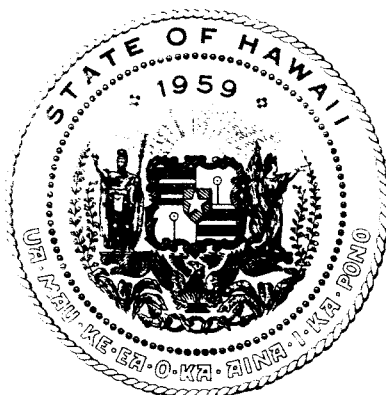


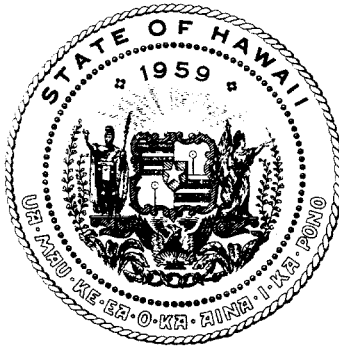
The Hawaii State Plan



HEALTH

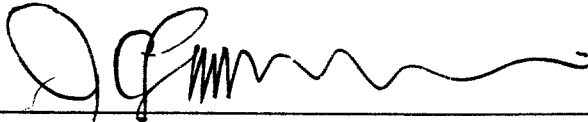
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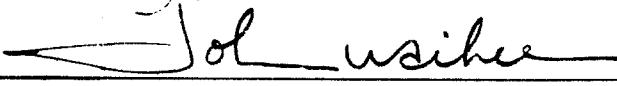
The Hawaii State Plan



HEALTH

Preparation of this Functional Plan was coordinated by the
DEPARTMENT OF HEALTH
in accordance with Chapter 226, Hawaii Revised Statutes.

Submitted by  Date Feb 6, 1989
John C. Lewin, M.D., Director

Approved by  Date May 8, 1989
John Waihee, Governor, State of Hawaii



EXECUTIVE CHAMBERS

HONOLULU

JOHN WAIHEE
GOVERNOR

FOREWORD

Hawaii's people are among the healthiest in the nation. Our longevity and life style are the envy of many other states. Yet Hawaii must still deal with troubling health issues such as AIDS and the increasing cost of quality health care.

This revised Health Functional Plan focuses on changing the State's role in public health from that of individual health care provider, to one of advocacy and a catalyst for public and private sector efforts. The Plan addresses major initiatives in preventive health care and providing access for "gap group" populations.

The Health Functional Plan also emphasizes the expansion of public-private health care partnerships to meet the needs of individuals and families, as well as address environmental protection issues.

With this Plan, the State can become a facilitator, coordinator, and leader in advocating better health care for Hawaii's people.

JOHN WAIHEE

JOHN WAIHEE
GOVERNOR OF HAWAII



JOHN C. LEWIN, M.D.
DIRECTOR OF HEALTH

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In reply, please refer to:
File:

Preface

Hawaii is at this moment in time afforded a unique window of opportunity to choose to further benefit the health of our citizens, to protect and enhance our beautiful and natural environment and simultaneously to boost our long term economy by attracting a lion's share of the rapidly developing, affluent, wellness-oriented market.

The vision and determination is for Hawaii to become the health and wellness capital of America, the Pacific and, perhaps, the world. We begin such an ambitious mission with a tremendous headstart in both health status and environmental beauty. The potential and rewards are great, and, from a purely pragmatic or economic point of view, it is both realistic and realizable to consider ourselves not just the "capital of the Pacific", but also the international health state.

The accomplishment of this "Healthy Hawaii" vision will require the coordinated commitment of individuals, families, communities, businesses, and government.

A handwritten signature in black ink, appearing to be "John C. Lewin", written in a cursive style.

JOHN C. LEWIN, M.D.
Director of Health

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STATE FUNCTIONAL PLAN

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STATE FUNCTIONAL PLANS

CHAPTER I: INTRODUCTION

The Hawaii State Plan (Chapter 226, Hawaii Revised Statutes) provides a long-range guide for Hawaii's future. It establishes a Statewide Planning System to achieve State goals, objectives and policies. This system requires the development of State Functional Plans (SFPs) which are approved by the Governor. The functional plans guide the implementation of State and County actions in the areas of agriculture, conservation lands, education, employment, energy, health, higher education, historic preservation, housing, human services, recreation, tourism, transportation, water resources, and other areas as designated by the Governor.

In 1988, the State's focus has been the preparation of five Functional Plans relating to human service and resource needs:

<u>Area</u>	<u>Coordinating Agency</u>
* Education	Department of Education
* Employment	Department of Labor and Industrial Relations
* Health	Department of Health
* Housing	Housing Finance and Development Corporation
* Human Services	Department of Human Services

PURPOSE OF THE STATE FUNCTIONAL PLANS

In conjunction with County General Plans, State Functional Plans are the primary guideposts for implementing the Hawaii State Plan. While the Hawaii State Plan establishes long-term objectives for Hawaii, the State Functional Plans delineate specific strategies of policies and priority actions that should be addressed in the short-term.

In addition, there is an increased emphasis on the implementation of programs and actions. Therefore, Functional Plans contain specific, implementable actions that can be directly related to budget items.

The purposes of the State Functional Plans with respect to Chapter 226, as amended by Act 336, SLH 1987, are to:

- * Identify major statewide priority concerns;
- * Define current strategies for the functional area;
- * Identify major relationships among functional areas;
- * Provide the direction and strategies for departmental policies, programs and priorities;
- * Provide a guide for the allocation of resources to carry out various State activities in coordination with County activities; and
- * Assist in reconciling and coordinating State and County roles and responsibilities in the implementation of the Hawaii State Plan.

ROLE OF THE STATE FUNCTIONAL PLANS

The Functional Plans primarily address priority actions that should be taken within a two- to six-year period. This time frame coincides with the Biennial Budget and Capital Improvement Program budgetary cycles. The plans primarily affect State operations; however, recommendations for coordinated actions at the Federal, County and private sector levels are also included.

State Functional Plans are intended to act in a coordinated fashion with County General Plans and Development Plans. Chapter 226, Hawaii Revised Statutes, as amended by Act 336, SLH 1987, states

that County General Plans and Development Plans shall be used as a basis in the formulation of State Functional Plans. Conversely, the law also states that the Counties shall use approved State Functional Plans as guidelines in formulating, amending and implementing the County General Plans and Development Plans. Thus, State Functional Plans and the County General Plans and Development Plans each draw from the knowledge embodied in the other, and all are essential to implement the Hawaii State Plan. However, State Functional Plans are still not to be interpreted as law or statutory mandates, nor do they mandate County or private sector actions. The Functional Plans assure that problems and issues of statewide importance are addressed, while the County General and Development Plans indicate desired population and physical development patterns for each County, and assure that the unique problems and needs of each County are addressed.

