Building Foundations for Healthy Generations
Hawai‘i Department of Health
Strategic Plan 2011-2014
A Proposal to Improve Public Health

In fiscal year 2011, the Department of Health (DOH) proposed the Foundations for Healthy Generations Initiative, a coordinated effort to address social determinants of health, or the conditions in which people are born, grow, live, work, and age. With this effort, DOH makes a commitment to drive the public health system to achieve fundamental, cost-effective, and sustainable improvements in our state’s health status.

Five foundations harness the Department’s expertise in behavioral health, environmental health, and public health to advance proven and promising practices such as promotion of healthy life choices, family and care-giver support, strengthening the safety net, and assuring individual and family decision-making. These tools allow families to not only prevent disease, but promote resiliency and survival in times of personal or social uncertainty. This year’s annual report focuses on the progress achieved in building and strengthening the five foundations in our strategic plan:

- **Health Equity**: Eliminate disparities and improve the health of all groups throughout the State of Hawai‘i.

- **Health Promotion & Disease Prevention**: Attain lifelong quality health free from preventable disease, disability injury, and premature death.

- **Emergency Preparedness**: Mitigate, respond to, and recover from natural external or man-made threats impacting individual and community well-being.

- **Clean & Sustainable Environments**: Create social and physical environments that promote and support good health for all.

- **Quality & Service Excellence**: Develop internal systems to assure timely consumer responsiveness and satisfaction.

For details on the Department’s strategic plan go to http://hawaii.gov/doh/strategicplan
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Aloha Kakou,

I am proud to present the department’s 2012 annual report which briefly summarizes the progress made on the department’s strategic plan first introduced in last year’s report (available at www.health.hawaii.gov).

The department’s plan, Foundations for Healthy Generations, illustrates our current public health focus in Hawai’i through the five priority areas of: Health Equity, Health Promotion & Disease Prevention, Public Health Emergency Preparedness, Clean & Sustainable Environments, and Quality & Service Excellence. The foundations are outlined in detail at www.hawaii.gov/doh/strategicplan along with an update on our progress in achieving fundamental, cost-effective, and sustainable improvements in the health status of the people of Hawai’i. We know these efforts will not only save lives and improve our quality of life in Hawai’i, but will also ultimately result in reducing long-term health care costs to the state.

Our department leadership and staff worked diligently to complete an extensive series of metrics and outcome measures to create a dashboard of 17 objectives, 32 strategies, and 137 initiatives across 24 areas of the department. Next year, we look forward to reporting on our dashboard and documenting our steady progress toward a healthier Hawai’i.

This past year, the department focused on rebuilding programs and services seriously affected by the fiscal and economic issues facing our state. As we work with Governor Abercrombie to build on The New Day Plan, the state’s safety net will be repaired and strengthened as public health programs provide the protection and oversight required to ensure the health and safety of the people of Hawai’i.

This past year, the department reinstituted an early childhood home visitation program, supporting young families and children 0-3 years of age. These services provide critical support to young families and can increase healthier outcomes for our keiki.
Work has begun to revitalize our adult mental health system of care. Governor Abercrombie created a **Special Action Team** spanning across multiple agencies including human services, public safety, judiciary and others to address concerns about increasing needs in the community. The team will present its report to the 2012 State Legislature.

Our **restaurant inspection system** is being updated to allow the public access to current reports on the internet; a new placard system will grade food establishments based on their performance during annual inspections and post results. With additional staff and resources provided by the Legislature, the DOH can better ensure food safety and improve training of food service workers.

We continue to work with private and public partners on the **battle against obesity and chronic disease**, especially when it concerns our youth. The DOH worked with the Institutes of Medicine, University of Hawai‘i, Kaiser Foundation, and HBO to unveil the landmark “Weight of the Nation” television series in May to community leaders and decision makers. Panel discussions with experts from the Institutes of Medicine, healthcare providers, legislators, and public health advocates set the stage for changing state policies to encourage healthier choices.

The DOH will continue to move forward effectively and efficiently to accomplish outcomes that have both direct and long-term benefits to the public. We welcome your comments about the department’s recent accomplishments and invite you to join us in promoting lifelong health and wellness for all the people of Hawai‘i.

Sincerely,

Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health
The Tobacco Settlement Project - Healthy Hawai‘i Initiative (HHI), is a statewide effort to prevent and control chronic disease, extend quality years of life, and address health disparities. HHI builds the foundation of **Health Promotion & Disease Prevention** by promoting policies and programs to create sustainable changes in Hawai‘i’s communities, schools and workplaces. The Initiative focuses on reducing three core behaviors that contribute to obesity and chronic disease: smoking, physical inactivity, and poor diet; and has programs to increase improved detection, treatment, and management of heart disease, stroke, cancer, diabetes, and asthma.

A June symposium, “**Weight of Hawai‘i: The Need for Prevention and Policy**,” brought together over 100 national and local leaders and experts to invigorate the conversation to tackle obesity in Hawai‘i and launched the **Childhood Obesity Prevention Taskforce**. Nutrition and Physical Activity Coalitions funded by HHI helped get the **Safe Routes to School** (SRTS) Bill signed into law. The new law adds a surcharge to traffic tickets to fund SRTS county programs so children can walk and bike safely to school. **Complete Streets legislation** to increase pedestrian and bike friendly roads were adopted by all four counties; the City & County of Honolulu passed the ordinance in 2012.
Last school year, HHI funded nine Department of Education (DOE) Health & Physical Education Resource Teachers to conduct 221 training events for 550 DOE staff. HHI also trained 24 DOE School Food Services employees to support healthy nutrition in schools. The Supplemental Nutrition Assistance Program education program is offered in 22 YMCA afterschool sites on O‘ahu. The partnership with the Hawai‘i Theatre for Youth reached nearly 16,000 students, teachers, and families with healthy messages.

