

Cross-Cutting/Life Course						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve the oral health of children and pregnant women.	<ul style="list-style-type: none"> By July 2020, increase the percent of children, ages 1 through 17 who had a preventive dental visit in the past year to 87% (Baseline: 2011-2012 NSCH data 83.1%) By July 2020, increase the percent of women who had a dental cleaning during pregnancy to 39% (Baseline: 2011 PRAMS data 37%) 	<ul style="list-style-type: none"> Develop program leadership and staff capacity Develop or enhance oral health surveillance Assess facilitators/barriers to advancing oral health Develop and coordinate partnerships with a focus on prevention interventions Develop plans for state oral health programs and activities 	<ul style="list-style-type: none"> Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months Percent of children in excellent or very good health 	<ul style="list-style-type: none"> A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year 		
Improve access to services through telehealth	To be determined	To be determined				

Cross-Cutting/Life Course

Cross-Cutting/Life Course - Plan for the Application Year

Preliminary 5-Year Plan: Oral Health

The five-year needs assessment reaffirmed the importance of oral health for adults and children as a priority issue. Oral health was identified in a number of statewide assessments and reports including the State Hospital Association and the state Health Transformation Office which both conducted extensive stakeholder surveys and community meetings to identify statewide health concerns. In 2015 the Pew Charitable Trusts confirmed oral health as an important issue for Hawaii giving the state its fifth consecutive “F” grade on children’s oral health in the U.S. While not mandated, the DOH does have statutory responsibility for assessing state dental needs and resources, providing services, conducting education and training, applying for federal funds, as well as planning.

Priority: Improve the oral health of children ages 0-18 years and pregnant women

The state priority is based on the Title V block grant guidance National Performance Measures for oral health which focuses on both children and pregnant women. In the previous 5-Year project period oral health for children was identified as a Title V priority, so this is a continuing priority issue for children. The focus on oral health of pregnant women is a new priority for Hawaii.

Objectives:

- By July 2020, increase the percent of children, ages 1 through 17 who had a preventive dental visit in the past year to 87% (Baseline: 2011-2012 NSCH data 83.1%)
- By July 2020, increase the percent of women who had a dental cleaning during pregnancy to 39% (Baseline: 2011 PRAMS data 37%)

The preliminary 5-year plan objectives were developed using the Title V website data from the National Survey of Children's Health and the Pregnancy Risk Assessment Monitoring data as a baseline and projecting a five percent improvement over the next five years.

National Performance Measures:

- A. Percent of women who had a dental visit during pregnancy, and
- B. Percent of children, ages 1 through 17 who had a preventive dental visit in the past year.

5-Year Strategies

- Develop program leadership and staff capacity
- Develop or enhance oral health surveillance
- Assess facilitators/barriers to advancing oral health
- Develop and coordinate partnerships with a focus on prevention interventions
- Develop plans for state oral health programs and activities

Strategy Development

The five strategies are extracted from FHSD's 5-Year CDC oral health state infrastructure building grant which ends in August 2018. To assure regular feedback/input, oral health stakeholders have been routinely informed about the grant through press releases, presentations/reports at meetings, email updates, conferences, workshops, and legislative hearings. FHSD is working with the DOH Communications Officer to develop an oral health email newsletter. A prototype newsletter has been completed and will be sent to the state oral health Task Force with a survey to collect feedback on preferences for communication/meeting methods, frequency and topics.

Plans for Application Year Federal Fiscal Year 2016 (10/1/15-9/30/16)

- Hiring and conducting leadership orientation for the Dental Director and Program Manager to assure state public health leadership for the state oral health program.
- Complete the third grade oral health basic screening survey, publish final report and disseminate to stakeholders.
- Pilot school dental sealant project (evidence based strategy) to identify cost-effective, sustainable service delivery/financing models.
- Evaluate pilot oral health co-location project at WIC and develop plans to expand to other WIC clinic locations
- Integrate oral health promotion for both women and children into WIC services
- Continue to promote and monitor pediatric providers' application of FV in young children.
- Promote coalition-building, partnerships to assure a diverse/broad participation in efforts state oral health planning.

