fourth highest income in the United States, the cost of living here is pretty tough in the State of Hawaii, so I guess many of you will know that's certainly one thing that will make your blood pressure rise. Housing, I think we all know we have a major affordable housing problem. I think many of us talked about this. The median income of Maui residents is, not Hawaii residents, Maui residents, I think is about \$68,000. The median price of a single-family home is about 700,000, and a condominium is about 445,000. So, I used to be a banker, and they kicked me out of the banking industry, but I did some real rough estimates of what it would, what you would be able to earn, or what kind of house you'll be able to buy for \$68,000. If you didn't have a four-by-four pickup truck, and you didn't have any credit card debt, you might be able to afford a \$300,000 house. Building new affordable homes will be problematic because even for \$300,000, I don't think you can build that much new affordable homes in today's age. So, what's happening in Maui is there is the advent of how do we solve this. So, obviously this is in Kahului. You're starting to see a lot of multi-generational homes being built. This is not to say anything bad about what they're doing; they have to survive, but these are the kinds of houses that are being built. I think the one on the right is particularly interesting. They are actually building on top of an attic. Another roof so they can house more people. There was a study done for the State of Hawaii and I think Maui County is probably the worst of number of people per household, or that have housing problems in the State of Hawaii because we, you know, we have to, this is the way we're surviving right now because of the housing crisis. Workforce and education, so I drove

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around town and just interestingly at Hale Makua, we are an entry level healthcare provider, so we hire high school students and et cetera to be nurse aides. We had to close a wing when I first started a couple years ago because I did not have enough workers. And meanwhile, they're being backed up in the hospital, and I asked my administrator, well how come we cannot hire more CNAs? You know of course, there's a 2½ percent unemployment rate, but she said they're all flipping burgers and these are the signs. You can drive around Wailuku, Kahului, anyplace there's a Jack in the Box and these are the signs you're seeing. So, the problem is that, you know, we aren't giving them a living wage. The food service industry does probably tap out around 40 to \$50,000. So, there's some good things going on. You know, there's been a push by, certainly in the healthcare industry we started a CNA program where we've been hiring people, offering scholarships. Hiring them before they've passed their certified nurse aide training, and then we want to give them a career path, so we actually are working with the college that we started a licensed practical nurse program. These are for the people that don't have the prerequisites to get into a four-year nursing program or can't afford four years of college. So, we graduated our first class of ten with the college. We actually paid for the clinical instructor. We hired nine of them, and we're just waiting for them to pass their nursing test. A year from now, they can go on and continue to be a nurse. The highest paid profession in Maui County is healthcare. It is higher than management, according to the Bureau on [sic] Labor Statistics, and nurses make as high as 90...I think it's actually over \$100,000, according to the Bureau on [sic] Labor Statistics. If they were going to the food service industry, they would be tapping out about 40 to \$50,000 if they became managers. So, I think that if we can provide the economic stability and the living wage, this would certainly improve our health of our community. I'm sorry, I'm a closet geek, but this is probably one of my favorite slides. This is the births per year in the US, and you probably can't see it, but the very far left is 1909. So, those that were born 80 years ago, we are at the lowest point since the 1900s of people who are 80 years old. I mean, that's kind of crazy to think. In 20 years, we'll be at the highest point ever because all the baby boomers will move through the system. So, we have a community context that we have to start worrying about. The fastest growing population demographics we got is gonna be the 60 to 80 years old. So, in 20 years or so we, as a community, need to be prepared for that. I'm sorry, I'm gonna back up one second. I don't have another slide in here but another interesting statistic that I pulled up; the incomes of the seniors are bifurcating, too, as with all of our population. The middle class is disappearing in the 75 and older category. The 35 to, I think it's the 50 to \$75,000 category is gonna shrink five years from now and the population that's gonna grow is the 35 to \$50,000 income, so there's gonna be more pressure on Medicaid and housing cost as we get more people, and so we got a big issue coming at us on how we're gonna deal with that. Healthcare costs, I won't get to spend too much time on this, but this one was, again, from the Internet. The US is the number one in healthcare cost, and there was an opinion in *The Maui News*, out of control healthcare costs probably about four weeks ago, and this particular one was about drug costs, et cetera. The most expensive place to take care of people are in hospitals and in places like Hale Makua. The cheapest place to take care of people is keeping them healthy or keeping them at home under home and community-based services. This is a burden to our economy. Real quick, also, Maui is the worst as far as number of...shortage of primary care physicians in the State of Hawaii. Okay, I'm gonna try to

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speed up here a little bit. Some other things as far as the social determinants of health, Kahului was built probably '50s and '60s, I think, Dream City. It was a different time and these are, this is my picture of the incomplete street. You know, we don't have walking paths, we don't have bike paths, et cetera, and I believe that the Council did see a presentation on complete streets just recently, so I won't spend too much time on that. And then last, probably the biggest thing to happen on Maui in ever is the Alexander...HC&S closer and the acquisition by Mahi Pono to keep it in ag and to look for sustainable eating and food sustainability to support our community so, this is sort of the landscape of Maui. And if you will bear with me, I will now, Mr. Chair, if it's okay, I will start...this is not working here. I don't know what's happening here. Sorry, I'm sorry. I'm having technical difficulties.

CHAIR HOKAMA: Help him, please.

MR. LO: How come this is not going on there. Okay, sorry. I got it. Sorry about that. So, I think we got 20 years to deal with a pretty big demographic shift and a lot of community problems, and this is some ideas we have related to a project that we are envisioning. I call this the No Margin, No Mission presentation. So, in healthcare there's a saying is No Margin, No Mission is that if you don't make money, you can't continue your mission to do things, so this is sort of the challenge that not-profits, not-for-profits like Hale Makua have, so some of you were on the Council, not all, but I think it was late last year we were in Council regarding discussions around Kahului Community Center. So, in the red square in the middle is the Hale Makua Kahului facility, and just interestingly surrounded is all of Hale Mahaolu, or many of Hale Mahaolu's facilities. I think it's about over 300 units are surrounding us either across the street or right adjacent to Hale Makua. So Hale Makua has a facility up in Wailuku, which is about five to seven minutes away from Hale Makua Kahului. We actually do the laundry in Wailuku and we do our cooking down in Kahului and we bus things back and forth. So, and also, if anybody didn't know, buildings in Wailuku are old, and the infrastructure is falling apart. So, we were embarking upon a master plan to see how we could maybe consolidate locations and see how we can continue to meet the needs of the community. So, initially, we were in discussions to do an expansion and consolidate our Wailuku facility in what they call the gate ball field down in the lower left-hand corner. So, as we're discussing that, we met with Mayor Arakawa and I commented that it would be, although it would be great to do something in that small gate ball field, it sure would be interesting to do something since Hale Mahaolu surrounded us that we could share some services like maybe some therapies, activities, and take advantage of that. And the Mayor, at that point in time, offered the entire park and said, oh why don't you take the entire park and look at it for senior services, et cetera. After much debate in the Council, we ended up having approval for seven and a half acres of Kahului Community Center. That is up to the swimming pool. That does not include the swimming pool. The first portion would be the gate ball field, which we could develop upon execution of the lease. The next would be the community center, which we would not be able to develop until we got approval from the Director of Parks. And then there was also a resolution passed by the Council, urging the Mayor to plan, in conjunction with Hale Makua, the rest of KCC to include intergenerational services, senior housing, healthcare services, so on and so forth, at Kahului Community Center. So, it was a reso that was

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passed last year. So, we went back to our master planners and started looking at our options. So, the first option was kind of in a different direction. Architects tend to like to draw things and then try to find ways to help you fund it. So, the first option we ended up with is what I call Margin, No Mission, and in order to build out the thing, they built out the whole park with all kinds of housing, assisted living, retirement communities, a small senior center, and it was exorbitant in cost and we said, wow, how are we gonna afford something like that? And they brought up, well, you know in Honolulu, they have these retirement communities, I won't mention the name of one, but the buy-in is \$1 million, and you pay a monthly fee of 6 to \$8,000 per month. Thankfully, our board said no. This is Kahului. We want open space, we want other things, we want the community to do this. This doesn't make sense for our community, and we closed out the master plan at that point in time, and are now on a new quest to figure out the next thing to do. So, the other thing we decided to do...oh, I'm sorry. I went the wrong way. The next thing we were left with is well, maybe we just do the gateball field, but the problem is we got so many people that are gonna age into the 80-year-old population that by just rebuilding Wailuku and Kahului, we have not done much of anything. We've just consolidated the locations, we have not changed the delivery system, we are still gonna have expensive healthcare because we are still looking at institutional care in Hale Makua, so we would not be necessarily meeting the needs of our mission to, you know, grow with and provide services for the County of Maui. So again, this was a presentation, so sorry for the interim slides, but, so we thought about what if we dreamed about this a little bit differently and started planning this differently, and started thinking of the things we could do? So, what about if at the park, if we had money, we could have a senior center with intergenerational activities. We could have workforce development on the site that service the community of Kahului and Wailuku and Upcountry, where they actually would get to a living wage, even though they didn't have the financial means to get that education. What if we had walking paths for the seniors? Healthy eating and, you know, farmer's markets, you know, so that we wouldn't have a food desert, if you will. And we had activities so that the seniors, as they age, were not lonely at home, which was one of the plagues of aging. And one of my dreams is what about instead of having everybody come to Hale Makua and the hospital, we actually started having house calls for all those people that lived in Hale Mahaolu? And I think from a housing perspective, I didn't have this slide in this deck because Grant Chun was talking. He has some pretty fascinating ideas about solving some of the affordable housing crisis. As, if you remember, we had a lot of intergenerational homes and big homes being built in Kahului. Many of them are people that could qualify for senior independent living, and if you could move them in there and allow that for the next generation to have the equity in their homes, to start redeveloping in Kahului, you'd actually have affordable homes, as opposed to building new affordable homes, which will be more than the \$300,000 just from a cost perspective. So, he has a lot of interesting ideas, and I'm not here to solve them, but I mean, it's fascinating thinking that if we are careful on doing this, that maybe we do have some opportunities. Let's see, oh, I went back again. I'm so sorry. So, we're here to promote the idea of dreaming about the future, and if we could do all these things and we could find financing for them, we could probably have lower healthcare costs and better health, integrated community, affordable housing solutions, workforce development, open space for recreational activities, and food sustainability. If we all