The Hawai‘i Smoke-Free Homes Project to reduce tobacco use and exposure to secondhand smoke among residents of public and affordable housing offered technical assistance and support to go smoke-free. In addition, a tobacco use survey conducted among 1,725 homeless persons revealed that 70 percent use tobacco, with 79 percent reporting daily use.

Town Hall meetings were convened on every island to develop the Coordinated Chronic Disease Plan. An Advisory Group around the social determinants of health was also convened, resulting in five long-term goals and 27 recommendations to improve health equity, and the state’s first social determinants of health report (available at http://hawaii.gov/health/about/pr/publication.html).

To further address chronic disease issues, programs conducted a number of projects for specific chronic disease areas. The heart disease and stroke program worked with partners on a quality improvement project to improve blood pressure measurement. The diabetes program is part of a partnership with the Executive Office on Aging that contributed to the translation of evidence-based programs like diabetes self-management programs, into culturally diverse community settings. The cancer program funded 12 health care providers to offer free breast and cervical cancer screenings to eligible women, with a special focus on reaching underinsured and uninsured Native Hawaiian, Filipino and Pacific Islander women. Since 1997, nearly 8,000 women have been screened.
The Health Resources Administration (HRA) oversees four divisions that together provide many of the traditional public health functions. These include the investigation and control of acute infectious disease outbreaks and programs that help contain the spread of tuberculosis (TB), Hansen’s disease, HIV/AIDS, and STDs (sexually transmitted diseases). The administration also oversees state resources for emergency medical services, ensures access to family health safety net programs, and coordinates public health preparedness activities. The foundations of Quality & Service Excellence, Emergency Preparedness, Health Equity, and Health Promotion & Disease Prevention are cornerstones of work conducted daily by this part of the department.

Last year, the Communicable Disease Division TB Branch and Public Health Nurses screened more than 50,000 residents across the state, and 123 people were diagnosed and successfully treated for active TB. Over the next year, the branch will be introducing a new treatment regimen for latent TB where, instead of taking a daily medication for six to nine months, a patient will only have to take a weekly dose of a medication for 12 weeks. These efforts showcase the division’s continual focus on Quality & Service Excellence.

The HRA administration’s focus on Emergency Preparedness and Health Equity were demonstrated by two intense issues faced by the department this past fiscal year. In December 2011, traditionally the busiest time of the year for hospitals in Hawai’i, medical services on Oahu were greatly impacted by the abrupt closure of two acute-care hospitals. In particular, the loss of the facility that serves the Leeward coast necessitated that ambulances would have to travel much farther to a receiving hospital; the department’s goal is for all Hawai’i residents to have good access to emergency care. Using data from the HRA’s Emergency Medical Services and Injury Prevention System Branch’s recently installed electronic patient record system, staff worked closely with the City and County of Honolulu, a private ambulance service, the Healthcare Association of Hawai’i, and key legislators to reposition existing vehicles and to add much needed additional resources. Hospitals in the area, including some in “closed” systems, operated in a concerted way to handle the increased volume. Because each part of the system worked effectively together through a very difficult time, ambulance response times were unchanged from baseline data taken before the hospital closures, and transport times increased by only 15 percent.
During the 2011 Asia-Pacific Economic Cooperation meeting, the Disease Outbreak Control Division successfully facilitated the **activation of the Department Operations Center** to coordinate the DOH’s response. During an emergency the department is responsible for food safety, radiological surveillance, screening for potential biological threats with the State Laboratory Division, and the coordination and communication with State Civil Defense and other agencies.

Under the foundation of **Health Promotion and Disease Prevention**, the Family Health Services Division (FHSD) is rebuilding the **Early Childhood Home Visiting Network** to foster strong families and prevent child abuse and neglect. Using federal and state funds, the home visiting network served 246 families last year and will expand services to more than 600 additional families in the coming years.

For years, according to the CDC’s Youth Risk Behavior Survey data, when compared with other states, Hawai‘i high school students had a high self-reported prevalence of seriously considering suicide, making a plan, and attempting suicide. Because of this, the Injury Prevention and Control Section is collaborating with the Prevent Suicide Hawai‘i Taskforce and affiliated community organizations in each county to support **suicide prevention gatekeeper trainings**. Through the established trainer network and ongoing educational activities, communities across the state are building their capacity to ensure that at-risk youths have access to gatekeepers skilled in providing early intervention. Because of this combined effort, the percentage of high school students who report attempting suicide in the previous 12 months decreased from 13 percent in 2009 to 9 percent last year. Over the same interval the national rate increased from 6 to 8 percent. It’s too early to call this a sustainable trend, but it’s a positive step in the right direction.
The Behavioral Health Administration (BHA) focuses on the provision of services for children, adolescents, and adults with severe and persistent mental illness; individuals with developmental disabilities; and alcohol and drug abuse prevention and treatment. BHA programs work toward ensuring access to effective services for our most vulnerable citizens while maintaining responsible, cost-effective oversight of resources. The foundations of Health Equity, Quality & Service Excellence, Health Promotion & Disease Prevention, and Emergency Preparedness are embedded into the administration’s strategy to improve and enhance its programs and services for the people of Hawai‘i.