STATE FUNCTIONAL PLAN ADVISORY COMMITTEES

State Functional Plan Advisory Committees are established for each Functional Plan and play a critical role by advising State Functional Plan agencies in the review, revision and implementation of the Functional Plan. These committees have also been instrumental in providing outreach opportunities for participation by individuals and special interest groups in the review process.

Each Functional Plan Advisory Committee is composed of State officials, public officials from each County, members of the public and experts in the particular functional area. Members are appointed by the Governor in accordance with provisions of the Hawaii State Plan, Section 226-57, Hawaii Revised Statutes.

REVIEW AND REVISION

In order to be responsive to constantly changing needs and conditions, Functional Plans are subject to review and revision every two years; the timing of which is linked to the review process of the Hawaii State Plan.

In undertaking these reviews, some of the State Functional Plan agencies have developed Technical Reference Documents (TRDs) and/or other technical studies and resource materials which provide background information and supporting rationale for policies and actions contained in the Functional Plan.

COORDINATION

This Functional Plan document has been produced by the Department of Health through extensive meetings and consultations with the Health Functional Plan Advisory Committee, the Office of State Planning, other affected State and County agencies, the private sector, and the general public.

The Functional Plan agencies initiate interagency coordination by identifying areas with complementary and competing interests. The review and monitoring activities conducted by their Advisory Committees provide assurance that areas of complementary and competing relationships continue to be addressed in the implementation process.

While each Functional Plan agency develops a process for public and agency input, overall responsibility for assuring coordination among functional plans on a continuing basis, rests with the Office of State Planning.

Each of the participating entities with their corresponding functions are identified in Figure 1.

Figure 1

KEY PARTICIPANTS IN THE STATE FUNCTIONAL PLAN PROCESS

KEY PARTICIPANTS	REQUIRED ACTIONS ACCORDING TO THE HAWAII STATE PLAN, CHAPTER 226, HRS, AS AMENDED		
GOVERNOR	The Governor establishes SFP Advisory Committees for each SFP. (\$226-57).	Governor approves SFPs. (\$226-57).	The Governor transmits approved SFPs to the Legislature, Mayors and County Councils for information. (\$226-58).
LEGISLATURE	Legislature reviews State Functional Plans approved by the Governor; which are used as guidelines to implement State policies. (\$226-58 and 59).		
OFFICE OF STATE PLANNING	OSP prepares guidelines for the development, revision, and implementation of SFPs (\$226-55). It provides recommendations to the Governor and the Policy Council. OSP also provides reports and special studies for the Governor and the Policy Council. (\$226-55).		
BUDGET AND FINANCE	The budgetary review and allocation process of the Department of Budget and Finance shall be in conformance with the Overall Theme, Goals, Objectives, and Policies, and shall utilize as guidelines the Priority Guidelines contained in the Hawaii State Plan and the State Functional Plans (\$226-52).		
FUNCTIONAL PLAN AGENCIES	State agencies designated by the Governor to be responsible for SFP areas prepare the SFPs, work in close cooperation with SFP Advisory Committees, State and County officials, and solicit public views and comments. (\$226-57).		
FUNCTIONAL PLAN ADVISORY COMMITTEES	SFP Advisory Committees work in close cooperation with SFP agencies and provide advice in preparing and implementing SFPs.		
STATE PLAN POLICY COUNCIL	The Policy Council reviews SFPs to identify areas of potential conflict and to assure conformance with the State Plan. The Council submits its findings and recommendations to the Legislature on each SFP. (\$226-54 and 58).	The Council prepares a Biennial Report for the Legislature which contains recommendations for legislative consideration and action. (\$226-54 and 62).	
GENERAL PUBLIC	The general public participates in Statewide SFP Informational Meetings. Members of the public also serve on SFP Advisory Committees and the State Plan Policy Council, participate in statewide surveys, and provide comments and concerns to preparing SFP agencies (\$226-53 and 57).		

CHAPTER II: VISIONS FOR THE HEALTH STATE

Hawaii is at this moment in time afforded a unique window of opportunity to choose to further benefit the health of our citizens, to protect and enhance our beautiful and natural environment and simultaneously to boost our long term economy by attracting a lion's share of the rapidly developing, affluent, wellness-oriented market.

The vision and determination is for Hawaii to become the health and wellness capital of America, the Pacific and, perhaps, the world. We begin such an ambitious mission with a tremendous headstart in both health status and environmental beauty. The potential and rewards are great, and, from a purely pragmatic or economic point of view, it is both realistic and realizable to consider ourselves not just the "capital of the Pacific", but also the international health state.

The accomplishment of this "Healthy Hawaii" vision will require the coordinated commitment of individuals, families, communities, businesses, and government.

THE HEALTHCARE SYSTEM

Health care is a major industry throughout America, encompassing over 10% of the gross national product. In Hawaii, over 2 billion dollars are spent on health care annually, making the health care industry one of the largest in the state with major economic and social consequences in addition to health impact.

The American system of health care emphasizes the role of the private sector. Medical care in this system is largely dominated by private practitioners and with a hospital sector covered for the most part privately, by both non-profit and profit making entities.

In the U.S. and Hawaii, the public sector is generally responsible for the prevention of disease and protection of the environment. Ensuring that care is provided to those sectors of the population who lack access to care, particularly the poor and the medically indigent, is also a major state responsibility. In general, this private sector orientation has brought about high quality care and is responsible for much of the advances in medicine and technology. It is also, however, accused of being a fragmented system which places too much emphasis on high technology care and not enough on preventive health. Public sector efforts have often been underfunded and often uncoordinated with the private sector.

Hawaii enjoys a relatively highly developed system of care. Generally, services available are of high quality and are relatively cost effective. The system serves a healthy population with, in many areas, high ranking health indicators which often exceed those of the

other states. The public health sector in Hawaii has been an active participant with the private sector to prevent disease and promote and protect health. However, a number of factors necessitate changes in the public health role to ensure the direction of the total health system of the state into a system which is coordinated, up-to-date, and responsive to public needs.

First, the growing cost of care threatens to take good health care out of the reach of the average citizen. The increasing capabilities of technology have resulted in extension of life in many cases not conceived possible even five years ago. However, high technology is often expensive and practices utilizing high technology contribute to the increasing cost of care.

Human resources are limited. Growing demands of the health care industry nationwide, as well as in this State, have brought about a shortage of virtually all the health related professions. With such shortages, hospitals and public health efforts have been extremely limited. Not only has the cost of these human resources gone up, but the availability of needed services has decreased as staffing these services becomes more and more difficult. Expectations of patients for cure of serious diseases have increased. However, at the same time individuals do not generally recognize and practice good health habits which would reduce the risks of the chronic conditions that require costly care.