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figured it out and work together, but the problem is, how do you fund that? So, the purpose of the conference was to bring together people that do this. There's apparently, again, over a trillion dollars of money that we are spending on social issues like housing and poverty, et cetera. And they are trying to stimulate the idea that there are companies that would benefit from us, so the Federal Reserve Bank brought together the Robert Wood Johnson Foundation, the Kresge Foundation. They have talked to HMSA and HMSA Foundation, Kaiser, about investing into major projects to build a community and using things like low-income housing tax credits, CDBG monies. They have things called new market tax credits, but they say the problem is that we need to find a landing zone, we need to have a big enough project that these people will want to invest in, and if you think about it, the banks and the insurers would invest in this because this would save them money and save all of us money. So, they are planning to, I understand, they may be coming down, back down in May when they found out that we had an opportunity to potentially develop 34 acres. They are apparently gonna come back down and start talking about a funding plan, and they have already talked to several of the large local foundations about funding these things, so the idea was for us to get together as a community, think big about this, and see if we can find other financing vehicles that could supplement County to see if we can build something very special in the center of Kahului. So, Mr. Chair, that's all I have.

CHAIR HOKAMA: Thank you, Mr. Lo. Because of a time consideration, the Chair is gonna let the, everyone have their presentation opportunity first before we have the Committee participate with our guests. So, at this point, and if you do have questions and Mr. Lo does need to leave, your Chair is happy to forward the questions from the Committee to Mr. Lo for a response. Okay, next we'll have Ms. Arakawa, who will represent the Administration regarding OED and their participation in this area. And then following her will be our Deputy Director, Ms. Dagdag-Andaya.

MS. ARAKAWA (*PowerPoint Presentation*): Thank you. Thank you very much for this opportunity to speak about Opportunity Zones. Thank you for...anyway, so sorry, this is the first time I'm doing this, so please be a little patient. I'll do my best and I'll do it really fast, Mr. Hokama. And the rest of the Committee Members, thank you so much for, again, for this opportunity. I'm gonna just give a brief description about Opportunity Zones. So, some of you, I remember, were at the Opportunity Zones and Healthy Communities Conference that we had last week, so some of them is gonna be repetitive, but I did change out the slides. I added some slides, okay. So, here we go. So, and this is okay. So, why do we have Opportunity Zones? Why do we have a program? Well, it's to stimulate private investments, encourage entrepreneurship, and provide expansion capital for distressed areas, so that has some connection with healthy communities, which is one of the subjects that we were talking about today. So, this community development program was authorized by Congress through the Tax Cuts and Jobs Acts of 2017. So, as part of the program, the governors of each state were tasked with nominating the Opportunity Zones, and these were based on the Census, which was submitted, and these, once they got the Census tracts that was submitted to the Treasury for approval and data was used from the 2011 to 2015 American Community Survey. So, we have a total, there was a total of 99 Census tracts in Hawaii, and so not more than 25 percent could be designated as qualified Opportunity Zones.

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So, we also were able to have contiguous Opportunity Zones. These were located right next to actual low-income communities. So, there were two contiguous Opportunity Zones, and one of them we were happy to have one of them here on Maui, which is the Kahului-Spreckelsville area and the other one was designated on the island, the Big Island. And of course, we had one Opportunity Zone on the island of Kauai, which is Kaunakakai. It encompasses the town of Kaunakakai. Oh, on Molokai, sorry. On Molokai. So, this is the first one. It's the Wailuku Opportunity Zone, as you can see the future Wailuku Civic Complex is on the bottom portion of that, circle, with the red circle and a picture of the Wailuku Town and Market Street area. The second one, which is the Central Maui Spreckelsville Opportunity Zone, again, this is a contiguous Opportunity Zone, and so it includes the Maui Business Park, Puunene Shopping Center, the Alamaha Street and Wakea Avenue, as well. So, you'll notice that they are dated buildings and in need of some improvement. And the last one is the Haliimaile-Makawao Opportunity Zone. So, it is the one that's the smaller one on the right. So, it encompasses Haliimaile Town and a portion of Makawao Town, as you'll see in these next to slides. So, Haliimaile Town and Makawao Town. And here is Kaunakakai Town on the beautiful island of Molokai. There you go. So, again, it would be great to have investors invest in the Opportunity Funds so that there can be some revitalization and stimulate some entrepreneurship on this, in Kaunakakai, as well as the other towns. So, in closing there is just couple of things I wanted to say. So again, how would our communities benefit from these Opportunity Zones? The funds would be used to renovate and improve distressed areas. It could be used for new housing development. It could be used for expansion funding for businesses, and for new development in a distressed area. So, it could be manufacturing plants, it could be shopping centers, or it could be business offices. So, this concludes my presentation and I'll be happy to answer questions after everybody's done. Thank you.

CHAIR HOKAMA: Thank you. We'll have our Deputy of Public Works give her comments at this time.

MS. DAGDAG-ANDAYA: Thank you, Chair.

CHAIR HOKAMA: Okay. We'll take a short recess. . . .*(gavel)*. . .

**RECESS: 2:07 p.m.**

**RECONVENE: 2:08 p.m.**

CHAIR HOKAMA: . . .*(gavel)*. . . Okay, we'll reconvene and have our Department of Public Works give their comments.

MS. DAGDAG-ANDAYA (*PowerPoint Presentation*): Okay. Thank you very much, Chair, and thank you, Committee Members, for allowing me the opportunity to speak about the topic of promoting community health through the built environment. A few days ago, I talked about complete streets, and so complete streets is actually one component of our goals in Public Works of promoting community health through the built environment. So, I, you know, I'm not an expert when it comes to Opportunity Zones, but what I've

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learned through speaking with David Erickson from the US Federal Reserve Bank and Doug Jutte from Healthy Communities on the mainland and another speaker, Maurice Jones, who was at the presentation last week. I learned that one of the outcomes of Opportunity Zones is creating healthy communities and that any kind of investments should drive equitable growth and prosperity for low-income and vulnerable populations, and who live within the established Opportunity Zones. And as Karen mentioned earlier in her presentation, those zones, you know, they were driven through the Census, much how our MPO, our Metropolitan Planning Zone and the MS4 areas, they were all driven through the Census. So, you know, when we do our next Census in 2020, then, you know, we'll probably see an adjustment to this Opportunity Zone, but projects that are created through these Opportunity Zones typically involve healthcare facilities, access to healthy food, quality education services, and affordable transportation options, which I'll be talking a little about today through the built environment. So, the built environment. Some of you may know what that term is, and I just wanted to go little bit into it. The built environment generally is made up of human-made structures, features, and facilities that provide the setting in which people live, work, and play. So, this is my daughter, Lauren. She's six years old and she provides a great example of the built environment in our community. And I shared this presentation, or this slide at a presentation I made last week and wanted to show you that this is one of her favorite things to do is draw and draw maps. And one day when she was in my office, I told her just draw something. Draw a map. Look, mommy has a lot of maps in her office. So, she got to work right away, plotting roads and buildings. She included our home, our church, the County Building where, you know, she kind of pretty much grew up in, a supermarket, the water tank, playgrounds and a park. She even added our hula halau and a roundabout. And I think, you know, just listening to us talk about infrastructure, she's kind of picked up on a lot of these things over the years. So, when you look at the built environment that Lauren created--she also created sidewalks, by the way--she is surrounded by happy, active, accessible places that support her well-being. It's also very connected, but unfortunately, there are many, the built environment isn't the same for other kids Lauren's age, and that's where our work, here in local government, can make a difference in the lives of our residents--young, senior, and in between. So, the built environment is shaped by transportation and land use planning and policies, and can promote or inhibit physical activity, policies and projects that we create here at the local level. This is an example of the Northshore Greenway, and I have a lot of pictures of my kids only because I don't want to take from the Internet anymore, but Northshore Greenway is a great example of built environment, the improvements that we made in this area. In our neighborhood, it was a 201H project back in the mid-2000s and we have this wonderful green belt right in the middle that connects our house to the park, and this is through a 201H project. So, you might be wondering why my Department, Public Works, is so interested in health. So, over the years, we've come to realize that our infrastructure projects, our multimodal transportation initiatives and policies have an impact on health in our community. Now, during his presentation, Wes spoke about the social determinants of health, and these are the conditions in the places where people live, learn, work, and play. And they affect a wide range of health risks and outcomes. I wanted to make sure that this slide was in the presentation that way you have a little bit more of an understanding of what social determinants of health, what they are. So, by applying what we know about these

