

FAMILY HEALTH SERVICES DIVISION

Profiles 2014

SYSTEM-LEVEL ISSUES

- **Health Equity**
- **Uninsured**
- **Access to Health Care**
- **Neighbor Island Coordination**

Chapter 2

System-Level Issues Overview

System-Level Issues

There are more than 1.3 million people living in the State of Hawaii, with the population spread among seven major islands. With only about 10% of the state classified as urban, many residents face significant transportation barriers to accessing specialty health care and services. 5

The state's complex ethnic diversity, with nearly a quarter of the population belonging to more than one racial group, presents challenges as well. Based on 2010 Census data, Asians account for nearly 40% of the state's population, whites account for nearly 25%, and Native Hawaiian and other Pacific Islanders are about 10% of the population. Additionally, about 20% of the population were born outside the United States. As a result, many residents face significant cultural and language barriers to accessing needed health services and are unable to take advantage of and act on critical preventive recommendations.

Hawaii's unique demographics and geography make ensuring optimal health for everyone a huge undertaking and one that requires efforts at both the individual and systemic levels. Within FHSD, efforts focus on providing direct services to those populations at greatest need, but also on building the collaborative relationships that result in positive systemic — and thus sustainable — changes. These systemic changes will widen access to the opportunities and information that help all people and families achieve and maintain good health. For example, systematically ensuring that all pregnant women — regardless of their income, education, race/ethnicity or location — have access to culturally appropriate tobacco cessation services will not only result in healthier women and babies, but will also reduce medical costs.

Within the following section are some examples of how FHSD is working to create healthy opportunities for all and achieve health equity across the state. This section also highlights work underway at the larger system level, such as ensuring access to health care, as well as efforts that involve strong collaborative work with neighbor island coordinators and their staff.

Health Equity

Goal: Achieve Health Equity to Improve the Health of All

Issue:

Many of Hawaii's populations continue to experience significant disparities related to health outcomes, life expectancy and quality of life. Healthy People 2020 defines a *health disparity* as a particular type of health difference that is closely linked with social, economic and/or environmental disadvantage.⁹ Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Eliminating health disparity gaps is essential to achieving health equity, which the Centers for Disease Control and Prevention defines as "when all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance."

The Value of Eliminating Health Disparities

In addition to the improved health outcomes that come with narrowing health disparity gaps, such work could save billions in health care costs. Researchers estimate that eliminating health disparities among minorities between 2003 and 2006 would have reduced medical expenditures by a whopping \$229.4 billion. Between those years, more than 30 percent of direct medical care expenditures among blacks, Hispanics and Asians were due to health inequities. (Source: http://www.jointcenter.org/hpi/sites/all/files/Burden_Of_Health_FINAL_0.pdf)

Healthy People 2020 Goal:

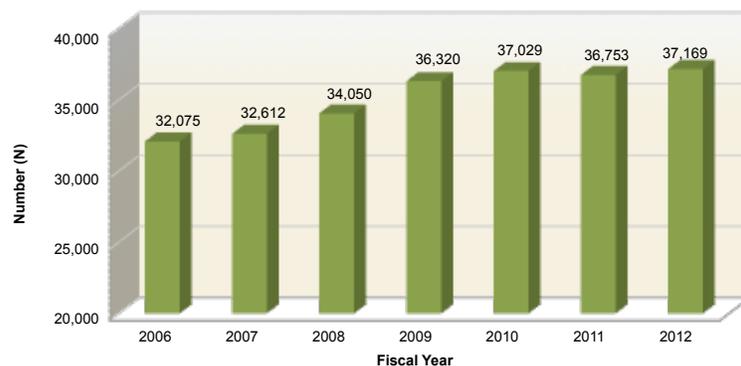
One of the four overarching goals of Healthy People 2020 is to achieve health equity, eliminate disparities and improve the health of all groups.

Program Highlight:

Many FHSD programs address health disparities by targeting services to vulnerable populations and those most in need, including low-income families, children with special health needs, and high-risk populations as identified by race/ethnicity, geography, national origin or age.