This year, Quality & Service Excellence was the primary foundation for the Alcohol and Drug Abuse Division (ADAD) which focuses its programming on: prevention, access, treatment, recovery support, and effective service delivery.

Certification of substance abuse counselors ensures quality prevention and treatment services. During 2012, 238 applicants successfully completed the examination process for certification, bringing Hawaii’s total to 921. With the approval of amendments to Hawai‘i Administrative Rules, relating to substance abuse counselors, ADAD expanded its credentialing role and additional certifications are available for prevention, co-occurring disorders, criminal justice and clinical supervision professionals.

During FY 2012, publicly-funded substance abuse treatment services were provided to 5,552 individuals (from age 12 to adult). Survey data shows six months following substance abuse treatment, 93 percent of adolescent respondents were attending school, 46 percent of adult respondents were employed, 85 percent respondents had no arrests since discharge, and 25 percent of respondents had stable, independent living arrangements. In addition, access and recovery support services were provided through the grant-funded Access to Recovery Program to over 4,415 individuals in the form of assessment, intensive outpatient treatment, recovery mentoring, clean and sober housing, transportation pastoral counseling and other sober support activities.

The Hawai‘i State Hospital Occupational Therapy art class won the 2012 Mayor’s Holly Award as part of the City’s 27th Annual Holiday Wreath Contest with their entry “Sweet Memories of the 70’s Kanikapila Hawaiian Style!”
Health Promotion & Prevention is one of the keys to decreasing rates of substance abuse in Hawai‘i. Effective prevention occurs best at the community level when it engages youth where they live and learn. In FY 12, over 100,000 children across the state benefitted from primary prevention activities such as positive alternatives, recreational and life skills building activities, and substance abuse prevention curriculum-based programs delivered by community-based agencies in after school settings statewide.

The impact of those services is evident in the following quote from R., who is now two years substance-free, “After being homeless for over 10 years, experiencing several incarcerations and substance addiction, I am now living the life I had envisioned for myself. I look forward to being able to help others.”

Adult Mental Health Division (AMHD) continues to reach out to their consumers and provide them with a voice for improving the Quality of Services & Program Excellence. The division conducts satisfaction surveys annually, and of the consumers surveyed in the past year, 92 percent rated the appropriateness and quality of services they received positively. After a three-year break, statewide Chiefs Round Table for Consumer meetings were re-established. In the period October 2010 through October 2012, a total of 24 meetings were held on all islands with an average attendance of 25 and a high of approximately 100 at the March 2012 Maui Round Table.

AMHD was awarded a five-year, $3.65 million grant in 2010 to provide support for development of a statewide trauma-informed system of care. The grant focuses on two specific areas: providing trauma assessments and support for consumers receiving AMHD-funded services, and implementation of a peer specialist training program to provide career track training for mental health consumers. Due to federal budget constraints beginning in the third grant year the grant was reduced by 50 percent. To date, AMHD provided trauma assessments for over 1,500 consumers, trauma training for over 300 clinicians and providers, implemented treatment support in the form of “Seeking Safety” groups and trained and graduated 25 Certified Peer Support Specialists.

Building on the foundations of Health Equity and Emergency Preparedness, Hawai‘i State Hospital continued work on operational and security improvement projects this year, expanding its acute services units from 20 beds to 52 beds and completing campus fencing and video monitoring enhancements.
Child and Adolescent Mental Health Division (CAMHD) provides timely and effective mental health prevention, assessment and treatment services to children and youth statewide. In the past year, addressing the area of Health Equity the division expanded its telehealth services on three islands to five days a week, increasing CAMHD capacity to serve more than 1,200 children and youth in mostly rural and high-need areas.

In 2012, CAMHD’s grant-funded Project Kealahou, an evidence-based trauma-informed care program for girls, formed a partnership with Catholic Charities. A learning collaborative of 70 therapists statewide trained in Trauma-Focused Cognitive Behavioral Therapy was established to better serve children and youth with trauma histories.

With CAMHD leadership, Developmental Disabilities Division, Department of Education, Child Welfare, Juvenile Justice, and Early Childhood Intervention teamed up to revise the complex process of measuring performance and reporting progress. In a major overhaul, outdated reporting procedures were re-vamped to emphasize outcomes that show parallel efforts across agencies. This forum has also been used to constructively communicate with the other agencies on joint programming and evaluation as many youth have needs serviced by multiple agencies. Better cross-agency coordination is a goal. As part of this new initiative, CAMHD piloted the Ohio Scales instrument to qualitatively measure youth progress through therapy. This scale measures family assessment of treatment and encourages youth to assess programming and how it has affected their lives.

In September 2012, CAMHD was awarded a four year implementation grant by the federal Substance Abuse and Mental Health Administration to follow a one year planning grant designed to implement programming for a gap group of youth with both behavioral problems as well as developmental delays. Project Laulima emphasizes cross agency collaboration and coordination between CAMHD, DOE and Child Welfare.

To ensure Health Equity and access to care, the Developmental Disabilities Division (DDD) leads a statewide system of supports and services for individuals with developmental disabilities (DD) to include principles of self-determination, individualized funding, person-centered planning and community-based services. There are currently 3,217 people with DD who are served by the division.