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determinants, we can work, we here in local government, can work on finding ways to improve individual and population health, but also advance health equity through the work that we do. Earlier this week, our partner from the Department of Health, provided us with a copy of the Maui County Built Environment and this Physical Activity Data Brief, which was published of September 2018. This is something new that we saw this week, and I thought wow, you know, it's pretty interesting that we have this presentation today. So, I wanted to share some of the data in this study, and the data characterizes aspects of the built environment that relate to physical activity. The purpose of the report is to provide County-level data. So, this one is specific to Maui County. On one of the pages in the report, what the authors of this study did was conduct a survey among, I believe, over 800 voters in Maui, and they asked various questions. And this first one, what do registered voters view as a major, as major problems facing Hawaii families? So, they looked at, you know, what people thought about diabetes, health disease, obesity, physical activity, and you'll kind of notice, the numbers are pretty high. So, the voters, this was done in the early part of 2017, but those who are registered to vote actually indicated that these types of conditions are very, are important issues in Hawaii today. Here's data trends in obesity from the CDC, and if you take a look at from 2012 to 2018, you'll notice that the numbers are on the rise. According to the Centers for Disease Control and Prevention, being overweight or obese increases the risk for many diseases and health conditions, including heart disease, stroke, hypertension, type 2 diabetes, sleep apnea, respiratory problems, and others, and you know, this is very dear to me and my husband because, you know, we want to be healthy and active for our kids, and we want our kids to be the same as well. So, in Hawaii, 23.8 percent of adults have a body mass index of 30 or more. With diabetes, the prevalence is 10.9 percent, which is, you know, lower than the average rate in the US, but still, if you notice the trends, I mean, it is, they're on the rise. And, you know, earlier Wes talked about why can't I invest in a drug or why can I invest in a drug that will address conditions, but I can't invest in healthy communities? So, in Public Works, you know, we have an impact on helping make these numbers go down through our improvements in the built environment. One quote that I saw in a study done by the Robert Wood Johnson Foundation states if Hawaii as a state doesn't address the problem of obesity, by the year 2030, more than half of our adults are on that trend, and again, you know, we need to be very mindful. We, as local government, can make a difference. It's not, you don't have to rely on healthcare professionals or the healthcare industry to make a difference. We can make a difference. So, the continued rise in diabetes and pre-diabetes, obesity rates highlights the need for innovative and strong policies to create healthier environments in our County and throughout the State. Continued partnerships and collaborations among stakeholders and leaders, as well as additional public education is necessary. And moving recommended strategies forward requires legislative support to create the necessary social and environmental changes to effectively address this. We can work with our State Legislature or Governor, but at the County level, we, again as I've been saying over and over, we can also make a difference. Each year, the Robert Wood Johnson Foundation creates a report on better policies for a healthier America, and it highlights latest trends. It also provides information on policies, strategies, and programs that can reverse the epidemic. So, in the next couple slides I will be just showing you some of the guiding principles and the strategies that are used or indicated in this report. So, one of the principles is to adopt and implement

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choices that will help make healthy choices easy. Another one is investing in programs that level the playing field for all individuals and families. So, if you were at the complete streets presentation on Monday, I talked about transportation equity. So, leveling the playing field, making sure that our residents have equal access, or equitable access to transportation so that they can get to jobs, they can get to school. Right now, we see on Waiale Road, kids who are not going to school because they, you know, either mom or dad can't take them, they need to walk, cross the highway, and go up to Puu Kukui Elementary. Well, you know, what can we do, or you know, we need to start looking at ways to improve their built environment so that they can access school and go to school every day. Promote policies and scale programs that take a multi-sector approach. So, in Public Works, we're not the only ones, you know, trying to make a difference. We gotta work with Housing and Human Concerns, Planning Department, Parks Department, all departments to create a better, or built environment. And then we also work with our partners Blue Zones, HEAL, the MPO, to create policies and educate our community. Okay. Again, from the Robert Wood Johnson Foundation, community policies and programs include good land use and community design, a Safe Routes to School program that we've been implementing for a number of years now, and a complete streets approach. So, these are currently put into place within our Department, and so it's not just something, oh we're doing this in Hawaii. Nationwide these are what other municipalities are implementing in their own communities. These are built environment strategies that can be found on the Federal Highway Administration website. So, even the US Department of Transportation is seeing a link between health and the built environment. And again, going back to the data brief, I wanted to show one more slide where the question was raised, how safe from traffic do residents feel while walking or biking in their neighborhoods? You see Maui, Kauai, Hawaii County, and then the State numbers. And if you take a look, okay, there's more people don't feel safe, I mean out of the other counties, it looks like, you know, not very many people feel safe walking on our road. So, we need to start making improvements so that people feel safe. And then one last one. Do voters support increasing funding for walking and biking infrastructure. The first one, to address childhood obesity. Maui County voters strongly support, 77 percent. Take a look at the next one. Over half of Maui County voters strongly agree that the government should spend more of its transportation dollars on walking and biking infrastructure, such as bike lanes, sidewalks, or multiuse paths. I need to disclose, I did not take this survey, and I don't think I have any relatives that took this survey, but seeing these numbers help kind of validate the work that we do when it comes to complete streets and improving the built environment. So, with that, partnerships, for a long time transportation policy program and funding decisions gave little attention to public health effects and benefits, but that's starting to change. Many State officials, our MPOs, and our different partners include public health goals and health criteria in transportation planning and policies. The public health community has also begun to partner with transportation planning agencies, such as Lauren, who was here earlier with the MPO. Our public health partners have always, have been here for many years and have been working with us to try to integrate health considerations in our transportation work. So, you'll be hearing from them in just a little bit. And I just wanted to end that over the years, we've made great strides towards promoting community health through the built environment by engaging our citizens and working in partnership with other government agencies,

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health organizations, and community groups. By incorporating a health filter in our work, we become producers of health. And again, not doctors, not nurses, but our engineers, our planners, our administrators, we all, and you know, in combination with everybody else here at the County, we become the producers of health and can establish policies and projects that influence built environment conditions that support good choices and improve the health of our residents in the years ahead. So, with that, again, mahalo for the opportunity to speak today.

CHAIR HOKAMA: Thank you very much. We're gonna go straight into our next presenter, Lauren Loor. She will be speaking for HEAL. So, at least Ms. Dagdag's slide showed one thing, we do have a lot of bad drivers and the community knows it.

MS. DAGDAG-ANDAYA: Chair, that's the second part. That probably would require another meeting.

CHAIR HOKAMA: Yeah, we'll let Ms. Lee's Committee handle that one

MS. LOOR (*PowerPoint Presentation*): Aloha.

CHAIR HOKAMA: Hi.

MS. LOOR: Thank you, Chair. Thank you, Committee. Thank you for listening to our presentations. I know it's a lot of information to take in. My name is Lauren Loor. I coordinate the Healthy Eating Active Living Coalition. It's a program under the Hawaii Public Health Institute. So, overview of what I'll talk about very briefly. What is public health? Who is HIPHI, which is the acronym for the Hawaii Public Health Institute. Talk about the Maui NPAC Coalition and how we transitioned to HEAL. Our committees and policies to improve and support community health. So, what is public health? The term, generally, is the health of the population as a whole, especially as subject of government regulation and support. Another definition is dealing with public health, including hygiene, epidemiology, and disease prevention. This is a snapshot of some data. You've gone through a lot of data already, but you can see 11 percent of Hawaii workers commute to work through active transportation, so that is biking or walking to the bus stop and then walking to work after. Hawaii is the number one ranking state that is the most dangerous for pedestrians over the age of 65. And 70 percent of our middle schoolers do not meet the national physical activity recommendation, which is an hour of physical activity per day. So, who is HIPHI? HIPHI is a Statewide, non-for-profit organization. We are a member of the National Network of Public Health Institutes, and our funding comes from different funding streams, Federal, State, organization sources, and foundations. And you can see here we have our four main programs. The Coalition for Tobacco-Free Hawaii, Hawaii Farmer to School Hui, Healthy Eating Active Living, and Perspectives on Community Health. And real quick, our mission is building healthier communities in Hawaii by providing issue-based advocacy, education, technical assistance, and other capacity building services through partnerships with government, academia, foundations, businesses, and community-based organizations. So, the Hawaii Public Health Institute originated out of the Coalition for Tobacco-Free Hawaii, which started in 1996. So, we have over