Figure 2.1 Average Monthly Number of Low-Income Women and Children (including Infants) Receiving WIC Services in Hawaii: 2006-2012

The Special Supplemental Nutrition Program for **Women, Infants and Children (WIC)** is a federally funded program that provides low-income women and their children up to age 5 with healthy foods, nutrition counseling and support services, including breastfeeding support. In federal fiscal year 2012, WIC served a monthly average of 37,169 pregnant and postpartum women, infants and children. This number represents roughly 50% of all births in the state, making it the largest service program in the Department of Health. With the recent economic recession, demand for WIC services has steadily increased from 32,075 in federal fiscal year 2006 to 37,169 in federal fiscal year 2012.



Source: Hawaii State Department of Health, Family Health Services Division, Women, Infants and Children (WIC) Services Branch.

WIC helps to ensure healthy pregnancies, birth outcomes and a strong start in life for vulnerable infants and young children. WIC also supports families in establishing life-long healthy eating and lifestyle choices. Moreover, WIC helps to improve health care access for low-income women and children who have or are at risk for developing nutrition-related health problems such as overweight, obesity and type 2 diabetes.

Other Program Activities:

- The **Big Island Perinatal Health Disparities Project** within the Maternal and Child Health Branch was a federally funded program from 1999-2014 that addressed disparities in perinatal health and birth outcomes among specific populations on the Big Island. Native Hawaiian, other Pacific Islander, Hispanic and adolescent (regardless of ethnicity) females residing on the Big Island experience poorer overall perinatal health and birth outcomes than other women. The project provided support services to pregnant women within those populations in an effort to eliminate disparities. The project also worked toward system-level improvement via the Big Island Perinatal Health Consortia, which was comprised of four local area consortium representing four main population areas in Hawaii County. Members of each consortium are very diverse and may include pregnant women, their families, doulas, midwives, childbirth educators, community and spiritual leaders, health professionals, service agencies, cultural representatives and others interested in improving women's health. The consortia's primary goals are to develop core systems of perinatal services to improve entry into first trimester care for pregnant women, reduce the incidence of low birth weight infants, reduce infant mortality rates, and increase community support through each local area consortium. Some of these efforts continue despite the end of the federal funding.
- In August 2012, the Maternal and Child Health Branch sponsored the Hawaii Island Perinatal Health Action Summit in partnership with stakeholders on the island of Hawaii. The summit was designed to address emerging critical issues (particularly provider shortages); support implementation of local health system action plans; and support the Big Island Perinatal Health Disparities Project's local area consortia. The summit was co-sponsored by the state Office of Primary Care and Rural Health.
- Examples of other Maternal and Child Health Branch programs that target immigrant or special ethnic groups include:
 - The "Keep Me Safe While I Sleep" flyer has been translated into Chuukese and Marshallese for distribution to the Micronesian community in an effort to prevent infant deaths due to unsafe sleeping conditions and environmental risks. To help facilitate access to the safe sleeping information, the flyers were posted online at www.safesleephawaii.org.
 - The **Sexual Violence Prevention Program** within the Maternal and Child Health Branch worked with a community-based advocate in Oahu's Micronesian community to convene a task force to explore the problem of sexual violence and develop a prevention plan for the community. Educational curricula are being developed that are culturally appropriate and gender-sensitive and that target Micronesian women, men and service providers as part of an adult orientation program. Information on sexual attitudes within Micronesian cultures will be made available to service providers.
- The **Children with Special Health Care Needs Branch** has several service programs to address the needs of children who have or are at risk for chronic physical, developmental, behavioral or emotional condition(s) and who require health and related services of a type or amount beyond that required by children generally. In addition to providing direct services, the programs under the branch address disparities in access to specialized health care services on the neighbor islands as well as larger service system issues.
- To increase community awareness of the social determinants of health, the Hawaii Department of Health entered into a unique public health and primary care partnership with the Hawaii Primary Care Association to produce a documentary film entitled "**Ola: Health is Everything.**" This full-length feature film explores the circumstances in which people are born, grow up, live, work and age as well as the systems put in place to deal with illness. The documentary provides decision-makers, public health and human service agencies, health systems, community based-organizations and rural health advocates with a springboard to develop multi-sectorial plans to comprehensively address health disparities in Hawaii. The film debuted in April 2013 at the Hawaii International Film Festival. Since then, community showings of the film have been taking place across the state. A DVD and accompanying toolkit will be released in early 2015.. For more information, visit <http://olamovie.com>
- FHSD **surveillance and data activities** actively compile, analyze and publish health data on the maternal and child population, with a particular focus on disparities. FHSD is responsible for administering multiple surveillance systems, including the Pregnancy Risk Assessment Monitoring System, the Birth Defects Monitoring System, the Child Death Review program and the Domestic Violence Fatality Review program. Some of the FHSD data publications include Pregnancy Risk Assessment Monitoring System trend reports for the state and individual county reports; Birth Defects Monitoring reports; Child Death Review reports; a summary of Hawaii data from the National Survey of Children's Health; and numerous health issue fact sheets. Publications can be found on the Department of Health website, <http://health.Hawaii.gov>.