The National Core Indicators survey showed significant improvements in healthcare access for the Hawai‘i population of DDD service recipients from 2005 to 2012. Within the last three years the percentage of women with DD receiving annual OB/GYN exams increased from 18 to 44 percent.
DDD supported the passage of Act 162 which allows DOH to conduct **multidisciplinary and multiagency mortality reviews** of deaths of persons with developmental or intellectual disabilities. Through interagency cooperation these reviews assist future planning and improve quality of services.

The division provided **emergency preparedness seminars** and employment benefits planning to 462 individuals with DD on all islands.

DDD expanded its outreach to those with co-occurring mental illness and intellectual/developmental disabilities (I/DD) through Mental Health Transformation grant-funded educational sessions and community meetings on neighbor islands. A total of 325 people, including 165 from Hawai‘i and 90 from Maui counties respectively, attended sessions in early spring 2012 on multi-disciplinary approaches to **improve health outcomes of individuals with co-occurring I/DD and mental illness**. The information gathered from these sessions will help improve **Quality & Service Excellence** in this often overlooked area of need.

The foundation of **Quality & Service Excellence** is the focus of the Office of Program Improvement and Excellence (OPIE), which works with BHA divisions on **revenue maximization, grants, and operational improvement** and standardization. OPIE took the lead on the development of dashboards for more than 60 fiscal, service delivery, utilization, and outcomes measures to support “real time” data-informed management decision making.

OPIE also led a workgroup to **improve the department’s contracting process**. Improvements included increasing the efficiency of the contracting workflow, reducing the time to execute contracts, and writing specifications for template software to standardize contract language and reduce error.

The office also facilitated the rollout of a BHA Facebook page **dedicated to reducing stigma**, informing and educating the public, and engaging consumers in taking part in improving services and activities. View the BHA Facebook page at www.facebook.com/BehavioralHealthAdministration.HIgov.

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**Adult Mental Health Division**  
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Access Line Referral Service  
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Courts & Corrections Branch  
Hawai‘i State Hospital  
(808)247-2191  
Community Mental Health Centers  
O‘ahu, Hawai‘i, Maui, Kaua‘i  
**Alcohol & Drug Abuse Division**  
(808) 692-7506  
Prevention Branch  
Treatment & Recovery Branch

**Child & Adolescent Mental Health Division**  
(808) 733-9339  
Family Court Liaison Branch  
Family Guidance Centers  
Central O‘ahu, Diamond Head  
Leeward O‘ahu, Windward O‘ahu  
Hawai‘i, Kaua‘i, Maui

**Developmental Disabilities Division**  
(808) 586-5841  
Case Management Branch  
Community Resources Branch  
Outcome & Compliance Branch

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The Environmental Health Administration (EHA) protects and monitors Hawaii’s environment. In addition to general and special funds, EHA received over 27 federal grants from the U.S. Environmental Protection Agency (EPA), U.S. Food and Drug Administration (FDA), and the U.S. Center for Disease Control and Prevention (CDC) in order to:

- **Conduct inspections** of facilities that discharge pollutants into the air, land, or water;
- **Test and analyze** samples to ensure compliance with state and federal standards;
- **Collect and monitor** data indicative of environmental health;
- **Prevent the spread** of disease from food manufacturers and restaurants;
- **Reduce environmental threats** from oil, chemical spills or contamination;
- **Review and issue pollution control and food related permits**;
- **Update environmental rules and regulations**; and
- **Enforce national and state standards** of environmental practice.

This year EHA activities built upon all five **Foundations for Healthy Generations** to protect and improve the health of the people of Hawaii. The greatest focus for this administration continues to be the foundation of **Clean and Sustainable Environments**.

To ensure **Health Equity**, EHA worked with environmental justice staff from EPA to assist communities impacted by environmental degradation.

The State Laboratories Division (SLD) conducted tests to continually monitor for environmental contaminants and infectious diseases. To address **Health Promotion & Disease Prevention**, SLD tests daily for contaminated drinking, stream and/or ocean water. SLD regularly tests for food borne illnesses such as salmonella, E-coli, and botulism, as well as bacterial and viral infectious diseases like influenza and whooping cough. If necessary, SLD is also prepared to test for bio- and chemical terrorism agents such as anthrax, sarin, and plague.

EHA conducted a number of **Emergency Response & Preparedness** activities in 2012. The Hazard Evaluation and Emergency Response Office (HEER) identified over 400 known contaminated sites in Hawaii. When a contaminated site is discovered and confirmed, immediate actions are taken to ensure public safety. HEER spearheaded the clean-up of a former pesticide mixing area in a residential community in Kilauea, Kaua’i, working closely with EPA, the residents, and county officials. The Food and Drug Branch developed an innovative **on-line restaurant inspection system** to more efficiently ensure a safe food industry; re-established the **shellfish sampling/testing program** in Hawaii; and drafted **new pesticide rules** to align with federal requirements to protect the environment. As part of the state’s Japan tsunami debris response team, the Indoor and Radiological Health Branch conducted regular **radiological sweeps of beach areas** and tested selected debris to confirm anticipated findings of normal background radiation levels.
Ensuring **Clean & Sustainable Environments** is the primary focus of the administration's Environmental Management Division (EMD). Within EMD, the Clean Air Branch (CAB) monitored five known air pollutants, including VOG. CAB conducted over 1,400 air related inspections, issued more than 70 warning notices, and analyzed over 600,000 air samples for O'ahu, Kaua'i, Maui and the Big Island. CAB cited 12 companies for air permit violations, and established new rules to restrict open burning on all islands. The Branch also drafted new greenhouse gas rules to reduce emissions down to 1990 levels by 2020, and worked with community groups and schools to reduce dust in Nanakuli.