Further litigation in the health area has been an additional factor in increasing the cost of care not only through the cost of settlements for malpractice but also because of the resultant

conservative practice of defensive medicine.

Coupled with the high cost of care, limited resources are available to pay for care. Health insurance rates continue to rise, increasing the costs to business which provides health care benefits as well as the costs to individuals who are insured. Public resources devoted to health care have skyrocketed. However, these too are limited as the public sector has only limited capabilities to pick up additional costs.

Finally, increasing complexity of both public sector and private sector problems limit the capability of current efforts to bring about solutions. Current efforts need major change to meet the major needs of today's health environment. Major needs of the system today are: 1) an extension of preventive concepts into the personal health of each individual in Hawaii; 2) the need or efforts to be undertaken to ensure availability of care, especially for those who are unable to pay for care (currently known as the gap group); 3) the need for far-reaching environmental protection efforts; 4) the necessity to address quality of care elements in both the private and public sectors as statewide efforts to cut costs increase.

For these reasons, this health functional plan embodies a basic shift in the roles of the private and public sectors. Thus, the Department of Health in this plan changes from being an individual participant in the overall process to a leader of overall public and private sector effort to coordinate and develop a responsive health system in Hawaii. By assuming such leadership the Department of Health proposes to work toward the essential balance of public/private

interests which will best serve Hawaii's people.

By moving out of the direct service provider role for health care services wherever private sector coverage is available, the Department of Health can better serve as the public's health and health care facilitator, coordinator and leader. This public advocacy role requires a partnership with the private sector to develop the mechanisms necessary to meet the unmet health needs of Hawaii's people, and to balance the needs for advancing quality of care with increasing costs.

MAJOR FUNCTIONAL HEALTH ISSUE AREAS

The focus of the State Functional Health Plan and priority issues are as follows:

- * There is new emphasis on preventive health. In addition to new infectious diseases such as AIDS and Hepatitis B, chronic diseases threaten the health care system with long term bankruptcy. For these diseases treatment is often costly, extended and intensive. But both communicable and chronic diseases can be prevented. Prevention strategies need to be undertaken now to avoid a massive future health costs.
- * Presently because of exceptional governmental and private sector cooperation, access to health care is available to most of Hawaii's people. However, some groups lack such access; Hawaiians who are specially impacted with poor health status; the 'gap group' of people who do not have accessibility to care because of inability to share in insurance mechanisms; and special populations such as persons with severe, disabling mental illness who are hard to reach and often do not accept treatment - all require special emphasis.

Insuring of access also means that a health care system including hospital care is available on the neighbor islands.

- * Hawaii's environment is among the most pristine in the nation, certainly a source not only of good health status of Hawaii's people but also of the tourist economy. This fragile environment must be protected.

- * The Department of Health requires upgrading in its administrative and leadership capabilities to take the necessary leadership role in developing within both the public and private sectors the necessary capabilities to effect the plan.

These priorities are expressed in six (6) major objectives relating to promoting healthy lifestyles and behavior, prevention and control of communicable diseases, special populations' access to health care, community hospitals, environmental health and improved Department of Health capabilities. Together, these objectives focus efforts toward achieving a truly cost-effective health system for Hawaii and to further position Hawaii as "the Health State."

CHAPTER III: STATE HEALTH FUNCTIONAL PLAN

OBJECTIVES, POLICIES, AND IMPLEMENTING ACTIONS

The major health issue areas are presented in this section. Each issue area is prefaced with a brief problem description, followed by objectives, policies, and implementing actions to be pursued. Details identifying the organization with the leadership responsibility, other participating organizations, implementing timeframe and budget requirements are indicated with the action.

The issue areas are presented as follows:

1. Health Promotion and Disease Prevention
2. Communicable Diseases Prevention and Control
3. Special Populations with Impaired Access to Health Care
4. Healthcare Services (Acute, Long-term, Primary and Emergent) for Rural Communities
5. Environmental Health and Protection
6. DOH Leadership

ISSUE AREA 1: HEALTH PROMOTION AND DISEASE PREVENTION

Problem: Unnecessary and premature deaths and disabilities due to diseases and conditions which are preventable and controllable.

Medical science and good public health practice have drastically reduced deaths and disabilities stemming from epidemics and diseases which had bedeviled mankind throughout history. Moving into the 21st century, the people of Hawaii are healthier and live longer than ever before. However, much human misery and suffering are still caused by killers such as cancer, heart diseases, accidents, substance abuse and problems relating to high risk pregnancy, while as a society we are living longer.

The high cost of these largely preventable conditions are taking an ever increasing proportion of our social and economic productivity. Clearly, our society must respond to the needs for treatment and care for these conditions. The most effective long term solution is to prevent these conditions from ever occurring. Health Promotion and Disease Prevention Objectives for Hawaii for 1990 and Beyond were developed through a community-wide Governor's Conference on Health Promotion and Disease Prevention organized in 1985 with focus on

fifteen priority health issues: high blood pressure, family planning, pregnancy and infant health, immunization, sexually transmitted diseases, toxic agent and radiation control, occupational safety and health, accident prevention and injury control, fluoridation and dental care, surveillance and control of infectious diseases, smoking and health, misuse of alcohol and drugs, improved nutrition, physical fitness and exercise, and control of stress and violent behavior.

The premier priority of this plan is to develop effective preventive actions to reduce preventable health problems in Hawaii.

1 OBJECTIVE: HEALTH PROMOTION AND DISEASE PREVENTION

Reduction in the incidence, morbidity and mortality associated with preventable and controllable conditions.

1A POLICY:

PUBLIC-PRIVATE PARTNERSHIPS TO ACHIEVE 1990 OBJECTIVES FOR HEALTH PROMOTION AND DISEASE PREVENTION

The DOH will coordinate and develop joint public and private health promotion and disease prevention efforts.

1A1 IMPLEMENTING ACTION:

Expand public-private sector demonstration projects relating to identified high priority 1990 Health Objectives for Hawaii with initiatives focusing on a) school-aged children and b) adults and families in the community.

Lead: DOH, HPEO

Assisting

Organizations: Governor's Conference Steering Committee, UH, public and private organizations

Time Frame: FY 90/91

Budget: FY90 \$100,000 (N) (+ private)
FY91 \$105,000 (A) (+ private)

1A2 IMPLEMENTING ACTION:

Effect legislation to implement statewide health promotion and disease prevention strategies for realization of 1990 Health Objectives for Hawaii.

Lead: DOH, Director's Office

Assisting

Organizations: Governor's Conference Steering Committee, DOH programs

Time Frame: 1989 Legislature.

Budget: No budget proposed. To be carried out within existing resources.

Funding Source Key:

(N) Federal Funds

(A) State General Funds

(C) Capital Improvement Project Funds

(*) Source of funding not determined. Funds required are needed in addition to the executive budget request.