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20 years of experience advocating in the community, at the State, and at the counties to reduce tobacco use, eliminate exposure to secondhand smoke, and now, to regulate electronic smoking devices. In 2012, there was a Senate bill that became a law to create a childhood obesity prevention task force. Each year, this task force pursues legislation at the State to decrease consumption of sugary drinks, improve access to healthy food, and improve the built environment and physical activity. And this task force is housed under the Hawaii Public Health Institute. We are the convener for this task force. To get kind of more local for Maui, in 2006 there was a convening of Hawaii stakeholders to talk about the issues of preventable diseases, chronic diseases, obesity, heart disease, diabetes for Hawaii residents. So, the decision was that county coalitions are necessary to reach the common goals in reducing these preventable diseases. Maui NPAC was formed in 2008. There was a physical activity and nutrition summit in 2013. You'll see up there, there's the Hawaii Physical Activity and Nutrition Plan. The first edition of this plan was from years 2007 to 2012, and this edition is 2013 to 2020. So, when the edition ends, we have another convening to see have we met our goals? What are some new goals that, maybe, have changed? How has the communities changed? How has the state changed? So, we will be going through that process soon. And this is through the Hawaii State Department of Health. So, one of the great wins for NPAC, there was eight years that, for NPAC and there was events every year, worksite wellness events, built environment events, really promoting complete streets in the community, working with the County, but a big win was the Central Maui Pedestrian and Bike Master Plan, which was adopted by council, I believe, in 2013. So, the Coalition for Tobacco-Free Hawaii transitions to the Hawaii Public Health Institute in 2013, and then in 2016, Maui NPAC transitioned to the HEAL Coalition, Healthy Eating Active Living. And we transitioned and came under the umbrella of HIPHI. We were previously under UH Manoa, and our funding comes directly from the Department of Health. So Healthy Eating Active Living is a Statewide initiative. We have active coalitions in Maui County, Hawaii Island, Kauai, and Oahu. And our coalitions are comprised of volunteer stakeholders representing various businesses, County departments, and organization. Our mission is to create a future in which residents of Hawaii are physically active, eating healthy foods, and live in healthy communities...communities. And we advocate for systemic changes necessary for Hawaii residents to participate in these lifestyles. So, these are our three committees that we have in our coalition. Our Built Environment Committee, Access to Healthy Foods Committee, and Workforce Wellness. So, for our built environment, we partner with Blue Zones Project and with the Department of Health to convene the Department of Public Works, the Department of Planning, Department of Long-Range Planning, engineers. We have community advocates. Pretty much anybody and everybody who cares about the built environment or has some stake in this issue, and our main priorities are complete streets policies and implementation, complete streets demonstration projects, Safe Routes to School programs, and Vision Zero. For our Access to Healthy Food Committee, our main goal is to make healthy food accessible for everyone. We have plenty of members from all over every sector of food that comes to our meetings, and it really is quite a large issue and can get very intense sometimes because everybody needs to eat. So, it's how do you feed your family, how do you feed yourself in an affordable way that is also healthy. Our priorities are to form a food policy alliance, which again, really getting into the many sectors of food and trying to implement policies where we have, the community has access to it no matter what

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socioeconomic status they are. A main priority for us as well is to have SNAP EBT at all of the farmer's market and farm stands in the County. We support the Maui Food Bank in their healthy food drive initiative, also known as Give Healthy. And we also support the Department of Health with their Choose Healthy Now campaign. For our Workforce Wellness Committee, we really want to incorporate having policies and priorities that promote health at the workplace because it is where a good majority of us spend eight to nine hours of our day. Similarly, for children in school, spending so much time in school want to create environments that are healthy, options that healthy for more productivity, less sick days, and hopefully the goal would be less insurance costs as well. Our priorities are to have a workforce wellness toolbox that we are working on to, there's so many resources out there, but to put them all in one place, so an employer or an HR, you know, department worker could go and see okay, this is a resource that fits my organization, my business, and implement from there. We also promote the stairwell prompts that the Department of Health has tried to put out into the community, as well as they have a resource toolkit and a campaign, Start Living Healthy at Work. So, for our Maui HIPHI team, we recently had an addition of the Maui Coalition for Drug-Free Youth. And their focus areas are on underage drinking and underage marijuana use. So, we have the Coalition for Tobacco-Free Hawaii for Maui County, Healthy Eating Active Living, and now the Coalition for Drug-Free Youth all together, and we share the Maui Nui Youth Council. So, our Youth Council is comprised of seven youth between the ages of 12 to 21, and we convene them to try to teach them about advocacy and how these issues do affect them. So not only adults, not only, you know, talking to parents, but also talking to youth and giving them the voice and the power to discuss these issues and how it affects them. So, some of their priorities are a tobacco flavor ban, youth vaping epidemic, underage drinking, underage marijuana use, and the consumption of sugar-sweetened beverages. And as you can see, they have done many sign wavings, we go on retreats, and they've advocated, you know, at County-level and at State-level as well, and testified. So, policies to improve and support community health. This model here is the socio-ecological model. It's a model that's used in public health very often, but you can see it's supposed to illustrate the way that the individual organizations, communities, and policy all affect each other. In an ideal situation, the policy, it would be a grassroots and a top-down effort, where the individual coalitions kind of fall into organization and community, and public policy really meet in the middle so that policies that are created reflect the community wants and that the community understands the policies that are put forward by their government. An example of an info graphic that I wanted to show you guys was sugar-sweetened beverages, and this is something that we're starting to hear more and more about and talk more about, but it is directly linked to diabetes, to obesity, to all of these preventable diseases. And Hawaii as a state spends \$470 million annually on obesity-related health issues. And with every sugar-sweetened beverage that a child drinks, their risk of becoming obese is increased by 60 percent. I recent, in October I attended the Obesity Prevention Task Force planning session, where we discussed what legislature [sic] we wanted to pursue for the year at the State, and a statistic that was kind of mind-blowing was that for our children now, 35 percent of them will be diagnosed with diabetes by the time they are 35 years old. It's very staggering and kind of heartbreaking in a way, but to kind of echo the fact that we are in a bit of a crisis and that we are at a time where we can do something about this. So, this is provided from the Department of Health. A lot of



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partnership went into creating this, but it was a vision of what healthy Hawaii would look like and healthy policies for Hawaii. So, you know, healthy communities, having access to physical activity, access to healthy foods and nutrition readily available, healthy schools, healthy worksites, and also a healthcare system that supports all of these efforts. Thank you so much. Here's my contact information. Our website, our Facebook, Instagram. Please feel free, and also, if you're ever interested to come to some of our coalition meetings, I think it would be a great way to kind of bridge the gap between policy and coalition. Thank you so much for the opportunity.

CHAIR HOKAMA: Thank you. We appreciate that information. We have one more group that we'd like to ask for their thoughts. And many of you know either one or both of these ladies, Laksmi Abraham and Kaimana Brummel. They're from the Blue Zones Project, and we'll allow them to share their thoughts with us regarding healthy communities.

MS. ABRAHAM: Good afternoon. Thank you, Chair Hokama. Thank you, Councilmembers, for having us here today. We're gonna be the most exciting part of the program to kind of spice things up, keep us all awake. But I just wanted to preference our presentation. I'm born and raised here. Prior to coming on to Blue Zones Project, I spent about 17 years with Maui United Way as the president of that organization, and we worked tirelessly to raise over a million dollars every year to support over 30 health and human service organizations throughout our community, and part of that goal was to help serve the health and human service issues that we are continuously challenged with. I know that you all hear from nonprofits coming into your offices all the time asking for support with their funding, and while we have wonderful nonprofits that support our needs here, part of what drew me to Blue Zones, because I loved my work with United Way, was the opportunity for real change. And when we think about change, we have to start thinking about the underlying issues that are facing our community, and for me, I saw Blue Zones as that opportunity to really shift the way we think about health, the way that we practice health, the way that we design our communities to incorporate health, and that, I think, you'll find really in line with HEAL, but also with the work that we do here in Blue Zones Project, has the major potential to really shift change in our community. So, with that, I will hand off to Kaimana Brummel so she could start our presentation.