Uninsured

Goal: Improve and Maintain Statewide Access to Health Services

Issue:

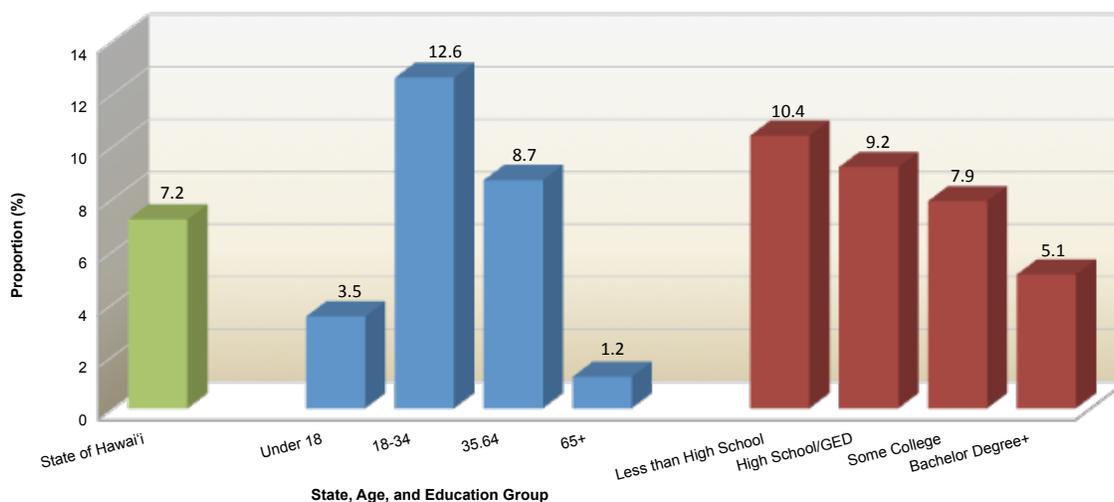
The uninsured population is at risk for a range of poor health outcomes. Access to quality care is critical to eliminating health disparities and increasing the quality and years of healthy life for all persons in the U.S. The public health system is central to this endeavor, providing education about the importance of prevention and increasing access to preventive services for people who face barriers to accessing existing services. Although a lack of health insurance is clearly a major factor impeding access to care, having health insurance does not necessarily guarantee that health care will be accessible or affordable. Significant numbers of privately insured residents lack a usual source of care or report delays or difficulties accessing needed care due to affordability or insurance problems.¹⁰

Healthy People 2020 Objective:

Increase the proportion of persons of all ages with health insurance to 100%. Increase the proportion of persons who have a specific source of ongoing care to 96% for all ages (97% among those younger than 18 and 96% among those ages 18 years old and older).

Population-Based Data:

Figure 2.2 State of Hawaii, Uninsured Population, Overall by Age and Education: 2010-2012



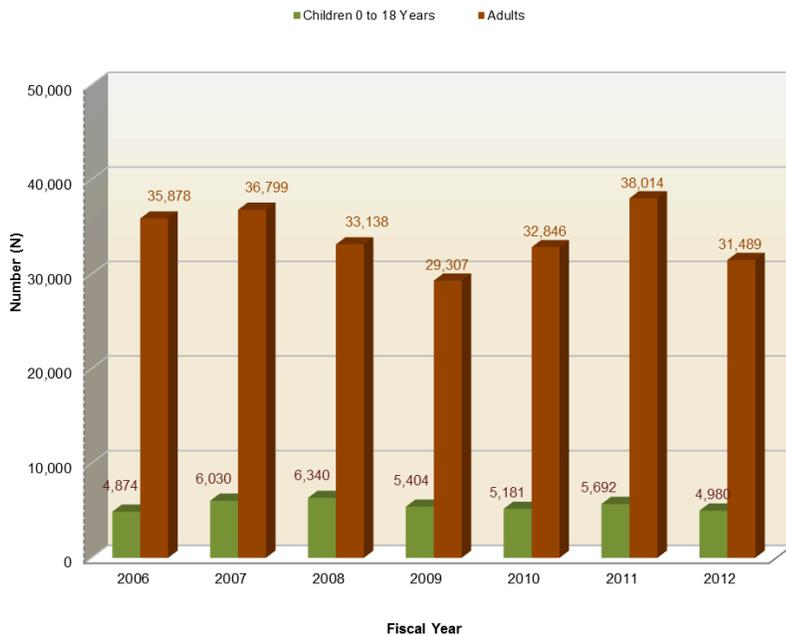
Source: US Census Bureau, American Community Survey 2010-2012 Estimates. Note: Estimates based on educational attainment are limited to those 25 years of age and older.