1B POLICY:

REDUCE HEALTH RISKS IN HIGH RISK POPULATIONS

The DOH will develop and coordinate health promotion and disease prevention strategies focusing on preventable health conditions and related risk factors.

1B1 IMPLEMENTING ACTION:

Develop and promote a coordinated chronic diseases prevention and control program including healthy lifestyle interventions (physical fitness activities and nutrition education, early detection, referral, follow up and tracking, and education programs in the community).

Lead: DOH, Chronic Disease Branch

Assisting

Organizations: HPEO, Nutrition Branch, PHN

Time Frame: FY90/91

Budget: FY90 \$243,357 (A)

FY91 \$240,590 (A)

1C POLICY:

REDUCE INJURIES

The DOH will establish an injury prevention and control program to reduce the incidence, morbidity and mortality associated with intentional and unintentional (accidental) injuries.

1C1 IMPLEMENTING ACTION:

Establish a statewide injury prevention and control program.

Lead: DOH, HPEO/EMS

Assisting

Organizations: Hosp and Med Fac Branch, Rehab Hospital, DOT Highway Safety Office, HMSA, Healthcare Association of Hawaii, DOE, EPHSD, FHSD MCH, PHN, Fire Depts., Traffic Safety Depts., Water Safety Depts., MADD, Hospitals.

Time Frame: FY90/91

Budget: FY90 \$131,793 (A)

FY91 \$119,093 (A)

1D POLICY:

IMPROVE TRAUMA CARE

The DOH will develop necessary additional components to ensure an effective and coordinated system for the delivery of quality emergency medical care.

1D1 IMPLEMENTING ACTION:

Augment the existing emergency medical services system by integrating critical care components with network of medical transport systems.

Lead: DOH, EMS Branch

Assisting

Organizations: C&C Honolulu, County of Hawaii, Int'l Life Support, HMA and its Specialty Societies, C/S Hospital Div., Hawaii Air Ambulance, Acute Care Hospitals.

Time Frame: FY90/92

Budget: FY90 \$1,944,168 (A)
FY91 \$2,056,941 (A) \$1,600,000 (N)
FY92 \$2,700,000 (N)

Note: Federal funds (N) are to be available for trauma system.

1E POLICY:

SUBSTANCE ABUSE PREVENTION

The DOH will promote educational and informational programs to prevent substance abuse and will assure provision of effective intervention and treatment programs.

1E1 IMPLEMENTING ACTION:

Develop and implement the State Master Plan on Substance Abuse.

Lead: DOH, ADAB, MHD

Assisting

Organizations: OSP, DOE, UH, AG, JUD, DHS, DOC, DOT, Police Depts., OCY, Community agencies

Time Frame: FY90/91

Budget: FY90 \$259,069 (A)
FY91 \$240,006 (A)

1E2 IMPLEMENTING ACTION:

Expand the prevention and early intervention services to State employees through counseling and referral employee assistance (CARE) programs.

Lead: DPS

Assisting

Organizations: ADAB, UH, state departments

Time Frame: FY90/91

Budget: FY90 \$173,179 (A)
FY91 \$163,056 (A)

1E3 IMPLEMENTING ACTION:

Implement and evaluate the mandatory mental health and substance abuse insurance coverage.

Lead: Insurance Commissioner

Assisting

Organizations: MHD, ADAB, private practitioners, community programs, Insurance carriers, HMA, hospitals,

Time Frame: FY90

Budget: FY90 Development of contract within FY89 resources.

1F POLICY:

IMPROVE MATERNAL AND CHILD HEALTH STATUS

The DOH will assure a comprehensive system of health care services for all women, infants, and children at levels most appropriate to their needs.

1F1 IMPLEMENTING ACTION:

Develop statewide guidelines defining risk appropriate care for women 15 to 44 years, infants and children through 18 years.

Lead: DOH, FHSD MCH Branch

Assisting

Organizations: KMCWMC, HMA, AAP, ACOG, UH

Time Frame: FY90/91

Budget: To be pursued within current funding levels.

1F2 IMPLEMENTING ACTION:

Expand private and public partnerships to assure a comprehensive system of care that is family-centered and community based.

Lead: DOH, FHSD

Assisting

Organizations: DOE, DHS, UH, Hawaiian Health Agencies, HPEO, PHNB, Nutrition Branch, Chronic Disease Branch, CDD, DDD, MHD, C/SHD, Private Hospitals, Community/Private Health Care Providers, Professional Organizations

Time Frame: FY90/91

Budget: To be pursued within current funding levels.

1F3 IMPLEMENTING ACTION:

Complete development of the system for early identification of and intervention services to children, ages 0 to 3 years, with special health needs.

Lead: DOH, FHSD, CSHN Branch

Assisting

Organizations: Hawaii Early Intervention Coordinating Council, DOE, DDD, COH, OCY, DD Council, MCH Branch, PHN Branch, DHS

Time Frame: FY90/91

Budget: FY90 \$438,180 (N)

FY91 \$587,180 (N)

Note: Federal funding will gradually phase out and require state funding phase in.

1G POLICY:

HEALTH EDUCATION CURRICULUM FOR ALL STUDENTS

The DOH will develop a new health curriculum with the DOE emphasizing informed decision-making in health practices by all students.

1G1 IMPLEMENTING ACTION:

Evaluate and expand, as indicated, pilot programs relating to peer education, peer counseling, and other methods of effectively delivering health education in the public primary, secondary, and post-secondary schools. Incremental piloting and implementation will be phased in until all schools have programs.

Lead: DOH, FHSD School Health Services Br.

Assisting

Organizations: ADAB, MHD, CDD, HPEO, MCHB-Adolescent Health Network, DOE, DDD, Community Agencies, DHD, UH.

Time Frame: FY90/93

Budget: FY90 \$564,290 (*) FY91 \$558,096 (*)

FY92 \$1.2 mil (*) FY93 \$2.6 mil (*)

Note 1: This would supplement current level of DOE funding for health education counselors requested and only partially funded in 1988.

Note 2: While the focus of this action is on primary and secondary school students, the inclusion of post secondary schools is intended to recognize the importance of health education at all educational levels and to allow potential for future development in this area.

ISSUE AREA 2: INFECTIOUS AND COMMUNICABLE DISEASE

Problem: Emergence of new infectious and communicable diseases continue to threaten the community's well being.

Many communicable diseases of the past such as diphtheria, polio, tuberculosis and Hansen's disease have been controlled, while other diseases such as AIDS and hepatitis B have arisen as significant public health hazards. Control of communicable diseases requires three major programmatic components: prevention (education, implementation of strategies for preventing new cases and maintenance of high immunization levels for all age groups), surveillance (monitoring for the occurrence of infectious diseases), and treatment of those found to be infectious.