MS. BRUMMEL (*PowerPoint Presentation*): Aloha. Thank you, Chair. Thank you, Councilmembers. Blue Zones Project, we're a community wellness program based on the principles of healthy people from around the world. So, how I like to preface this is we are the on the ground action team of ike kupuna, of the knowledge of our ancestors and the people who live the longest in places around the world. What I'm very proud of, after two years of work here, is how we have been able to apply these principles from around the world into our local community through our own knowledge and work as a team, but also really through our partnerships. So, you've heard a lot about social determinants of health, and we know from the Danish twin studies that our health is determined by three factors. Excuse me, not our health, but our longevity specifically. So, we have genetics, so thank you tutu and papa. Genetics is only 20 percent, and then 10 percent is access to care, and that is preventative care, acute care, and long-term care. Where Blue Zones does its work is right in the middle, the 70 percent of environment and healthy behavior. And actually, I'll take that back because that's

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not just where Blue Zones Projects works; that's where we all work, right? We can't change someone's genetic. We're trying to change healthcare, but where we can really make a big difference is that 70 percent and we're all in that together. So, these are the five Blue Zones around the world. We have Okinawa, Japan. We're gonna talk a little bit more about Okinawa. Sardinia, Italy; Ikaria, Greece; Nicoya, Costa Rica; and our lone Blue Zone in the United States is Loma Linda, California, and that's because of the Seventh-day Adventists, if you're curious why folks in the LA can live long life, but just in Loma Linda. Normally, I talk about all five Blue Zones, but I just wanted to touch on Okinawa. We have a lot of similarities with Okinawa here in Hawaii, and we borrow a lot of the words. Two words, we've been hearing a lot about, I think, natural movement as it relates to the built environment, and moving and things like that, and also food. Blue Zone takes the approach that longevity and wellness is, encompasses a lot more, and two of the things that I love from Okinawa are two words. One is moai, which means a group of people like these ladies here. Their average age is 98. They've been, I'm sorry, is 101, and they've been a moai for over 90 years, and they also live in their same homes, they support each other when, you know, times are bad. They celebrate each other when times are good. They might borrow money from each other. They're just, they're what teenagers call their clique or their tribe, or their, you know, all of those words, but in Okinawa they call it a moai. And so here in Blue Zone Project, we try to help people form moais. The other word that I love to talk about with Okinawa, which speaks to the holistic nature of Blue Zones Project, is ikigai. And just like in Hawaiian, how there's one word that means, like, so many things, right? Ikigai means the reason why you get up in the morning, and if you know the reason why you get up in the morning, you can add seven years to your life. I would argue that many of you hear today ran because you have very strong reasons why you get up in the morning and I know that all of us who work in partnership also keep that in mind as well. so, looking at the five Blue Zones around the world, we found that there are nine specifics things that they did. We talked about two of them. Having a moai or having a right tribe, as you see it here. Having a sense of purpose, ikigai. It also means having a sense of faith and belonging. It means move naturally; we've heard that a lot today. I like this one. It's the 80 percent rule. It's hara hachi bu; it's another Okinawan word. It reminds us to eat until we're only 80 percent full. I like to think of it as the anti-kanak attack, right? So, we don't want to eat until we take a nap; we want to eat until we feel good. We have putting your family first. We have wine at five, or just friends at five. We also have Plant Slant. There's the purpose, and then downshifting, finding time to mentally and physically downshift and relax. That's our power nine. So, we take those principles from the Blue Zones and we apply them to what we call the life radius. We know that people spend 80 percent of their time within five miles of where they live. It's a little bit different on Maui when you gotta commute, but we'll just go with this general principle, right? Like the places you go and frequent have a big determination on how long you live and how well you live. So, Blue Zones really attacks the life radius. So, we work with individuals through our personal pledge, through forming moais and having purpose workshops and connecting folks to volunteer opportunities. We work in places, so grocery stores, workplace, restaurant, schools, and faith-based organizations. You can see some of the physical changes that we've made if you've visited a Foodland, maybe, in Central Maui. We also have worked with several of the large employers in Central Maui, such as UH Maui College, MECO, Hawaiian Telcom. We're working with

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the hospital on a worksite wellness program and also with the County. We work to change restaurants. We're really proud of our work with schools and Laks is gonna talk about that in a little bit, and also faith-based organizations. Where you're gonna hear a lot more from Laks is on the third pillar, which is policy, and how does policy shape this life radius and where we spend time? People want to do what's easy. It's very rare for people to go out of their way to be healthy. So, if we can make healthy choices easy, people are gonna be healthy and not even know it. We're like the health ninjas. So, just to add a little bit of credibility and to let you know that this is a national movement, Blue Zones Project has impacted over 3 million people across the country. We're in 48 communities and 11 states. We, as colleagues, get to collaborate with these folks at national conferences, best practices, way too many conference calls that start at 6:00 in the morning because we're all the way out in Hawaii and we have people across the country. We have eight communities across Hawaii. We are the only ones here working in Central Maui, but all of Hawaii Island is a Blue Zone Project community, and then we have four on Oahu. We first launched in Koolaulupoko, and now we are in the four Ms, which is Manoa, Makiki, McCully, and Moiliili. And then we have Kapolei, Ewa, and Wahiawa, and we collaborate as a state and we also support the statewide legislative efforts in that policy vertical. So, now I'm gonna hand it off to Laks, who's gonna talk about how we actually do that work.

MS. ABRAHAM (*PowerPoint Presentation*): So, I'm gonna talk a little bit more about how we localize our work here in Maui County. So, our program here is guided by what we refer to as our steering committee or our leadership team. That's a beautiful picture of all those wonderful people about, that care about taking our community in the right direction of health. And then we have chairs out of our leadership team that sit and lead the charge with our sector committees. They're listed there for you. Media and engagement, worksites, restaurants, grocery stores, schools, built environment, food, and tobacco policy, and then purpose and moai. So, we have volunteers that sit on our committees that really drive the objectives of our program and the goals that we try to tackle every day in our work with Blue Zones Project. Before I get into the specifics of policy, I just wanted to share. These are some of major players that we're working with right now, in partnership with for Blue Zones. And of course, the work that we do would not be possible without our community partners. So, as you can see, we're working with many different facets of the community, many different organizations, all channeled in the same direction of improving health. So, going back to what Kaimana referenced in the life radius. We have the three sectors, or the three pillars, as we refer back to them, as people, places, and policies. So, when we talk about people, this is really where our engagement arm takes over. And currently, we have engaged over 15,000 people, here in Central Maui, who have made a personal commitment with their BZP pledge to move their life in a healthy direction. And engagement opportunities include things like walking and potluck moais that Kaimana briefly touched on. We also do cooking and gardening demonstrations. On top of that, we do purpose workshops to help people identify what their purpose in life is because it actually adds years on to your life when you wake up every morning knowing exactly what you stand for and what you're trying to accomplish. And then we also mobilize volunteers throughout our community, around different community activities and events. So, we'll move on to places. In places, we really work with worksites, restaurants, grocery stores, and schools, and I really love

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this picture on the left because it's really complementive [sic] to the work that we do. These are the plant guys in the parking lot at Maui Electric Company getting ready to go out and take care of our electric poles and make sure that our electric is working, but they start their day off now with doing yoga, and that helps them to be more limber, it helps them to get ready, it helps them to be more alert as they go into their work every day. But this is something that Maui Electric has really embraced and has made a change within their worksite. Segueing into restaurants that you see in the middle, that's Fork and Salad. Obviously, just making sure that we're providing access to healthy choices, but as Kaimana mentioned, we're all about healthy nudges, right? So, if we have healthy options available, we're gonna be much more likely to partake in healthy options versus driving through McDonalds or Jack in the Box. And then on the right-hand side, the other place that we target are schools, and schools we work on a little differently. We work directly with the administration as a worksite, but we also work with schools in an idea to be able to support the student body there as well, which we hope trickles into their families at home. So, these are the key places that we focus our program around. And then we also have our policy arm. So, in our policy arms we have built environment, we have food, and then we have tobacco policy. So, when we get back to talking about our committees and how they comprise their objectives, our objectives are driven by this model. So, we have a program goal, and our overall goal for built environment, for example, is to enhance the built environment within Central Maui to promote moving naturally, social connectiveness, and overall wellbeing, which ties in to a lot of what you heard from Rowena and also from Lauren from HEAL. In order to do this type of work, we are comprised of committees that are inclusive of County of Maui departments, we also work with the State of Hawaii, Maui Bicycling League, Healthy Eating Active Living, and many other community advocates. And I just want to preference that we didn't put specifically what our goals are into this presentation because we'd be here for like another hour. But just giving you a general idea of the overall work that we do and the goals that we work around to initiate change in our community. So, touching on food policy. Our goal with food policy is to create an environment where healthy foods are easily accessible and embraced. And if you're seeing a consistent trend between us and HEAL, that's because we do the same thing, right? HEAL is the local entity that provides the service to our community and Blue Zones is kind of that accelerator behind HEAL, making these things happen in our communities. So just like built environment, we have certain targets that we have to meet for BZP. Again, these targets are identified by the committees. That committee specifically is comprised of organizations from UH Maui, State of Hawaii, Maui School Garden Network, Grow Some Good, Maui Food Bank, some private physicians, and then also our many other advocates that we work with around food. And of course, last but not least, we are very privileged to live a state with very, very good tobacco-free policy. And part of that is due to the work of many people before us. We have an active coalition here, the tobacco, I'm sorry, the Coalition for a Tobacco-Free Maui. That is headed by a group of volunteers and also part of HIPHI, and we work directly with them to basically initiate change around tobacco-free policies, but our goal this year, and you've probably heard about it, is right now through the Legislature, we are pushing a statewide vaping flavor ban. I'm sure you've probably heard from some of us or from the Tobacco Coalition about the major epidemic that we're facing here in Maui County regarding teen vaping. It's actually 33 percent of our teens are actively, and when I say actively, they

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practice this daily, actively participating in the practice of vaping. And on top of that, one in two are actually vaping, trying vape, or at least giving it a try. These numbers are staggering; they should be scary to you, and that is part of the reason why we're pushing the statewide flavor ban. So, just to kind of give you a perception of how BZP works. As I mentioned earlier, we're kind of like the accelerator in the community that comes up behind projects, provides education, provides community advocacy, and really gives those policies, those programs, those efforts, a little bit of a boost to make them happen. And a good example of the work that we do was our Pomaikai walking school bus. And I really wish we could have shared this video with you because it's a great, beautiful, beautifully put together video.