Nationally, the rate of uninsured individuals was estimated to be 15.1% based on 2010-2012 estimates. In Hawaii, the proportion of the population that is uninsured is less than half the overall national estimate at 7.2%. However, there is variation among age groups, with 18-34 year olds and 35-64 year olds experiencing rates that exceed the overall state rate. Among those 25 years of age and older, there were variations by educational level, with higher uninsured estimates among those with lower educational attainment compared to those with higher levels of education.

By 2015, the nation's community health centers are predicted to reach 40 million patients, save \$122 billion in total health care costs over a five-year period, generate \$54 billion in total economic activity and create 284,000 jobs. Health centers currently save about \$1000 per person through the more efficient delivery of care. ¹

Program Highlight:

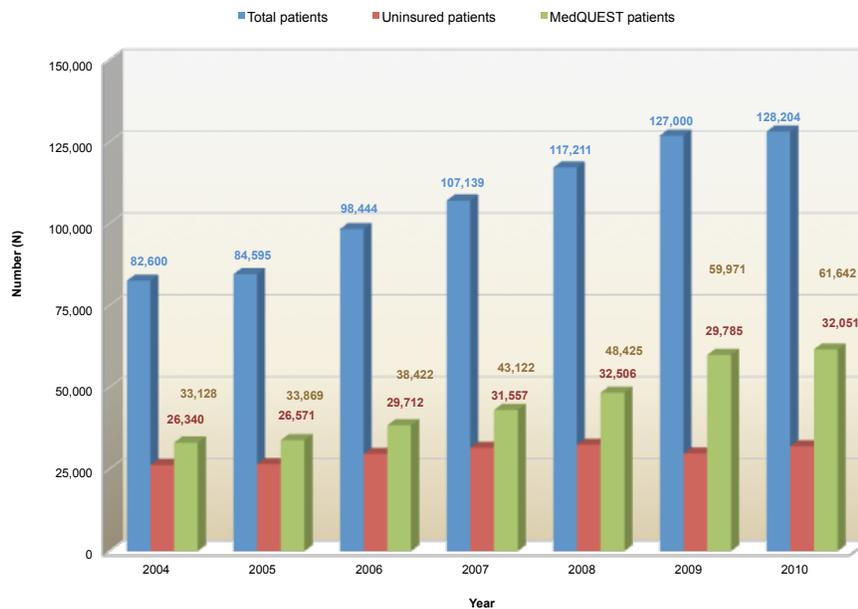
Figure 2.3 Adults and Children Served in Community Health Centers Through Primary Care Contracts: 2006-2012



Source: Hawaii State Department of Health, Family Health Services Division, Office of Primary Care and Rural Health. Data reflects Fiscal year (July 1-June 30).

FHSD contracts with 16 health service programs, including federally qualified community health centers, to provide a minimum of medical care and support services. Support services include psychosocial assessment, care coordination, information, referral, education and outreach. Many of the programs also offer expanded services, which include behavioral health and dental treatment services. These comprehensive primary care services are provided to uninsured individuals and families whose incomes are at or below 250% of the federal poverty level. In fiscal year 2012, an estimated 4,980 child and 31,489 adult visits were provided through FHSD's primary care contracts. With the economy in slow recovery and the implementation of the Affordable Care Act, it is unclear whether client numbers will continue to increase.

Figure 2.4 Growth of Community Health Centers in Hawaii: 2004-2010



Source: Hawaii Primary Care Association Annual Report 2011.