Although immunization levels in the school age population are very high there is much to be done to ensure high levels of protection in the very young and adult population. It will be many years before immunization programs alone will be sufficient to control AIDS and hepatitis B. Intensive preventive measures must be instituted. Interrupting the spread of AIDS and hepatitis B is a serious challenge since case-finding (surveillance) is difficult and curative drugs (treatments) have not yet been found.

Hawaii's economic and geographic position as the Pacific crossroads makes us vulnerable to communicable and infectious diseases. We therefore need to keep close monitoring of such diseases and need to share information, technical knowledge and expertise in monitoring with pacific island jurisdictions.

Communicable disease control has been given high priority status for the State of Hawaii in order to promote activities which will improve our ability to overcome these problems.

2 OBJECTIVE: PREVENTION AND CONTROL OF COMMUNICABLE DISEASES

Reduction in the incidence, morbidity and mortality associated with infectious and communicable diseases.

2A POLICY:

OPTIMUM LEVELS OF IMMUNIZATION FOR VACCINE PREVENTABLE DISEASES

The DOH will assure that optimal levels of appropriate immunizations are achieved in both children and adults in Hawaii.

2A1 IMPLEMENTING ACTION:

To expand immunization programs beyond pre-school and school age children to other groups needing adequate immunization coverage.

Lead: CDD

Assisting

Organizations: Area Agencies on Aging, EOA, FHSD, MCH Branch, MHSD-PHN, Private Medical Providers

Time Frame: FY90/91

Budget: FY90 \$81,000 (*)
FY91 \$85,000 (*)

2B POLICY:

EXPAND HEPATITIS B EFFORTS

The DOH will improve identification of hepatitis B virus carriers and high risk groups, and improve immunization of susceptibles.

2B1 IMPLEMENTING ACTION:

Expand the Statewide immunization program for hepatitis B high risk groups.

Lead: CDD

Assisting

Organizations: HI Acad. of Ped., FHSD MCH and SHS Branches, PHN, CDC.

Time Frame: FY90/91

Budget: FY90 \$750,000 (A)
FY91 \$750,000 (A)

2C POLICY:

ESTABLISH AIDS DEFENSE IN HAWAII AND THE PACIFIC

The DOH will be the lead agency in the State for planning, implementing, and coordinating AIDS control and AIDS case management services.

2C1 IMPLEMENTING ACTION:

Assure coordinated, community-wide planning for effective response to AIDS problems including healthcare, human services, epidemiology/research, control and education.

Lead: Governor's Committee on AIDS
Assisting
Organizations: DOH, SHPDA, UH, Private Sector
Time Frame: FY90/91
Budget: FY90 \$64,352 (A)
FY91 \$56,767 (A)

2C2 IMPLEMENTING ACTION:

Expand the provision of accessible, available, and confidential or anonymous HIV testing, assuring that pre-test and post-test counseling services are appropriately available.

Lead: CDD
Assisting
Organizations: MHSD, MHD, Private Medical Providers
Time Frame: FY90/91
Budget: FY90 \$42,188 (A) \$450,000 (N) \$26,773 (*)
FY91 \$37,188 (A) \$473,000 (N) \$26,925 (*)

2C3 IMPLEMENTING ACTION:

Ensure that integrated health care services are available and accessible for those in need of acute and long term care for AIDS and its complications.

Lead: CDD
Assisting
Organizations: DHS, AIDS Task Group, Life Foundation, C/S Hospitals, Private hospitals, Home health agencies, Home care organizations, Hospice, MHD.
Time Frame: FY90/91
Budget: FY90 \$619,500 (A)
FY91 \$649,475 (A)

2C4 IMPLEMENTING ACTION:

Provide integrated medical management for HIV infected persons at an early stage of their infection.

Lead: DOH

Assisting

Organizations: UH Sch of Medicine, UH SPH, HMA,

Time Frame: FY90/91

Budget: FY90 \$300,000 (A)
FY91 \$400,000 (A)

2C5 IMPLEMENTING ACTION:

Intensify research and teaching in infectious disease at the UH Medical School.

Lead: UH

Assisting

Organizations: DOH

Time Frame: FY90/91

Budget: FY90 \$113,556 (*)
FY91 \$109,056 (*)

ISSUE AREA 3: SPECIAL POPULATIONS WITH IMPAIRED ACCESS TO HEALTH CARE

Problem: Persons whose access to care are limited do not receive care when needed or at early stages before critical or chronic conditions develop.

Hawaii, as a State, has overall, the best health status in the United States, and health care services and facilities to form a comprehensive and effective system. However, access to these services, and health of the general state, is not shared by certain population groups; for example, whether by cultural characteristics (Native Hawaiians, immigrants), physical limitations (the elderly, disabled persons), economic limitations ("the gap group"), or geographic distance. These populations require special consideration in the design and delivery of health services.

In order to make care accessible and available to all, high priority actions are warranted.

3 OBJECTIVE: HEALTH NEEDS OF SPECIAL POPULATIONS WITH IMPAIRED ACCESS TO HEALTH CARE

Increased availability and accessibility of health services for groups with impaired access to health care programs.

3A POLICY:

IMPROVE ACCESS TO HEALTH CARE FOR SPECIAL POPULATIONS

The Department of Health will assume leadership in assuring that all individuals in the State of Hawaii have access to health care programs.

3A1 IMPLEMENTING ACTION:

Develop and implement programs to improve the health status of Native Hawaiians.

Lead: Office of Hawaiian Health

Assisting

Organizations: E Ola Mau, OHA, DHS, Queens Hospital, Native Hawaiian Health Task Force, PHN, Other DOH Divisions and Offices.

Time Frame: FY90/91

Budget: FY90 \$94,889 (A)
FY91 \$76,568 (A)

Note: Budget estimate is for office establishment, planning and coordination. Cost for implementation of services and programs are not included. This budget is also reflected in the DOH reorganization Action 6A1.

3A2 IMPLEMENTING ACTION:

Develop and implement programs to improve the health status of people who are elderly.

Lead: Office of Health Services for the Aging

Assisting

Organizations: EOA, Counties, PHN Branch, DDD, UH

Time Frame: FY90/91

Budget: FY90 \$51,800 (A)
FY91 \$52,350 (A)

Note: Budget estimate is for office establishment and is also reflected in the DOH reorganization Action 6A1.

3B POLICY:

SERVICES FOR PERSONS WITH SEVERE, DISABLING MENTAL ILLNESS

The DOH will assure a public/private system of integrated and accessible services for persons with severe, disabling mental illness in order that they may maintain themselves in society at their highest level of functioning.

3B1 IMPLEMENTING ACTION:

Evaluate and expand the conversion pilot project for cost-effective treatment which provides financial incentives to maintain patients in the community.