MS. BRUMMEL: It went viral.

MS. ABRAHAM (*PowerPoint Presentation*): Yeah. We'll share it with you via e-mail, but it highlighted the efforts that we did with Pomaikai School. So, before I tell you what we did, I just wanted to share kind of how we work in collaboration and partnership. All the people that you see listed there, Pomaikai Elementary, their PTA, the County of Maui, Safe Routes to School, the HEAL Coalition, the Department of Education, Maui Police Department, and a couple other players got together and coordinated what we did, what we called our first walking school bus. We were able to draw 125 students and parents on National Walk to School Day, and we incorporated two Safe Routes to Schools routes that were developed through the County here. And we walked kids to school. It was just about, just under a mile, but all in all, we were able to walk 100 happy kids to school that morning. And I have to tell you, it was just such an amazing experience, and as a result of it, there are many of these kids that you see in these pictures that have formed groups within parents throughout their neighborhood and continue to walk to school together as many walking school buses, which is the ultimate goal. So, just wanted to point out, we're a staff of four here. One of the benefits is we have a wonderful sponsor, HMSA, who funds our program, and that allows us to support entities like HEAL, support the County of Maui, Public Works, in projects that, we know, will move the bar on public health. And you can reach us on Instagram, you can also reach us on Facebook. Our website is included, but we are happy to be here. We feel very privileged to do the work that we do, and it's great to be part of an organization that is really shifting change in our community. I think we have one more slide.

MS. BRUMMEL: We do.

MS. ABRAHAM: And this is just, in closing, I just wanted to share with you our Baldwin High School worksite celebration. So, Baldwin was our first worksite, I'm sorry, our first school worksite that was approved in Maui County. As you can see, they were really excited about it. They celebrated their approval with a plant-based cooking contest. And it was just a wonderful activity. They've implemented many changes into their school, to move their school in the direction of being healthier, but we hope to continue to do this with many organizations. We are only in the community for another year. We are on pathway to meet all of our objectives, and what that means for our community is if we achieve all of our goals within the next year, we are on our way to being a certified Blue Zone community, which, the bigger picture of that is that people get to live ten

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years longer on average in their lives, and our overall goal of course is to create a healthier/happier community where people can thrive and live longer. So, with that, I just wanted to say thank you for paying attention to our presentation and we hope to be able to work with all of you in the future. Aloha.

CHAIR HOKAMA: Thank you, Ms. Abraham. Okay, we'll take a five-minute recess for everyone to stretch and we'll get back and have Members pose a question if they have. So, five-minute recess. . . .*(gavel)*. . .

**RECESS: 2:57 p.m.**

**RECONVENE: 3:04 p.m.**

CHAIR HOKAMA: . . .*(gavel)*. . . Okay, we're back to order. We appreciate all our presenters; Mr. Lo, Ms. Arakawa, Ms. Dagdag-Andaya, Ms. Loor, Ms. Abraham, Ms. Brummel. So, you've been pretty much immersed, Members, this afternoon with a lot of good information, good comments. I hope you've appreciated the opportunities that these individuals have presented to us. Before I open it up to you, I'd just like to make a few comments in hearing from our presenters this morning, and I verified certain things. Since the 1970s, Americans physical body mass has grown to over 30 percent bigger than what it was in the '70s, and I can understand why. Look at what was our drivers for economic development. Hawaii was pretty much visitor industry...no, agriculture and military. Physical employers. So, obviously we've changed our ability of how much we do physically and how much we actually do outdoors. Definite impact of technology and devices on our youth and our population in general, whereby we minimize interpersonal relationships and we minimize physical activity. Even my own family members. The amount of time they spend on their device at family gatherings is pretty sad compared to talking to a family member. And then I think some of the other things we should also take into account is just what we know from our daily observation of eating practices. I grew up in a time where seven days, I think almost every day was two meals at home. How many people eat at home nowadays? Whether it be for convenience, timing, whatever it be on the family, the amount of times we eat outside of the house versus inside the house also impacts your choices of healthy consumption. And we know what drives. Look at the TV every day, you have a McDonald's commercial to eat fast food, you have a Wendy's, you have a lot of things promoting, as our panel said, sugar, carbohydrates, things that impact things that we would call, I guess, blood pressure, cholesterol, and of course, the boogeyman, sugar and diabetes. So, I would say it's been an interesting phenomenon for those of us that have observed the decades of change that not necessarily we've gone and improved our lives. Maybe we need to go back to the old ways because obviously Okinawa found a way to make it work. I think the Native Hawaiians had found a way to make it work. Okay. So, maybe part of the answer to the future is to look in the past and see what we did right and replicate it again. So, there's no reason for us not to have farms at our schools. Whether they be for physical or nutritional benefits, but that's just one man's opinion. Ms. Sugimura, you have any questions you'd like to pose to our panel at this time? And I'll have each Member to be fair at this point one question with up to two follow ups.

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VICE-CHAIR SUGIMURA: So, I appreciate this very much and it really ties to my Committee, my Multimodal Transpiration Committee. So, you're all in my hearts all week long, actually and I appreciate this, but on the work that you're doing with Blue Zone, I'm gonna ask you this. I asked you during the recess, but why is Blue Zones on Maui only in Central Maui, one. And then the other one is why are you leaving after one year?

CHAIR HOKAMA: Okay, anyone would like to answer that? Ms. Abraham?

MS. ABRAHAM: Yes. Thank you for that question, Councilmember Sugimura. We would love to be island-wide, but the nature of our work really makes it so we have to focus specifically on one community. We approach, Blue Zones approaches all of their work around community-focused efforts. Obviously in a three-year period, we would not be able to initiate, you know, change across the island, so the way that we approach our work is to focus on specific communities that have a certain amount of community readiness. In order for us to come into the community, the County worked with some other partners to be able present community readiness for Blue Zones. So, because we were able to show that readiness, we were able to come into Central Maui and the application for us to come here was specifically to come into Central Maui, so we focus all of our work on Kahului and Wailuku. So, it really does come down to financing. It comes down to the amount of time that we have to focus our program and our efforts in one place, and the nice thing, I think, about Central Maui is it's a connected area for everyone across the island. You know, give or take, most people come through Central Maui at some point in their week, so we felt that it was the right place to focus on. And I'm sorry, what was the other half of your question?

VICE-CHAIR SUGIMURA: Why one year? Why are you leaving?

MS. ABRAHAM: Oh, so HMSA has been an absolutely amazing sponsor for us, in the sense that they've brought these programs to the State of Hawaii, but with like every program, you know, it comes down to money and it comes down to the overall investment and their resources to invest in programs like ours. So, we are a program that needs funding to be able to operate and our funding period with HMSA is for a three-year period. Certainly, we would like to expand and consider other partners that may be able to fund this type of work in our community because we all see the value in having a program like Blue Zones here to support public health and physical activity, and all the other things that we do, but initially, it comes down to money. So, our funding will run out at the end of this year. We'll be here till February 2020.

VICE-CHAIR SUGIMURA: Thank you. One last question. So, the Kane Street project. In my Committee, that was talked about in terms of complete streets. I wonder if you could ask, answer a question that came up about how will this process support the Kane Street project, and I guess, MPO? I was wondering if there's any funding support and just for the Committee's information, there's none through MPO because that's a County project but.

MS. DAGDAG-ANDAYA: Yes, Chair. And thank you for the question, Councilmember Sugimura. We did talk a little bit about that. Lauren and I talked about it yesterday. I

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know for the planning and design phase, that is more, that I don't think we could use Federal monies. It's more on the construction phase that we can, so if we tie it in with some sort of resurfacing or Fed-aid type of project on Kane Street then we can do that. But as far as the planning phase, yeah, I wouldn't be, couldn't use. However, you know, I think Councilmember Hokama did mention earlier, or somebody mentioned earlier about the use of CDBG funds. I think maybe Wes did that in his presentation. That's something that we're also looking at pursuing. We did speak with Joe Pontanilla, who had CDBG, and asked him about the timelines because sometimes our, you need to be shovel-ready with that project and have already gotten all your permits and you know, any kind of entitlements that are needed. So, we would need to have, you know, our timeline would need to be in line, so I think that's something that we would also try to consider when it comes to construction.

VICE-CHAIR SUGIMURA: Good. Thank you.

CHAIR HOKAMA: Thank you. Ms. Kama, any questions at this time?

COUNCILMEMBER KAMA: No, Chair.

CHAIR HOKAMA: Thank you. Ms. Rawlins-Fernandez?

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes. Mahalo, Chair. And I couldn't agree more with the manao that you shared earlier. And mahalo to everyone for your very thorough and enlightening presentations. My question is for OED. Since Kaunakakai is designated on Opportunity Zone, what kind of funding is available through that program?

CHAIR HOKAMA: Ms. Arakawa?