Community health centers in Hawaii have experienced significant patient growth over the past 10 years — an increase of 109%. There are 14 centers on all the islands, with 50 service sites. Combined, the centers are the second largest provider of primary care in Hawaii, serving more than 128,000 patients in 2010 and scheduling nearly 577,000 office visits. Nearly half or 61,641 of all those cared for by community health centers are enrolled in Medicaid.

The number of patients seen at community health centers has steadily increased during the last seven years from 82,600 to just more than 128,000, representing a 55% increase statewide. During the same time period, there was a 86% increase in Medicaid clients and a 22% increase in uninsured patients. Community health center patients reflect the diverse community in Hawaii — 26 percent of patients are Native Hawaiian, 22 percent are Caucasian, 21 percent are Asian, 16 percent are Pacific Islanders and 15 percent are other.¹¹

Access to Health Care

Goal: Improve Access to Health Care Services for All Populations

Issue:

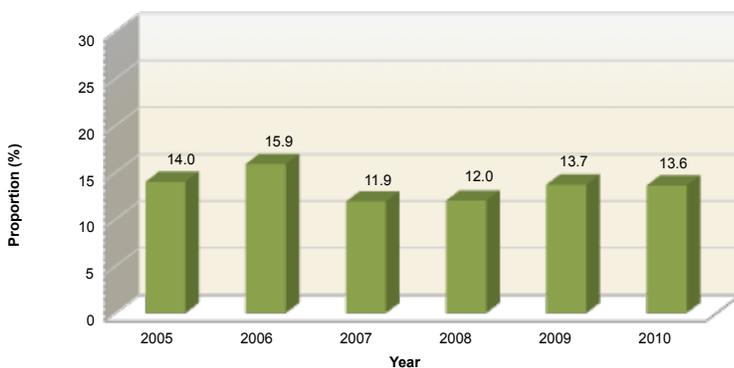
Access to comprehensive, quality health care services is key to creating the opportunities that allow everyone to live long and healthy lives. Lack of access, or limited access, to health services greatly impacts an individual's health status. Access to health care impacts overall physical, social and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.¹⁰ Improving health care services depends, in part, on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and experience fewer disparities and costs.

Healthy People 2020 Objective:

Increase the proportion of persons with a usual primary care provider to 83.9%.

Population-Based Data:

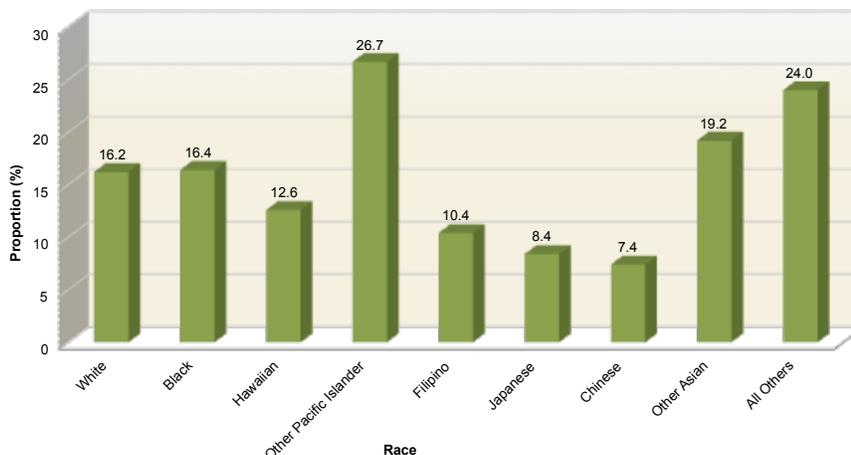
Figure 2.5 State of Hawaii, Estimates of No Regular Primary Care Provider Among Adults, 2005-2010



Source: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS). Due to changes in survey methodology, data from BRFSS starting in 2011 is not directly comparable to data of previous years.

Having a primary care provider is often associated with more meaningful and sustained relationships between provider and patient as well as the delivery of integrated services within the context of family and community. Nationally, in 2010 an estimated 18.3% of adults did not have a regular health care provider. In Hawaii, there has been an increase from 2007, when 11.9% of adults did not have a regular provider, to 2010, when 13.6 percent did not having a regular primary care provider.