The Division's Clean Water Branch (CWB) conducted more than 3,000 tests on ocean water samples statewide to ensure public safety. CWB provided grant funds to community groups to develop watershed plans and reduce polluted runoff into streams. The Safe Drinking Water Branch collected samples to ensure safe drinking water systems and issued 15 drinking water warning notices. The Wastewater Branch (WWB) inspected over 60 wastewater treatment plants, received 124 wastewater complaints, conducted 296 wastewater inspections, issued 106 wastewater related warning notices and 44 wastewater field citations.

The Solid & Hazardous Waste Branch (SHWB) encouraged the recycling of solid waste. SHWB set up a taskforce and drafted legislation to ensure the safe disposal of hazardous e-waste. The SHWB Underground Storage Tank (UST) Program helped to clean-up leaking USTs. SHWB investigated more than 200 waste complaints, conducted over 800 inspections, sent over 160 warning notices, and issued 34 field citations.

Over FY 2012, EHA held over 60 meetings with businesses to improve contractor knowledge on environmental regulations and laws. EHA held an annual Hawai'i Environmental Forum with all Department of Defense branches, and reviewed over 275 environmental land use documents to ensure developers recognize all the relevant statutes, rules, and Department of Health permits they will need to comply with. EHA drafted bills for submittal to the state legislature and provided testimony on over 160 environmental bills.

To foster the foundation of **Quality & Service Excellence**, EMD launched a new e-permitting portal to streamline the environmental permit process. The new portal allows businesses to file their applications using a web-based system that reduces the time for information exchange and increases the accuracy submissions. The administration also continues to increase web-based information available to the public.

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**Phone:** (808) 586-4424
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**Compliance Assistance Office**
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**Environmental Planning Office**
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**Environmental Resources Office**
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**Environmental Management Division** (808) 586-4304
- Clean Air Branch
- Clean Water Branch
- Safe Drinking Water Branch
- Solid & Hazardous Waste Branch
- Wastewater Branch

**Environmental Health Services Division** (808) 586-4576
- Food & Drug Branch
- Indoor & Radiological Health Branch
- Sanitation Branch
- Vector Control Branch

**State Laboratories Division**
(808) 453-6655

For more information:
Environmental Health Management: hawaii.gov/health/environmental/
State Laboratories: hawaii.gov/health/laboratories/index.html
Environmental Protection Agency (EPA): www.epa.gov/
U.S. Food & Drug Administration (FDA): www.fda.gov
U.S. Center for Disease Control and Prevention: www.cdc.gov/
The administration of the deputy director of health provides leadership for critical Department of Health (DOH) services that span every program, these include: budget, fiscal, facilities management, human resources, information technology, planning, and compliance. The administration also directs the District Health Offices of Hawai‘i, Maui, and Kaua‘i.

Several new initiatives, as well as continuing efforts, evident during Governor Abercrombie’s second year have focused on the foundation of **Quality and Service Excellence** by increasing efficiencies within the Department of Health. These improvements will maximize tax payer return on their public dollar investments, increase customer satisfaction of direct public sector programs and services, as well as, increase the wide range of public health programs statewide.

The Human Resources Office (HRO) initiated a **recruitment delegation project** in September 2011 which granted the department authority over classification and recruitment functions for specialized position classes specific to public health. As of June 30, 2012, HRO was able to reduce the time it takes for programs to receive a list of eligible applicants to interview by more than half the previous wait time of three to six months. HRO continues to work on streamlining state hiring processes to expedite filling vacant public health positions so that programs can provide timely, consistent, and quality services to the public.

HRO also conducted a series of training seminars for DOH supervisors in all counties on “**Dealing with Conflicts in the Workplace.**” The seminars taught supervisors strategies to address workplace conflicts and create a positive work environment for employees and the public.

The Office of Planning, Policy and Program Development (OPPPD) in 2012 formally launched efforts in guiding the department toward obtaining **National Public Health Accreditation**. Agency accreditation is a multi-year process and requires ongoing commitment to the highest national standards defined by the Public Health Accreditation Board for public health service delivery, business management and administration, advocacy, and fiscal accountability.
OPPPD formed **Public Health Improvement Teams (PHIT)** to formally establish an organization-wide quality improvement framework. Based on the design thinking model developed at Stanford University and adopted successfully by private and public entities, PHIT applies empathy, creativity, and rationality to problem-solve a range of issues from employee morale and retention to reducing the complexity of central services requests (contracts, technology support) and organizational alignment. This will be accomplished in FY2013 through a mix of didactic interventions, mini-grants to foster “good ideas,” and measured performance systems and dashboards. For residents and communities, these initiatives will improve public trust and accountability.

The Office of Health Status Monitoring (OHSM) **Civil Union and Marriage On-line Application Team** was recognized by the Department of Health as the Department’s 2012 Team of the Year. The OHSM team was commended for their tremendous accomplishment in developing a cost-effective system that improved accuracy, public convenience and timely response; saving the State millions of dollars and raising the quality of customer service. Their extraordinary efforts combined innovation and ingenuity to bring an outdated and antiquated paper system into today’s electronic age.