FHSD was able to fill a half-time office assistant position, but is still recruiting for the Dental Director and Program Manager positions. The exempt Program Manager position is being funded for one year by the CDC PHHSBG grant administered by the DOH OPPPD. The position was established in April 2015. The tentative plan is to deploy the position to FHSD to manage the pilot sealant project and serve as Program Manager for the DOH oral health program. The CDC oral health grant will be used to fund the position once PHHSBG funds expire. Interviews for both

positions are in the process of being scheduled.

Once the positions are filled ASTDD will be providing orientation and training of the new Dental Director and Program Manager. An established distance learning and on site technical assistance will be provided. In addition ASTDD also has a mentoring program where new state dental directors can be paired with an experienced director in another state for a year.

The third grade oral health screening project completed data collection in May 2015. Data entry is planned through June 2015. Data analysis and the writing of the final report will be done by ASTDD by October 2015. The results will be disseminated to agencies, key stakeholder organizations, policymakers, and through media release. The data should help to inform policy and planning decisions including the State oral health task force convened by the Hawaii Healthcare Project Office, to implement a second year CMS State Innovation Model (SIMS) grant. One of the SIM focus area is oral health. The DOH Deputy Director is a co-leader for the oral health task force.

A funding proposal for the pilot school dental sealant project was submitted to the Hawaii Dental Service Foundation (Delta Dental affiliate) and was recently awarded in April 2015. DOH will partner with an existing FQHC dental program to identify a cost-effective, sustainable service delivery and financing models. DOH will work with Medicaid to implement federal policies allowing reimbursement for oral health services delivered in public health settings including schools. OPPPD is also using PHHSBG funds to document the two ongoing school based oral health programs. TA for the project is being provided by a number of national organizations working to promote this evidence based approach to promote oral health prevention to at-risk children (CDC, Children's Dental Health Project, School Based Health Alliance).

The project to improve the oral health of pregnant women will target WIC clients. FHSD is contracting with the University of Hawaii, School of Nursing and Dental Hygiene (SONDH) to evaluate the WIC oral health "*Keiki Smiles*" program and develop recommendations to expand the program to other WIC locations. WIC clients will also be surveyed to identify common barriers to oral health care. The SONDH will explore how the program can extend oral health care to pregnant/post-partum women and conduct workforce training to support oral health promotion in the WIC program statewide.

In 2015, AAP partnered with Hawaii Dental Association to conduct FV trainings for pediatric providers. Website resources were developed and are accessible to providers. An additional training was requested and provided for Family Practitioners. Evaluations of the trainings and information from provider surveys is being compiled and analyzed. Medicaid EPSDT data will also be monitored to assess progress and inform future planning for this recommended evidence based practice. The trainings and website development was funded using the DOH CDC oral health grant.

FHSD will continue to support partnership development and coalition building to assist with development and implementation of project activities. FHSD will draw upon this broad base of partners to help plan and conduct state oral health planning efforts later in the CDC grant project period. To help inform the planning process, FHSD is first working to complete data surveillance and assessment reports (including the environment scan and policy review).

Factors Contributing to Success

Strong public health leadership is critical to guide planning and assure progress with the CDC Oral Health Disease Prevention grant. The acting Dental Director, a non-dental professional, was trained in public health administration and served as the former manager of the state chronic disease program, thus she was extremely knowledgeable/experienced regarding the public health approach to program development and problem solving. ASTDD content expertise, technical assistance, orientation was critical to guiding planning, implementation, and achieving CDC grant benchmarks and requirements.

Locating the oral health program in the MCH agency, with a culture of working in collaboration and partnership, helped facilitate:

- teamwork among a diverse group of staff,
- working with internal/external partners and
- leveraging resources.

The MCH agency also provided access to extensive resources including MCH epidemiology staff, Office of Primary Care and Rural Health, as well as a number of federal HRSA grant resources.

Additional assets that have helped drive progress include:

- many dedicated oral health stakeholders and community-based programs,
- strong legislative and administrative support for oral health as a priority, and
- substantial national technical assistance and resource availability.