Figure 2.6 State of Hawaii, Estimates of No Regular Primary Care Provider Among Adults by Race, 2008-2010

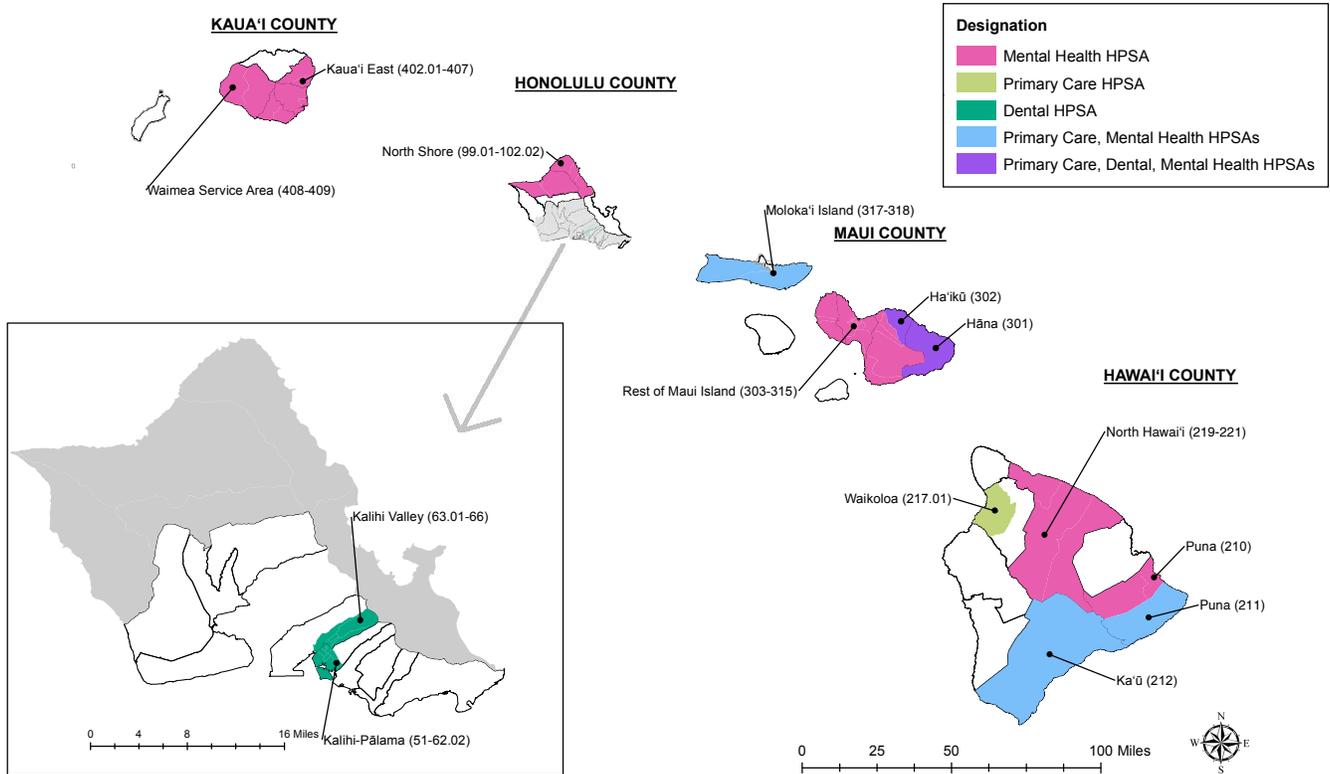


Source: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (BRFSS).

Data aggregated from 2008-2010 demonstrates that statewide an estimated 13.4% of adults (133,400) reported they had no access to regular primary care or health care provider(s). Data also show differences by race, with adults of Asian ancestry, specifically Chinese and Japanese residents, having the lowest rates at 7.4% and 8.4%, respectively. Other Pacific Islanders, all others, other Asians and blacks experience significantly higher rates at 26.7%, 24.0% and 19.2%, respectively.

Program Highlight:

Figure 2.7 Health Professional Shortage Designations, 2014



Source: Hawaii State Department of Health, Family Health Services Division, Office of Primary Care and Rural Health. Designations current as of January 2014.