OHSM also continues its efforts under the **Public Health Infrastructure Grant Project** (funded with $1.1 million provided by the U.S. Centers for Disease Control and Prevention) to expand cross-jurisdictional objectives among multiple Pacific Island nations. These objectives also span across multiple state, federal and private agencies that have direct or indirect affiliation to the collection, processing and/or reporting of vital statistical information. Hawai‘i has been in close communications with the Pacific Island jurisdictions of American Samoa, CNMI (Saipan) and Guam to discuss our progress toward meeting the “2003 Revisions of the U.S. Standard Certificates of Live Birth and Death.”

The Health Information Systems Office (HISO) continues its work on a **document management initiative** to convert the department’s most common paper-based transactions to an electronic online process. HISO has integrated SharePoint, an electronic document management, online workflow, and collaboration software application into a valued strategic tool for DOH. SharePoint has allowed DOH to streamline paper-based processes and improve the efficiency of the DOH workforce resulting in improved quality and service to our citizens. The department also continues to use SharePoint to automate the internal departmental legislative tracking system, integrating hearing schedules, briefs, and testimonies.
The Administrative Service Office (ASO) finished the first year of a reorganization pilot project that streamlined procedures for reviewing, processing, and acknowledging reorganization proposals. A total of eight reorganizations were acknowledged by the director: two for the General Administration, two for the Behavioral Health Administration and four for the Environmental Health Administration. Completing reorganizations ensure that organization charts and functional statements accurately reflect the department's current operations, program functions and staffing.

ASO and HIS0 worked together to implement a web-based G-1 leave tracking system that automatically updates each employee’s vacation, sick, and supplemental time off leave balances. The system significantly reduces the time-consuming task of manually generating departmental leave reports required by the Department of Accounting and General Services and the auditor. It is expected that this web-based G-1 system will also decrease salary overpayments incurred by employees taking leaves without pay since the automated G-1 form tracks the employee’s current leave balance.

The General Administration also addressed the foundation of Health Equity with the establishment of the Office of Health Equity (OHE) under OPPPD in January 2012. OHE guides DOH efforts to reduce health disparities attributable to social, environmental, and demographic factors (or when a ZIP code better predicts your health than a genetic code). The program completed its three-year strategic plan identifying four broad opportunities: 1) internal operations, 2) external and inter-agency coordination, 3) local research and data, and 4) policy development. Milestones in year one included the development of uniform language to assure health equity principles are embedded in contracts and procurement, psychometric models to evaluate employee readiness and growth, “Health in All Policies” gap analysis tools to inform development of legislative proposals, and a marketing plan.
The Hawai‘i State Department of Health services the counties of Hawai‘i, Kaua‘i, and Maui through its District Health Offices (DHO). Developing and implementing effective public health programs for their respective counties, the DHOs build strong community and agency partnerships. District Health Officers and their staff direct, coordinate, and advocate for public health programs and policies in their jurisdiction.

The foundation of Health Equity was the focus of several initiatives at Neighbor Island DHOs throughout the state. Often covering a number of rural communities, the DHOs work to increase access and reduce disparities among their geographically dispersed communities.

The Hawai‘i District Health Office (HDHO) Disease Outbreak Control staff participated at the Hawai‘i Ocean View Marshallese Health Fair in September 2011. Good hand washing techniques were taught using a blue light to show contamination, making the lesson fun and entertaining. A recent Shigella outbreak in the district also underscored the importance of proper hand washing to prevent illness.

HDHO continues to facilitate the Hawai‘i Island Oral Health Coalition. The Coalition made substantial strides in providing oral health services to underserved populations on the island. Hospital dentistry services are now available to children at Kona Community Hospital and Hilo Medical Center through Lutheran Medical dental residents and local pediatric dentists. Local Federally Qualified Health Centers continue to increase their capacity to provide oral health services to the needy, and negotiations are underway to expand WIC Keiki Dental days to Hamakua Health Center and Bay Clinic. The Coalition is also exploring ways to provide dental services to individuals with developmental disabilities.

The Kaua‘i District Health Office (KDHO) started the year with the Tropic Care 2012 collaboration, bringing free medical care to over 8,000 Kaua‘i residents, who benefitted from more than 12,000 procedures including dental care, optometry and free glasses, family care, nutrition counseling, and medical service trainings. Tropic Care was a Pentagon exercise under the Innovative Readiness Training program, and mobilized more than 400 reserve and active military personnel to Kaua‘i for a two-week deployment. The exercise prepares military medical personnel for rapid deployment to areas of conflict, and Kaua‘i accommodated by providing torrential rains and flooding for authenticity. While on Kaua‘i, military reserve physicians and their support staff provided in excess of 10,000 routine medical procedures free of charge. This included over 2,200 medical patients, nearly 3,000 dental services, and nearly 5,000 optometry patients for whom 3,570 pairs of eyeglasses were custom fabricated. Other services included physical therapy, psychological counseling, and dietary/nutritional counseling, among others. The aggregate dollar value for the medical services rendered is in excess of $7 million for a program that was budgeted at under $500,000. All of the funding was from the Pentagon and the $7 million in benefits for the population of Kaua‘i. The dollar value of medical benefits to Kaua‘i does not include the economic boost to local businesses from mission related and individual expenditures.
The foundation of **Health Promotion & Disease Prevention** was well established in Kaua‘i as KDHO concluded the two-year CDC funded **Communities Putting Prevention to Work** project to combat obesity through systems, policy, and environmental changes. Notable achievements are revised County Roadway Standards that encourage more active lifestyles, introducing bike lanes on the highway that will connect the island’s Civic Center and Community College, and establishment of Electronic Benefit Transfer (EBT) cards at farmers markets around the island.