MS. ARAKAWA: Thank you, Chair. Sorry. Funding, the way the Opportunity Zone works is investors would have to place funds into the Opportunity Funds Program. And it is, it's a private entity. It doesn't involve the Federal, State or County. So, what would be the first step, I believe, is to find these funding opportunity, well these Opportunity Zone Funds. And there are organizations that have already been established specifically to collect for these funds from investors to be invested in Opportunity Zones all over the country. Does that answer your question?

COUNCILMEMBER RAWLINS-FERNANDEZ: It does, and I...one follow-up.

CHAIR HOKAMA: Sure.

COUNCILMEMBER RAWLINS-FERNANDEZ: Who then gets to choose how that money gets spent and what the projects would fund?

MS. ARAKAWA: And it is at the prerogative of the Opportunity Fund organization.

COUNCILMEMBER RAWLINS-FERNANDEZ: Okay. One last follow-up.



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CHAIR HOKAMA: Sure.

MS. ARAKAWA: So, can I?

CHAIR HOKAMA: Go ahead, Ms. Arakawa.

MS. ARAKAWA: So, what would be really great is if, so let's say you have an idea about wanting to fund something specific in Kaunakakai. Let these funding organizations know what you have and see if they can seek out to their investors. They might be really interested in what you have. Instead of waiting for somebody to come in and then you'll say, well, this is not what we want in the community. Maybe go the other way around and this was discussed last week, the question did come up and I think that is a really, really good way of working through that process is doing that. And we'll be happy to work with you if you have a particular project you want to work on. We'd really help to do that.

COUNCILMEMBER RAWLINS-FERNANDEZ: All right. Thank you. Mahalo, Chair

CHAIR HOKAMA: I think one thing you can think about, Members, is doesn't necessarily come with already pre-appropriated or available funds, per se. There is advantages through the tax credits that the Federal government has been willing to put forward with some type of subsidy, but the key that I think we should have taken away from today's comments from our presenters is what Mr. Lo mentioned. There is, up in the sky, planes with funding circling, okay. The recommendation is for those that are interested, including this County, is to create the, not the airport, but the runway that this planes want to land on. Okay. So, we are trying to find and create, construct the runway for this plane with the funding to come and land here for us to tap those private sector funds as investment monies, instead of government funds for investment. So, if you, I mean, I think we can appreciate it as islanders because we fly a lot, yeah. So, I mean, you know, there's planes up there with that cash and they're looking at health areas as a key, smart beneficial investment for their funds and the returns they expect to get. Now, these people are capitalists, be assured now. They expect a return on that investment, okay. They're not doing this for free, so they expect to make money, but that's how good the proposal needs to be in the Opportunity Zone. Private sector if smart will invest their money to fund our projects. And I would take Ms. Arakawa's comment that we should craft a runway to the project you want in your community instead of allowing them to say, we're willing to come to Molokai, but this is what we're gonna do, and that may not be what Molokai wants. Yeah. Ms. Paltin, questions?

COUNCILMEMBER PALTIN: Sure. Thank you, Chair. My question is for Lauren Loor and I'm not sure if it's under your purview, but it was in your presentation, Slide 14. In my community I have constituents that are really concerned about drug use and its effect on the kids. And under your priorities there's tobacco flavor ban, youth vaping, underage drinking, underage marijuana use, consumption of sugar-sweetened beverages. My question is why wouldn't you include just general drug use, as well as, it seems to be a little of a problem in my community besides just marijuana use?

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CHAIR HOKAMA: Ms. Loor?

MS. LOOR: Thank you, Councilmember Paltin. So, for the Maui Coalition for Drug-Free Youth, they recently received a Drug-Free Communities grant, and I think for them, they had to really focus on youth, and through data, saw that youth were not using, you know, kind of harder drugs, that it was marijuana was the issue for them. So, it was through data and through their grant process that they...originally they only focused on alcohol. They did not concentrate of drugs at all, and only youth alcohol usage. So, with this new grant, they had to kind of figure out what was the major risk for youth, what's the major risk factor for youth, and it came out to marijuana based on data tracks as well.

COUNCILMEMBER PALTIN: Just a follow-up. So, they couldn't just say underage drug use, they had to specify which drug it was?

MS. LOOR: Yeah, they had to specify, and it's not to say that there isn't a drug issue with other drugs in the communities, but marijuana use was the highest and seemed to be the highest risk factor.

COUNCILMEMBER PALTIN: Thank you.

MS. LOOR: Thank you.

CHAIR HOKAMA: Thank you. Ms. Sugimura?

VICE-CHAIR SUGIMURA: Interesting because Tuesday we had presentation from MPD police, and the question came from the floor, one of the Members, which is the highest, I think came from your question, yeah. And I was surprised to hear that marijuana and meth in that order. You know, we always go to conferences always opioids, and you know, I think nationally it's such a different problem, but it's interesting that even through your studies that marijuana is higher in terms of a drug problem, but yet we have the, you know, legalization of the medical marijuana. So, how does that all tie into all of this? Do you know? I guess you have youth so that might be different.

CHAIR HOKAMA: Go ahead, Ms. Loor.

MS. LOOR: I also want to clarify that that coalition is not under my, I do not coordinate them. It's Ashlee Chapman who is the coordinator, but we work together and are under the umbrella of HIPHI now, so I do support their work. But that is a big concern for that coalition, is the recreational and also medical marijuana use, you know the bills that are passing through the Legislature. And in fact, I think one bill, maybe last year or two years ago, had the age at 18 for recreational use and they were completely against that, submitting testimony constantly that if we are going to pass this at the State that it needs, it's gonna come eventually because we've seen it as a trend nationally. So, they know that that wave is coming to Hawaii, but to make sure that we are responsible in the policies that we pass and that is 21, and you know, I think, in the trends that you see on mainland, it is opioids, it is prescription drugs, overdose on you know, those

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kinds of drugs that teens and children have access to, which is super unfortunate, but for here, we haven't had that wave yet, and we hope with that coalition, the big hope is that that doesn't happen here as much. So, I'm not sure if that answers your question, but I can also put you in touch with Ashlee Chapman. I think you know her as well, to find out some more data about that, too, because she has, they did a bunch of surveys with youth, with MEO, in the schools, and really trying to figure out what are the issues, what are the youth seeing because that's their main focus area.

VICE-CHAIR SUGIMURA: Thank you.

CHAIR HOKAMA: Thank you. Ms. Kama, is there a question you would like to ask?

COUNCILMEMBER KAMA: No, sir.

CHAIR HOKAMA: Okay, thank you. Before we go back to Ms. Rawlins-Fernandez, hearing how the questions have been coming from the Members, maybe for you, Ms. Abraham, I know Blue Zones made it a point about, I guess home environment. Part of, you know, we're part of a western region that's pretty liberal in general, nationally, yeah. So, Oregon passed a 7 percent annual cap on rental increases, statewide law. They just passed that, and then again they've created some language, to take in account, inflation, but is that something you folks see as potential type of policies that advance the healthy community discussion, and that maybe Hawaii needs to have a concern about the ability of our own people to have some confidence in their security of having a living environment?

MS. ABRAHAM: That's a great question, Chair Hokama. I'm not sure I can give you a direct answer about that, but what I can tell you in regards to built environment, everything that we choose to focus on has to fit nicely into the Blue Zone Project overall program objectives. So, while I acknowledge the fact that that definitely is a huge issue that we're dealing with here in Maui County, the work that we do in built environment for Blue Zone specifically is driven out of our committees, which is comprised of key stakeholders and experts in the field that identify projects that we can truly accomplish in a three-year span. So, first off, I don't even think we could begin to tip the point on something, an issue that large in a three-year span, but we really have to focus on projects that we can move the needle within a three-year span. So, I hope that kind of sheds some light on that overall picture, but all of the projects that we focus on for built environment, as I mentioned before, are driven out of the work of our committees, and we go through a strategic planning session to identify what projects we're going to focus on. That's essentially where Kane Street rooted from, but certainly acknowledge the importance of what you're talking about and hope that we can find other ways to address it as well.

CHAIR HOKAMA: Because I thought that was one of your nine blocks or nine principles of...

MS. ABRAHAM: Unfortunately, our power nine, they focus more on human behavior, not so much on built environment. It's the environment...it's the nine principles, or the power

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nine that we like to refer to them that we like to incorporate into all of the policy work that we do so I think that would fit around family first, you know --

CHAIR HOKAMA: Right, right, right.

MS. ABRAHAM: --finding happiness, those type of things, but our program is, again, it's focused on things that we can accomplish in a three-year span.

CHAIR HOKAMA: Okay. You had something you want to add, Ms. Loor? Go ahead.

MS. LOOR: Yeah, I wanted to add. I had recently gone to a conference in Portland in Oregon. And we, you know, Oregon has a wonderful biking infrastructure. You feel very safe when you're biking, there are bridges solely dedicated to pedestrian and bicyclists, no cars at all. And you know, the goal is to really get people out of their cars and active in their daily lifestyles. However, there is the caveat that when you do improve, that you run the risk of having gentrification happen. You run the risk of, unfortunately, families needing to leave the areas in which they've lived their whole lives, generation after generation. And I think, I'm originally from New York, I recently lived in Brooklyn before moving here, and that is a huge trend that you see across the United States, is unfortunately, when you implement infrastructure that you can run the risk of raising the property value, and unfortunately, your local families end up needing to leave their homes. And I think one of the big things that for our built environment committee and our stakeholders that we have at the table is making sure that there are policies put in place, but any of the infrastructure is to support families who are already in those communities, and to not push people out and to not create a place where people cannot stay where they're from, and I think that is extremely important here especially.