- The **Office of Primary Care and Rural Health** is organizationally placed within FHSD to promote equity and enhance access to quality health care services throughout Hawaii. The office coordinates federal, state and local efforts aimed at improving the health of rural and medically under-served populations by supporting access to and availability of quality medical, oral health, and behavioral health care professionals and services.
 - The primary care priorities are: designation of federal health professional shortage areas (HPSA); workforce development, recruitment and retention; assessment of primary health care, oral health and behavioral health needs; and fostering collaboration for work effectiveness. Shortage area designations are used by the Centers for Medicare and Medicaid Services incentive payment and rural health clinic programs, the National Health Service Corps, and the J-1 visa waiver program. The National Health Service Corps provides loan repayment assistance to licensed primary care medical, dental and behavioral health providers who work in areas of greatest need. In 2014, there were HPSA designations in all counties, with a mental health HPSA present on all islands (except Lanai), a primary care HPSA on the islands of Hawaii, Maui, and Molokai, and a dental HPSA on the islands of Oahu and Maui.
 - The rural health priorities are: strengthening rural health organizational networks; coordinating statewide resources and activities; facilitating development of county, state and federal rural health policy initiatives; addressing quality of care issues; providing technical assistance to increase utilization of health information technology; and partnering with critical access hospitals to improve financial, operational and clinical performance.

Neighbor Island Coordination

Geography and Population Overview:

Geography	Population (n)	Below Federal Poverty Level (%)	Median Income (\$)	Unemployment Rate (%)	Uninsured (%)
State of Hawaii	1,360,301	11.8	67,492	5.3	7.0
Hawaii County	185,079	18.9	52,098	7.5	9.9
Honolulu County	953,207	10.4	72,292	4.8	5.8
Kauai County	67,091	12.3	67,113	6.5	9.9
Maui County	154,834	11.2	64,058	5.7	9.2

Notes: Population based on 2010 Census. Proportion in Poverty based on 2012 data from Small Area Income and Poverty Estimates Program. Unemployment rate based on Jan 2013 US Bureau of Labor Statistics. Uninsured and median Income reflect data from the 2008-2012 American Community Survey.

- Hawaii County is the largest in land size of all the counties in the state and is home to 13.6% of the state population. Within the county, 18.9% of the population live below the federal poverty level, the median annual income is \$52,098, 7.5% of residents are unemployed and 9.9% have no health insurance.
- Honolulu County is the most populated county and is home to 70.1% of the resident population in the state. Within Honolulu County, 10.4% of the population live below the federal poverty level, the median annual income is \$72,292, 4.8% of residents are unemployed and 5.8% have no health insurance.
- Kauai County is composed of two islands (Kauai Island, where 66,921 people live, and Niihau Island, where 170 people live) and is home to 4.9% of the resident population in the State of Hawaii. Within Kauai County, 12.3% of the population live below the federal poverty level, the median annual income is \$67,113, 6.5% of residents are unemployed and 9.9% have no health insurance.
- Maui County is composed of four islands of which three are currently inhabited (Maui Island, where 144,444 people live; Molokai Island, home to 7,255; and Lanai Island, home to 3,135) and accounts for 11.4% of the resident population in the State of Hawaii. Within Maui County, 11.2% of the population live below the federal poverty level, the median annual income is \$64,058, 5.7% of residents are unemployed and 9.2% have no health insurance.

Family Health Services Section Supervisors:

FHSD supports neighbor island work through the **Family Health Services Section (FHSS)** supervisors for the three major counties outside of Honolulu and places staff at the branch level within each District Health Office. FHSS Supervisors in the counties of Kauai, Maui and Hawaii are uniquely positioned as local liaisons for FHSD initiatives within their respective counties. These supervisors are registered nurses responsible for the day-to-day operations of local staff and projects associated with WIC and the Early Intervention and Children with Special Health Needs programs.

Nurses are ideal resources and coordinators, as they are trained to focus on the health of entire populations and work toward the priorities and needs of particular communities. Such work is accomplished through collaborative partnerships, serving as liaisons to programs, through educational outreach, and as consultants for local agencies and projects working on local maternal and child health issues. The nurses' knowledge, experiences and energies are critical to building relationships that can withstand the geographic challenges of working an ocean apart as well as aligning state and local-level priorities and activities. Of course, there is some overlap in activities across counties, with staff able to tailor activities to their unique populations.