The **Maui District Health Office (MDHO)**, Family Health Services section continues to convene the **Quest Expanded Access (QExA)** group who meets regularly with clients, health insurers and service providers to address health care needs of economically disadvantaged individuals in Maui County. The QExA group was successful in addressing the growing need for dental services in the county and continues to address various health and human service related issues such as mental health services, prescription drug abuse, and homelessness.

MDHO actively participates and facilitates the **Preventive Suicide Maui County Taskforce**. Taskforce members have monthly meetings to address such issues as the crisis phone line, bullying in schools, mental health issues, suicide registries/definitions and substance abuse. MDHO also actively convenes and supports the **Elderly Fall Prevention Workgroup**. Workgroup members represent a wide range of agencies and organizations that work in the elder care field. Specific goals of the group include effectively prioritizing those at risk to deploy evidence-based prevention measures (environmental modifications, medication adjustments, exercise programs, etc). Another key objective is to closely monitor outcomes of various prevention measures to assess overall effectiveness and to determine potential cost benefits from averted future treatment.

To ensure **Clean & Sustainable Environments**, HDHO Sanitation section adopted national standards by enrolling in the **Federal Drug Administration (FDA) Voluntary National Retail Food Regulatory Program Standards** and was the first jurisdiction in the State of Hawai‘i to meet one of nine national standards. The HDHO is focused on meeting more standards as this constitutes a highly effective and responsive food regulatory program that will improve consumer protection.

Providing **Quality & Service Excellence**, the HDHO Public Health Nursing section is expanding their function to provide various services to individuals with developmental disabilities supported by the DOH Developmental Disabilities division as well as pregnant women and their children (0-2 years) served by the department’s Maternal and Child Health and Early Intervention sections. Cross-training HDHO registered nurses will save travel expenses of sending nurses from O‘ahu, improve local response time for client services, and invest in Neighbor Island and local resources.
Disability and Communication Access Board  

Francine O. Wai, Executive Director

Disability and Communication Access Board (DCAB) is a governor-appointed board whose mission is to advocate and promote the full integration of independence, equal access, and quality of life for persons with disabilities. In FY 2011-2012, DCAB (a) reviewed approximately 900 blueprints of state and county projects for accessibility and achieved successful passage of legislation that will allow it to generate revenue from its review function under §103-50 Hawai‘i Revised Statutes; (b) amended its rules on communication access and implemented a continuing education unit program to augment its American Sign Language Interpreter Credentialing Program; (c) fully operationalized its renewal by mail of 9,300 issued placards in the parking program for persons with disabilities; and (d) aggressively renewed its Americans with Disabilities Act coordination effort due to the adoption of new federal rules and design guidelines, including a revised State Manual on Reasonable Accommodation.

Council on Developmental Disabilities

Waynette Cabral, Executive Administrator  
Curtis Tyler, Chairperson

The State Council on Developmental Disabilities (DD) engages in advocacy, capacity-building, and systemic change activities to increase the independence, productivity, inclusion, and community integration of people with DD.

In 2012, the Council in collaboration with the Center on Disability Studies, Hawaii Disability Rights Center and DD Division co-hosted the Administration on Intellectual and DD Regional Self-Advocacy Summit with over 60 participants. State and Territorial teams from Hawaii, American Samoa, Guam and the Northern Mariana Islands developed plans to establish and strengthen self-advocacy at the local, state, and national level.

On the Neighbor Islands, through partnership with self-advocates, families and service providers, held legislative forums and school transition events on Kauai and Maui with over 175 participants on Kauai and over 435 participants on Maui.

The Hawai‘i Donated Dental Services program provided dental services to 49 individuals in 2012 bringing the total to 395 people who received dental services valued at $1.1 million.

Office of Environmental Quality Control

Gary Hooser, Director

The Office of Environmental Quality Control published new guidance for the Chapter 343, Hawai‘i Revised Statutes (HRS) process to wholly replace the previous guidebook. The Office also continues to provide staff support to the Environmental Council, currently actively engaged in reviewing and concurring on agency exemption lists, conducting preliminary consultation with affected agencies on amendment and compilation of the Environmental Impact Statement rules, (last revised in 1996), as well as assisting the Environmental Council in the preparation of its annual report. The Office also conducted well-attended outreach sessions in each county for agency personnel, private consultants, and the general public on the basics of the environmental review process articulated in Chapter 343, HRS. The Office looks forward to preparing guidance on complying with the two new laws passed in 2012, namely Act 172-12 (the direct-to-EIS law), and Act 312-12 (the right-of-way secondary action exemption).
Executive Office on Aging
Wesley Lum, Director

The Executive Office on Aging (EOA), with the county Offices on Aging, progressed with a systems change initiative to develop a statewide Aging and Disability Resource Center (ADRC). The ADRC is a visible and trusted resource - available to Hawaii’s older adults, individuals with disabilities, and caregivers - for information and assistance on long term support options. The Maui County Office on Aging was the first fully functioning ADRC, “going live” on April 16, 2012. The Kauai Agency on Elderly Affairs is next, scheduled for February, 2013.