CHAIR HOKAMA: Thank you for the comments. Ms. Rawlins-Fernandez, you have a question you'd like to pose?

COUNCILMEMBER RAWLINS-FERNANDEZ: Yes, mahalo. One of the things that I feel like the presentation didn't really touch on too much, but is implied, it's included, is the improved mental, emotional, and spiritual health of putting all of these priorities, implementing all of these priorities. And I think that's really important for our community as well, so my question is for Blue Zones. In a year, when Blue Zones completes their program or their time here, and you've described it as an enhancer, or I'm sorry, I'm not using...

MS. ABRAHAM: Accelerator.

COUNCILMEMBER RAWLINS-FERNANDEZ: Accelerator. Is there something that you envision serving in its place when it leaves?

MS. ABRAHAM: So, the issue about sustainability is something that we look at in every project that we approach, and obviously we want the work that we're implementing now in the three years that we're in the community to live far beyond that once we exit, and the overall, the overarching goal, of course, is to create a community where our children can

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thrive. I mean, we're all in this for the same reasons; we want to create a community where people can live longer, be happier, be healthier and continue to thrive. So, with that in mind, we do take steps to incorporate sustainability into the programs that we implement. It's really dependent on what specific program or what specific policy we are working around, but here in Maui County, we have the unique opportunity to work with an organization, for example like HEAL. And Healthy Eating Active Living Coalition is one of the best kept secrets in our community because they do the work that Blue Zones does, but it's just Lauren, for example. Just Lauren has to handle built environment, tobacco, and food policy, so when we get to work and do the projects and focus on the objectives that we do through Blue Zones, we are already thinking about, through the work of HEAL, how we sustain the work that we're doing. And a good example of that is one of the recent projects that we are working on right now is doing the Give Healthy Campaign with the Maui Food Bank and it's around the idea of transitioning people into the mindset of giving healthy versus giving your traditional Spam, Vienna sausage, white rice, and all those good things that aren't necessarily good for you. But what we're doing is we're working directly with HEAL. This project will be about six months long, and during that time we are going to be implementing healthy food drive guidelines, and then when we exit the community, they are also gonna be monitoring through the Food Bank how this impacts the community, how many more pounds of healthy food they're gonna be collecting, how it impacts families directly, which then HEAL will pick up. That end of it use those statistics to be able to incorporate them into their future priorities, their future projects, so they can actually utilize what we're doing to keep that, keep moving food policy in the right direction for Maui County. So, that's just one example of how we build in sustainability, but sustainability is definitely top of mind. I mean, when you talk about built environment, for example, the work that we did around the roundabout, that's gonna benefit communities for years and years to come, so we're always thinking about the sustainable arm of the work that we do.

COUNCILMEMBER RAWLINS-FERNANDEZ: Mahalo, Ms. Abraham. Mahalo, Chair.

CHAIR HOKAMA: Thank you. Ms. Paltin?

COUNCILMEMBER PALTIN: Thank you, Chair. My next question is for Deputy Director Dagdag-Andaya. And I know a lot of the talk today has been focused around the built environment, and I was wondering, you know, with sea level rise, coastal erosion, and you probably know where I'm talking about on the lower road, is there any long-range plans for like the abandoned environment in terms of if we are to make the lower road to be a one-way road or if the Pali to Puamana portion gets moved mauka for that to be a walking or a biking or un-built environment to support this type of healthy lifestyle?

MS. DAGDAG-ANDAYA: Thank you, Chair.

CHAIR HOKAMA: Deputy?

MS. DAGDAG-ANDAYA: You know, with the West Maui Community Plan process, I think that's a great opportunity for the Members and for the community to discuss those types of

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issues and include policy statements in the plan. When you create the policy statements, there's also that opportunity to think of different projects that can address some of those issues, and that's where we've been working really heavily with Pam Eaton and Jen Maydan, as well as Kathleen Aoki because she's in the implementation section of the department. So, when those policies get put into place, when the projects are first kind of visioned, that then becomes put in, you know, a matrix, and that's something that we would need to, at Public Works, refer to after the plan is adopted. And that way we can plan for future projects ahead. So, I think that the West Maui Community Plan process and all the other community plan processes would be a great opportunity for us to address sea level rise and its impacts on infrastructure.

COUNCILMEMBER PALTIN: Could you share with me what policy would look like that would turn an abandoned road due to sea level rise or shoreline erosion into a greenway?

MS. DAGDAG-ANDAYA: Chair?

CHAIR HOKAMA: Department?

MS. DAGDAG-ANDAYA: Yeah, you know, I can't think of, you know, off the top of my head. Not at this moment, but you know, there, a number of years ago, there was the Pali to Puamana plan, and with it were action items like purchasing land and eventually, you know, as the Lahaina bypass gets built, then you would convert those lands into, you know, walkable, you know, creating paths. So, I think something like that might, you know, we might need those kinds of, infuse that into the West Maui Community Plan, but as far as a specific policy and what the language would look like, I can't really answer that at this time.

COUNCILMEMBER PALTIN: Thank you.

CHAIR HOKAMA: Thank you. Okay. If you have additional questions, forward it to the Chair. I'll be happy to request a response for you. The Chair will be sending a couple of questions out. One would be, of course, to our Mayor's Office on OED regarding how the current zones were chosen and what is the ability of the County to make adjustments to the zones. And again, for people like me, I'm happy that Molokai is included, I think that's a great opportunity, but I don't know why Lanai and East Maui is not part of an economic opportunity zone or health zone, either. So what would it take for us to eventually consider those TMKs, whatever they want to call it, parcels, for consideration? And then the second one would be to Blue Zones. And my question for them would be how could your entity assist organizations, like for Lanai, would be Lanai \_\_\_\_\_, our new community health program, or whether be on Molokai, whether it be Hana medical program? How those programs can maybe, what's the right word, collaborate, I guess is the, this Administration's term, with agencies like HEAL and Blue Zones to get community benefits because I think there's greater opportunities. I'm taking nothing away from Central Maui. I think is a good project, but I think there's additional opportunities for the County and Blue Zones to potentially work in the future. Any comments regarding that opportunity Ms. Abraham?

## HEALTHY FAMILIES AND COMMUNITIES COMMITTEE MINUTES

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MS. ABRAHAM: We would love to, find us a funder. The short answer I can give you to that is you have HEAL, which is Healthy Eating Active Living, who does a lot of the work that we do and will carry a lot of the resources that we utilize throughout our community after we exit, so that's one option where Lauren does have the ability to work with Lanai, Molokai, East Hawaii, I'm sorry, East Maui. So, there's that opportunity there. For Blue Zones, it's really, as I mentioned before, it's just the opportunity that our community was afforded for Central Maui. It's actually takes the efforts of a community champion, the County, showing community readiness, and you'd have to actually apply for that community to be accepted into the Blue Zones Program, but you know like anything, it's certainly possible. I would love to see that as well, Chair. But it just takes a driver in that community initiating the application process.

CHAIR HOKAMA: I can appreciate those comments, and I can tell you I did verify Kaiser in the Northeast, I believe it's Washington. They have a similar program, not quite what we're talking about, but Kaiser has their doctors doing house calls, okay. So, house calls is not a thing of the past. It's still currently being done by medical organizations, so we may have something to return back to Maui. Okay, no further questions, Members. I want to thank the panel. I want to thank you folks for your time this afternoon. As the Chair said, this is not the meeting, this is one of many we're gonna have. Our two other departments that are involved with this general topic would be Parks and Recreation, and Human Concerns because of the overall community health component. So, we'll have those departments give us comments in about a couple of weeks during the next agenda meeting.

**COUNCILMEMBERS VOICED NO OBJECTIONS.** (Excused: KK, MM)

**ACTION: DEFER PENDING FURTHER DISCUSSION.**

CHAIR HOKAMA: Okay, with nothing else for today, thank you, Members. We are adjourned.  
... (gavel) ...

**ADJOURN:** 3:38 p.m.

APPROVED:



RIKI HOKAMA, Chair  
Healthy Families and Communities  
Committee

**HEALTHY FAMILIES AND COMMUNITIES COMMITTEE MINUTES**  
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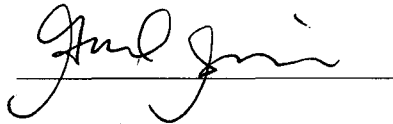
**February 28, 2019**

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CERTIFICATE

I, Gail Asuncion, hereby certify that the foregoing represents to the best of my ability, a true and correct transcript of the proceedings. I further certify that I am not in any way concerned with the cause.

DATED the 21<sup>st</sup> day of March, 2019, in Lahaina, Hawaii

A handwritten signature in cursive script, appearing to read 'Gail Asuncion', is written over a horizontal line.

Gail Asuncion