Lead: MHD
Assisting
Organizations: Community agencies
Time Frame: FY90/91
Budget: FY90 \$1,000,000 (A)
FY91 \$1,000,000 (A)

3B2 IMPLEMENTING ACTION:

Expand outreach, case finding, and case management activities in the community to reach persons with severe, disabling mental illness who are not being served.

Lead: MHD
Assisting
Organizations: PHN, Consumer/Advocacy groups, UH
Time Frame: FY90/91
Budget: FY90 \$1,132,091 (A)
FY91 \$2,188,666 (A)

3B3 IMPLEMENTING ACTION:

Implement and integrate the Housing Plan for Mental Health Consumers (July 1988) with the state housing plan for each island.

Lead: MHD, HHA
Assisting
Organizations: Housing Finance Development Corp, DHS, County housing agencies, Consumer/Advocacy groups, HUD
Time Frame: FY90
Budget: FY90 \$1,500,000 (C)
FY91 \$3,000,000 (C)

3B4 IMPLEMENTING ACTION:

Expand opportunities to persons with severe, disabling mental illness through expansion of the pre-vocational Clubhouse model and establishment of the vocational Stepworks model for clients to reach their highest level of functioning.

Lead: MHD
Assisting
Organizations: Community agencies
Time Frame: FY89
Budget: FY89 \$200,000 (A)
 \$128,500 (private)
 FY90 \$277,233 (A)
 FY91 \$277,233 (A)

3B5 IMPLEMENTING ACTION:

Implement programs which involve participation of families and caregivers in the treatment planning of patients and which support the relatives and caregivers with education and respite services.

Lead: MHD
Assisting
Organizations: UH, Consumer and Advocacy groups.
Time Frame: FY90/91
Budget: FY90 \$47,870 (N)
 FY91 \$47,870 (N)

3B6 IMPLEMENTING ACTION:

Develop and implement methods and mechanisms to generate income through reimbursements and other innovative financing programs for patient services.

Lead: MHD
Assisting
Organizations: DHS, Robert Wood Johnson Foundation.
Time Frame: FY89
Budget: Currently funding level of \$2.5 million (private funds) over a 5 year period is available for this implementation.

3B7 IMPLEMENTING ACTION:

Strengthen the DOH Mental Health Information/Tracking System and allocate resources to produce accessible, timely and quality management information.

Lead: MHD
Assisting
Organizations: HISO, EDPD, DPS
Time Frame: FY90
Budget: FY90 \$162,000 (N)
FY91 \$216,000 (N)

3C POLICY:

ENSURE HEALTH INSURANCE COVERAGE FOR ALL HAWAII'S PEOPLE
The Department of Health will assume leadership in developing health care insurance or programs for persons without health coverage.

3C1 IMPLEMENTING ACTION:

Develop a "gap group" legislative and budget package of measures to supplement coverage offered by Hawaii's Prepaid Health Care Act, Medicaid and other insurance mechanisms.

Lead: DOH
Assisting
Organizations: DHS, DLIR, DoTax, Health Insurance Carriers, FHSD, DOE, HMA.
Time Frame: FY90/91
Budget: FY90 \$4.0 million
FY91 \$10.0 million

3C2 IMPLEMENTING ACTION:

Expand medicaid options for mothers and infants (MOMI), and for the elderly and the disabled.

Lead: DHS
Assisting
Organizations: DOH, FHSD
Time Frame: FY90
Budget: (1) MOMI
FY90 \$913,129 (A) \$900,000 (N-matching funds estimated)
(2) Aged and Disabled
FY90 \$2,692,550 (A) \$2,692,550 (N-matching funds estimated)

\$450,000 (A) is estimated annually until 1992 for incremental inclusion of children up to 5 years of age for MOMI expansion with matching federal monies available. Additional funding for other populations to be further explored.

ISSUE AREA 4: HEALTHCARE SERVICES (ACUTE, LONG-TERM, PRIMARY AND EMERGENT) FOR RURAL COMMUNITIES.

Problem: Inadequate healthcare services to meet the needs of residents in rural communities.

The DOH recognizes the long history of the rural and county hospitals which emanated from beginnings of religious, plantation counties and finally state affiliations. The involvement of those groups made it possible for the establishment and maintenance of these facilities. In order to continue operations of these facilities there is a need for affiliation with entities that have strong financial viability to ensure their future. The state has been doing so for 18 years while insuring quality, accessibility and availability while still maintaining affordability.

Since the state assumed control of the hospitals in 1970, it has spent over \$100 million in capital improvement projects. It has taken a budget of approximately \$20 million to a \$100 million operation today without increasing the state's subsidy. A large portion of Hawaii is rural in nature, a factor which has not enabled government or the private sector to economically deliver needed healthcare services to the population of these areas. The state has a commitment to ensure that high quality healthcare is available to all at reasonable cost. Hospital care is a high priority in the functional health plan. In view of these factors, the state must continue to play an effective role in the proper planning and development of such services.

4 OBJECTIVE: COMMUNITY HOSPITALS SYSTEM

Development of a community hospital system which is innovative, responsive and supplies high quality care to the constituencies it serves.

4A POLICY:

DEVELOP CAPABILITIES FOR INDEPENDENT LOCALLY RESPONSIVE OPERATION
The Department of Health will foster innovative methods of hospital operations including joint ventures and other forms of operational management.

4A1 IMPLEMENTING ACTION:

Conduct a feasibility study to analyze cost effectiveness, community need and medical quality of potential new hospital services and implement viable new services to the extent possible, with private sector partners.

Lead: Community Hospitals System (CHS)
Assisting
Organizations: Director's Office, private sector
Time Frame: FY90
Budget: FY90 \$50,000 (*)
Note: Frail elderly subsidized housing planning funds for Maluhia.

4B POLICY:

INNOVATIONS

Use innovative financial and service delivery arrangements to provide for new hospital facilities to meet community needs.

4B1 IMPLEMENTING ACTION:

Develop public-private partnerships to promote medically assisted housing for Hawaii's elderly and disabled residents on the neighbor islands. Currently high priority areas are Kula, Maui; Kapaa, Kauai; and Honokaa, Hawaii.

Lead: CHS
Assisting
Organizations: Directors Office, SHPDA, EOA, private hospitals
Time Frame: FY91
Budget: FY91 \$305,000 (*)

Note 1: Kula feasibility study has been completed. Projected funds are needed for design, construction and equipment.