In the last several years, there have been significant reductions in staff due to the economic recession and funding changes. The outreach and work of FHSS supervisors have been particularly affected with the loss of the federal Title V-funded maternal and child health nurse coordinators from Maui and Kauai counties. In addition, our one remaining nurse coordinator in Hawaii County was reduced to half time in June 2014. These reductions have and will continue to impact the organization, coordination, advocacy and leadership efforts of many public health activities aimed at improving health and reducing preventable conditions among women, young children, children and youths with special health care needs living on neighbor islands. Funding cuts affect efforts across the public health spectrum, including child death review; domestic violence fatality review; childhood obesity prevention and education for parents and service providers; community-based coalition and task force participation on issues such as domestic violence and fetal alcohol spectrum disorder prevention; collaborations with clinicians; work with

grandparents who are raising grandchildren; participation in the perinatal advocacy network and homeless alliance; maternal and child health consultation services to public and private agencies; women's health screenings; and many other important initiatives.

- **The Maui FHSS supervisor** is responsible for 14 staff and Family Health Services Section programs in the Maui Tri-Isle County. A great amount of time and effort are spent on workforce development, coalition and capacity building, raising public awareness and developing education campaigns to address public health issues facing pregnant women, mothers, fathers, children, youth, grandparents raising grandchildren, elderly, children and youth with special health care needs, and families. These efforts include chronic disease; obesity; substance abuse; behavioral health; child abuse and neglect; domestic violence; suicide; oral and dental health; and perinatal health. The staff provide child development education; health education; medical specialty care coordination; social services care coordination; nutrition education; breastfeeding support; supplemental foods; health and social service support and referrals; and health and social systems policy development, facilitation and coordination. These activities are conducted in collaboration with contracted private agencies as well as public agencies and officials. To leverage resources and funding, staff actively participate in several local and state community- and faith-based coalitions and task forces whose missions are to protect children and women and support their families so that all residents of Maui County live in healthy, safe and nurturing environments.
- The **Kauai FHSS supervisor** is responsible for 11 staff from four programs (3 FHSD programs and the HIV/STD program). The coordinator has been very active with local collaborative programs such as the WIC Electric Breast Pump Loan Program, which supports employers with enabling breastfeeding in the workplace. This program, which was designed by the community Breastfeeding Task Force, provides access to 25 breast pumps and related supplies so that women can continue breastfeeding after returning to work. Staff also partner with the local WIC program to enhance their breastfeeding program to assist women who are partially breastfeeding and who have returned to work. Another collaborative program is the K-3 Hearing and Vision Program, in which local Lions Club members provide hearing and vision screenings to kindergarten through third-grade public school students. Kauai Family Health Services provides annual training and equipment housing. Dental care for the uninsured and underinsured is a significant problem in Kauai, where the only community health centers that offer dental services have a three- to four-month waiting list for an appointment. In 2012, the Kauai District Health Office also partnered with local military reservist forces to bring to Kauai the Tropic Care Instant Readiness Training program. The Army, Navy and Air Force reservists provided free services valued in excess of \$7 million. These services included visiting with 2,200 medical patients, conducting 3,000 dental services and donating 3,570 pairs of eyeglasses. Kauai also brought back the military reservists in June 2014 to again provide needed services to the community. Strong relationships are important when bringing private, county, state and federal agencies together to serve a large number of people in a short time. The relationships forged with local public health agencies, health centers and health care providers are critical in making the Tropic Care event a success.
- The **Hawaii Island FHSS supervisor** is responsible for four programs with 27 employees island wide. In addition to personnel management, the coordinator and staff participate in various meetings and work groups to address issues and concerns of the community, Title V initiatives and state department of health priorities. A majority of the community work is building relationships and partnerships to strengthen communication between health and social systems. Successful collaboration and coordination with systems of care results in seamless transitions to care and resources that greatly benefit families and children. Current work involves partnering with the Hawaii County Office of the Prosecuting Attorney as well as the county Immigration Office to tackle multiagency problem-solving approaches to issues that impact the entire local community. Hawaii Island implemented the Big Island Perinatal Health Disparities Project from 1999 to May 2014. The project provided outreach and recruitment, health education, screening and referral, case management and interconception care to a targeted population of pregnant and postpartum women that were most at risk for poor health outcomes. In addition, the project provided an avenue for collaboration across health department divisions and championed the importance of health equity for residents who bear disproportionate health burdens. In regard to system building, Hawaii Island Perinatal Health Action Plan Development and Training summits, which are held quarterly, support on-going efforts to strengthen health care access and infrastructure. The Open Space Technology process facilitated at these events promotes creative and collaborative problem-solving and serves as a springboard for successful action planning that involves committed individuals. These community-driven actions are expected to continue even though the federal grant ended via partnerships among those that experienced the value of the project.