EOA’s Community Living Program (CLP) launched December 19, 2011 through legislative support and a grant from the U.S. Administration on Aging. CLP assists eligible disabled adults and their families in directing their own supports and services. Thus far, 42 percent have Alzheimer’s Disease or related dementias, 5 diverted nursing home care, 47 family caregivers are now paid, and 55 percent of those referred have never received services.

These initiatives address the issue of health equity by (a) developing and strengthening partnerships to improve access for uninsured and underinsured individuals, rural communities, and others with limited access to health resources, (b) improving data collection systems to increase the accuracy and consistency of data on race, ethnicity, and other determinants of health, (c) expanding the person-centered care model, and (d) expanding prevention and treatment programs focused on high-risk populations.

Hawai‘i Health Systems Corporation
Bruce Anderson, President and Chief Executive Officer

Hawai‘i Health Systems Corporation (HHSC) has implemented a number of new initiatives to provide better access and to improve the quality of health care provided to our unique island communities. A few of the year’s highlights include: service expansion of the Maui Memorial Medical Center (MMMC) cardiovascular program, new Trauma Level III designations for Hilo Medical Center and Kona Community Hospital, new magnetic resonance imaging (MRI) service at Kona Community Hospital, day health services expansion at Leahi Hospital, new 24/7 hospitalist program at the West Kaua‘i Medical Center and HHSC moves forward with its electronic medical record (EMR) implementation.

Since launching its comprehensive cardiology program in early 2011, MMMC has expanded its services with the establishment of rural cardiology clinics in Kona and Kula. Dr. Michael Dang, renowned cardiologist, has also joined the cardiovascular team at MMMC. Additionally, helicopter service between Maui and Kona will enable patients to be transported from Hawai‘i Island to MMMC, saving crucial minutes for patients needing heart surgery or other critical care interventions. Both Hilo Medical Center and Kona Community Hospital were designated Level III Trauma Centers by the American College of Surgeons and are now able to provide trauma patients, a comprehensive range of emergency medical services. The latter also installed a MRI system that can accommodate obese and claustrophobic patients in the West Hawai‘i region. In response to the needs of its surrounding East Honolulu communities, Leahi Hospital expanded its Adult Day Health Center hours and services to now include Saturdays. The West Kaua‘i Medical Center completed implementation of its hospitalist program ensuring 24/7 physician service and coverage. Lastly, the HHSC EMR implementation is progressing forward with facility go-lives scheduled to begin in early 2013.
Summary of Fiscal Year 2012 Expenditures

July 1, 2011 - June 30, 2012

**FY 2012 ANNUAL EXPENDITURES**
(Pie Chart Total = $832,122,315)

- Behavioral Health: $331,987,496
- Environmental Health: $191,309,146
- Health Resources: $267,846,767
- General Admin: $40,978,906

**Total fiscal year 2012 annual expenditures of $832,122,315 includes encumbrances.**

To view a full breakdown of program expenditures for fiscal year 2011 go to:
http://hawaii.gov/health/about/pr/publication.html
Employee Recognition

Ann Sasuga

DOH Employee of the Year

Ann is a Registered Nurse VI in the Public Health Nursing Branch, Communicable Disease Division with 41 years of public service.

Highly respected and appreciated in public health and professional nursing communities, Ann exudes endless enthusiasm, compassion, and heart. She serves dozens of child development, higher education, professional and community organizations, lending her expertise by providing presentations, trainings, consultations, and volunteering her services. Her impact on the Windward community and mentoring of future nursing students have made a long-lasting, positive difference for all the people of Hawai‘i.

Nominated by her staff, Ann “leads by inspiration and commitment, and is a strong team player. In addition, she “has gone above and beyond to make community health nursing exciting in the eyes of our next generation of nurses.”

Kimberly Arakaki

DOH Manager of the Year

Kimberly is the Chief of the Case Management and Information Services Branch of the Developmental Disabilities Division which supports and serves persons with developmental or intellectual disabilities and their families. She oversees more than 150 staff members with heavy caseloads who work with and serve some of the most vulnerable people in our state.

Kimberly’s management enabled her staff to overcome tremendous fiscal challenges. A major reduction-in-force required her to reassess and reassign job duties while motivating staff to step-up and take on extra work. In addition, Kim organized and implemented major program moves from leased Dole Cannery offices to Diamond Head, Pearl City, and Windward locations saving the state hundreds of thousands of dollars in annual lease rent payments.

Her staff often witnesses her remarkable knowledge and compassion for the underserved population she works tirelessly for. As strong advocates for individuals with disabilities, Kimberly and her team strengthen the safety net for persons with disabilities and their families.
Civil Union & Marriage Online Application Team

DOH Team of the Year

The passing of the Civil Union Law in February 2011 also placed an urgent requirement on the Office of Health Status Monitoring to implement a new system that complied with the law while creating an entirely new records database to add to records for births, deaths and marriages. With an average of more than 20,000 marriages recorded each year, 18,000 births and 9,000 deaths in Hawaii, the implementation of the new civil union law required careful planning, practical design, and a customer-oriented approach.

Successful implementation was critical as the nation watched Hawai’i on New Year’s Day. Not only did the new system function correctly at midnight on January 1, 2012 (the first day of the new civil union law and first day of the electronic system activation); in addition, in the first month of the new online system, more than 650 marriages and civil unions were successfully processed. All of those couples were able to access their civil union or marriage certificate within a few days of completing their ceremony; a major improvement to the average wait time of as much as 6-8 weeks using the previous paper-based system.