Note 2: A combination of an increasing aging population with increasing needs for affordable housing, and increasing medical needs clearly indicate the need for some type of medically assisted housing where residents are offered a variety of services which may range from simple apartment living to more sophisticated accommodations where meals, housekeeping, transportation, social and recreational activities and various health care services are provided in a safe and secure environment. Within such settings, the majority of residents live independently and receive services as needed. Ideally, medically assisted housing arrangements would also provide a graduated approach to assisted living ranging from respite services, homemaker services, home health care, personal care, a variety of rehabilitative services and even the availability of short term acute and long term nursing facilities nearby.

4B2 IMPLEMENTING ACTION:

Develop through a public/private partnership, primary, acute and long term care facilities to meet health care needs in North Hawaii.

Lead: CHS
Assisting
Organizations: Director's Office, SHPDA, Private hospitals
Time Frame: FY90
Budget: FY90 \$300,000 (A)

4B3 IMPLEMENTING ACTION:

Expand Lanai Community Hospital to include a human service center for multiple agency service delivery.

Lead: CHS
Assisting
Organizations: Director's Office, DHS, DLIR, Counties
Time Frame: FY90/91
Budget: Initial planning within current funding levels.

ISSUE AREA 5: ENVIRONMENTAL HEALTH AND PROTECTION

Problem: Hawaii's environment and health is threatened by pollution of our scarce air, land and water resources.

The quality of air and recreational and drinking waters in Hawaii is generally excellent. These natural resources serve to both enhance the health of Hawaii's people as well as to attract visitors to our state. We are fortunate that industries producing large amounts of toxic wastes have not been located in Hawaii. However, the generation of power, agriculture, and other activities which occur in Hawaii do have a significant impact upon the environment. The disposal of wastewater and solid waste from expanding urban areas is a major problem and continued vigilance is necessary to ensure adequate protection of Hawaii's fragile environment.

It is vitally important that environmental protection remain a high priority of the State of Hawaii.

5 OBJECTIVE: ENVIRONMENTAL PROGRAMS TO PROTECT AND ENHANCE THE ENVIRONMENT

Continued development of new environmental protection and health services programs to protect, monitor, and enhance the quality of life in Hawaii.

5A POLICY:

AIR, LAND AND WATER QUALITY PROGRAMS

The DOH will develop and implement new programs to prevent degradation and enhance the quality of Hawaii's air, land and water.

5A1 IMPLEMENTING ACTION:

Develop and implement comprehensive air toxic control programs.

Lead: EPHSD

Assisting

Organizations: EPA, DLNR, US Fish and Wildlife, UH Water Resources Research Center.

Time Frame: FY90/91

Budget: FY90 \$76,689 (A) \$31,809 (N)
FY91 \$26,027 (A)

5A2 IMPLEMENTING ACTION:

Develop and implement a comprehensive Solid and Hazardous Waste Management Program.

Lead: EPHSD

Assisting

Organizations: EPA, OEQC, County Departments of Public Works

Time Frame: FY90/91

Budget: FY90 \$22,675 (A) \$436,546 (N)
FY91 \$13,719 (A) \$456,715 (N)

5A3 IMPLEMENTING ACTION:

Develop and implement a comprehensive Recreational Water Quality Monitoring Strategy.

Lead: EPHSD

Assisting

Organizations: EPA, DLNR, US Fish and Wildlife, UH Water Resources Research Center.

Time Frame: FY90/91

Budget: FY90 \$328,170 (A)
FY91 \$365,868 (A)

5A4 IMPLEMENTING ACTION:

Develop and implement a Non-Point Source Pollution Program to protect recreational and other surface waters.

Lead: EPHSD

Assisting

Organizations: DLNR, US Soil Conservation Service, Hawaii
Association of Conservation Districts

Time Frame: FY90/91

Budget: FY90 \$32,387 (A) \$100,000 (N)
FY91 \$32,467 (A) \$100,000 (N)

5A5 IMPLEMENTING ACTION:

Develop and implement an Indoor Air Pollution Control Program.

Lead: EPHSD

Assisting

Organizations: DLIR

Time Frame: FY90/91

Budget: FY90 \$250,000 (*)
FY91 \$250,000 (*)

5A6 IMPLEMENTING ACTION:

Develop and implement a Groundwater Protection Program including groundwater monitoring, safe drinking water and underground injection control.

Lead: EPHSD

Assisting

Organizations: DLNR, County Departments of Water Supply, DOA, OSP,
County Departments of Planning, EPA.

Time Frame: FY90/91

Budget: FY90 \$534,880 (A)
FY91 \$478,099 (A)

Note: Federal funds are also to be sought.

5B POLICY:

NEW LABORATORY

The DOH will assure the provision of laboratory capabilities to support monitoring and enforcement program activities.

5B1 IMPLEMENTING ACTION:

Construct a new comprehensive state laboratory facility.

Lead: Lab Branch

Assisting

Organizations: ASO, Director's Office

Time Frame: FY90

Budget: FY90 \$440,000 (C)
FY91 \$26,660,000 (C) \$9,000,000 (A)

ISSUE AREA 6: STATE PUBLIC HEALTH LEADERSHIP - DOH ORGANIZATION

Problem: The past organizational structure of the Department of Health is not efficient for providing leadership to address today's and tomorrow's current and emerging health issues.

The Department of Health is the largest line agency in the State government with 5,300 employees, a budget exceeding \$220 million and program responsibilities for the entire range of public health services, normally the purview of local governments in most mainland jurisdictions. We have a wide range of responsibilities. The State needs to address the department's capabilities to administratively manage this expense and this complex of responsibilities.

Directions of the Governor Waihee's Administration require a proactive Health Department. This entails the development of organizations which will enable the department to be responsive to the community's needs, aware of problems related to the community's health status and prepared to develop appropriate responses to emerging health needs before those needs become crises. This will dictate, not only involvement in the community to develop consensus around new policy directions, but also the institution of forward looking analyses of health problems. Becoming proactive and developing and maintaining the community's support necessary for major health initiatives requires major changes in the organization of the Health Department.

The Department's organization will be accomplished by the creation of six (6) new organizational entities called Administrations with oversight from a Deputy Director. Basically each Administration is a policy level unit of organization at the highest level of a government agency. The Administration, as a focal point for departmental management, leadership, and communication combine programs with similar and common missions and functions. These Administrations are: Personal Health Services, Health Promotion and Disease Prevention, Behavioral Health Services, Environmental Health, Community Hospitals and Health Resources.

This reorganization, in combination with upgrading in administration capacity will allow the department to assume the role of leader in public health.

6 OBJECTIVE: DOH LEADERSHIP

To improve the Department of Health's ability to meet the public health needs of the State of Hawaii in the most appropriate, beneficial and economical way possible.

6A POLICY:

RESTRUCTURE DOH

The Department of Health will be restructured to more efficiently respond to present and future health problems.

6A1 IMPLEMENTING ACTION:

Reorganize the Department of Health with six organizational administrations to respond more effectively to the community's public health needs.

Lead: Director's Office
Assisting
Organizations: All Divisions and Staff Officers
Time Frame: 1989 - 1991
Budget: FY90 \$1,041,841 (A)
FY91 \$1,017,954 (A)

6B POLICY:

INTEGRATE AND DEVELOP HEALTH MANAGEMENT INFORMATION SYSTEMS

The Department of Health will develop a comprehensive integrated data base of physical health, behavioral health and other pertinent data.

6B1 IMPLEMENTING ACTION:

Develop and implement a project utilizing medical claims to insurance carriers in needs assessment and epidemiological studies of health status.

Lead: CDD
Assisting
Organizations: DO, R&S, HMSA, Kaiser Foundation
Time Frame: 1989-1995
Budget: FY90 \$15,000 (N) FY91 \$15,000 (N)

6B2 IMPLEMENTING ACTION:

Develop a comprehensive DOH epidemiological data base.

Lead: R&S

Assisting

Organizations: ASO, CDD, SHPDA, DO, HISO

Time Frame: FY90/91

Budget: FY90 \$161,051 (A)

FY91 \$142,818 (A)

6B3 IMPLEMENTING ACTION:

Develop and implement a common index for major data categories within the DOH.

Lead: HISO

Assisting

Organizations: DO, ASO, All line programs, R&S

Time Frame: FY90/91

Budget: FY90 \$7,800 (A)

FY91 \$31,320 (A)

6C POLICY:

LINK HEALTH STATUS TO HEALTH EXPENDITURES

The Department of Health will develop methods to determine the need for existing or new public health programs to improve Hawaii's health status.

6C1 IMPLEMENTING ACTION:

Develop and implement a department wide system of needs assessment based on health status.

Lead: DO

Assisting

Organizations: R&S, SHPDA, ASO, Line programs.

Time Frame: FY90/91

Budget: Current and reorganization resources to be coordinated for this action.

6D POLICY:

ENSURE EFFECTIVE AND EFFICIENT PROGRAMS

The Department of Health will determine program effectiveness and efficiency in meeting state health needs and priorities through evaluation of all publicly funded programs.

6D1 IMPLEMENTING ACTION:

Develop and implement a department wide system of program evaluation based on improved health status and other indicators of programs' effectiveness and efficiency.

Lead: ASO

Assisting

Organizations: DO, R&S, SHPDA, Line programs.

Time Frame: FY90/91

Budget: This action will be implemented within current funding levels.

6D2 IMPLEMENTING ACTION:

Develop the capability for assuring quality of DOH health programs and services.

Lead: DO

Assisting

Organizations: R&S, ASO, MHSD, EMS.

Time frame: FY90/91

Budget: Current and reorganization resources to be coordinated for this action.

6E POLICY:

EXPAND HEALTH SERVICES THROUGH INCREASED USE OF HEALTH RESOURCES
The Department of Health will maximize utilization of all available resources for health programs and services.

6E1 IMPLEMENTING ACTION:

Establish staff for expanded efforts to maximize federal and private funding sources in high priority health needs.

Lead: DO

Assisting

Organizations: ASO, UH

Time Frame: FY90/91

Budget: FY90 \$36,300 (A)
FY91 \$38,100 (A)

Note: This is also reflected in the DOH Reorganization budget estimate, Action 6B1.

6E2 IMPLEMENTING ACTION:

Expand efforts to develop adequate health human resources for Hawaii.

Lead: DPS

Assisting

Organizations: DOH Personnel Office, DOH Director's Office; UH; C/S Hospital Division; DOE, DLIR, HGEA, HNA, HC Assoc. of HI, Fed. Immigration Service

Time Frame: FY90/91

Budget: FY90 This action to be pursued within current funding level.

6E3 IMPLEMENTING ACTION:

Acquire adequate work space/areas to meet the needs of new and existing health programs.

Lead: ASO

Assisting

Organizations: DO, ASO, other Divisions

Time Frame: FY90/91

Budget: FY90 This action is being centralized in the Department of Accounting and General Services. DOH actions to be pursued as appropriate within current resources.

* final revised draft *
1989

CHAPTER IV: APPENDICES

HEALTH FUNCTIONAL PLAN ABBREVIATIONS

AAP	American Academy of Pediatrics
ACOG	American College of Obstetricians and Gynecologists
ADAB	Alcohol and Drug Abuse Branch
AG	Department of Attorney General
AIDS	acquired immunodeficiency syndrome
ASO	Administrative Services Office
AUW	Aloha United Way
C/SHD	County/State Hospitals Division
CARE	Counseling, Assistance and Referrals for Employees
CDC	Centers for Disease Control
CDD	Communicable Diseases Division
CHS	Community Hospitals System
COH	Commission on the Handicapped
CSHN	Children with Special Health Needs Branch
DBED	Department of Business and Economic Development
DBF	Department of Budget and Finance
DDD	Developmental Disabilities Division
DHD	Dental Health Division
DHS	Department of Human Services
DLIR	Department of Labor and Industrial Relations
DLNR	Department of Land and Natural Resources
DO	Director's Office
DOA	Department of Agriculture
DOC	Department of Corrections
DOE	Department of Education
DOH	Department of Health
DOT	Department of Transportation
DPS	Department of Personnel Services
DoTax	Department of Taxation
EDPD	Electronic Data Processing Division
EMSS	Emergency Medical Services System Branch
EOA	Executive Office on Aging
EPA	Environmental Protection Agency
EPHSD	Environmental Protection & Health Services Division
FHSD	Family Health Services Division
HAH	Health Care Association of Hawaii
HFP	Health Functional Plan
HGEA	Hawaii Government Employees Association
HHA	Hawaii Housing Authority
HISO	Health Information Systems Office
HIV	human immunodeficiency virus
HMA	Hawaii Medical Association
HMSA	Hawaii Medical Services Association
HNA	Hawaii Nurses Association
HPEO	Health Promotion & Education Office
HUD	Housing and Urban Development
JUD	Judiciary
KMCWC	Kapiolani Medical Center for Women and Children
MADD	Mothers Against Drunk Drivers
MCH	Maternal and Child Health Branch
MHA	Mental Health Association

HEALTH FUNCTIONAL PLAN ABBREVIATIONS

MHD	Mental Health Division
MHSD	Medical Health Services Division
MOMI	Medicaid Option for Mothers and Infants
OCY	Office of Children and Youth
OEQC	Office of Environmental Quality Control
OHA	Office of Hawaiian Affairs
OSP	Office of State Planning
PHN	Public Health Nursing Branch
R&S	Research and Statistics Office
SDMI	severe, disabling mental illness
SFP	State Functional Plan
SHPDA	State Health Planning & Development Agency
SHS	School Health Services Branch
SPH	School of Public Health
TRD	Technical Reference Document
UH	University of Hawaii