Challenges, Barriers

While Hawaii has many dedicated oral health assets, a major challenge is the lack of oral health infrastructure to develop a coordinated system of care. Unlike most states, Hawaii has no local health departments, thus DOH is key in providing statewide leadership for critical public health surveillance, evaluation, planning, and prevention functions. With no dental school in Hawaii, DOH plays an important role to promote evidence-based oral health practices in both public and private settings by supporting workforce training, policy guidance, and research. The state also lacks a current strategic oral health plan; the last plan is nearly 10 years old.

The primary barrier to achieving greater progress are the vacant oral health positions (Dental Director and Program Manager) which are essential to provide dedicated public health leadership and staffing for the DOH oral health program. A protracted personnel process required almost a year to establish the positions. The election of a new Governor and resulting administrative changes in the DOH has also impacted the program efforts. The acting State Dental Director and FHSD Chief, who also serves as the grant Principal Investigator (PI); was appointed to be the Deputy Director in the DOH. While she continues to serve as State Dental Director and grant PI, her areas of responsibility have significantly expanded resulting in less time to focus on the immediate needs of the grant. This has contributed to further delays in the grant progress.

FHSD has also been hampered by loss of key administrative and management positions. The unexpected death of the Division chief administrative officer and untimely injury to his secretary (which required her to be on sick leave for several months) has also created additional work for an already overburdened staff.

Completing 5-Year Action Plan Activities

FHSD will continue to work on the current administrative and project activities discussed above. An update on progress will be provided in next year's Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

New State Priority: Improve to Services through Telehealth

A state performance measure will be established for this new priority. With the reduction in personnel resources, increases in travel costs, and availability of high speed internet and affordable devices, telehealth can be one of the tools to increase access to families and providers while saving time and money.

The legislature is supportive of telehealth as evidenced by the passage of Act 159 (2014) which mandated reimbursement parity for face-to-face and telehealth visits provided by health care providers. Health care providers are defined as primary care providers, mental health providers, oral health providers, physicians and osteopathic physicians, advanced practice registered nurses, psychologists, and dentists.

The Title V Genetics Program currently works to increase access to genetic services on the Neighbor Islands, with genetic consultations done with in-person clinics or using telehealth via videoconferencing. Satisfaction surveys of neighbor island families receiving genetic services and counseling via live videoconferencing show a very high acceptance and satisfaction with the services provided. Twenty percent of the families reported that they would not have sought genetic services for their child if telehealth had not been an option. Although the Genetics program is effectively using telehealth, Title V programs/activities are generally not using the technology for service delivery to clients

Title V is also supporting the use of telehealth resources for healthcare provider training. The State Office of Rural Health is supporting Project ECHO. Part of a national telehealth training network, Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities. Primary care clinicians,

particularly on the neighbor islands, will participate in a learning community, receiving mentoring and feedback from specialists. Together, patient cases will be managed to assure needed care is provided.

Plans include:

- Inventory of telehealth sites and equipment available to Title V programs.
- Continue and expand provision of genetic services via telehealth to the neighbor islands.
- Implement and expand Project ECHO (Extension for Community Healthcare Outcomes), using a tele-education model, to Title V programs and other partners
- Collaborate with University of Hawaii Telecommunications and Social Informatics Research Program, State Telehealth Access Network, and the Pacific Basin Telehealth Resource Center to plan, develop, implement, and evaluate telehealth activities used by Title V programs.
- Develop a telehealth training and mentoring program to increase the workforce knowledge and use of telehealth for their activities.
- Collaborate with other local, regional and national maternal and child health partners to support policies and activities to increase the use of telehealth for families and providers.

Completing 5-Year Action Plan Activities

FHSD will select a state performance measure for this priority next year. Work will continue on the project activities discussed above and an update on progress will be provided in next year’s Title V report. Any needed changes to the preliminary 5-Year Plan will be made. Based upon guidance provided by AMCHP and the federal MCH Bureau, performance measures will be identified for evidence based practices.

Cross-Cutting/Life Course - Annual Report

NPM-13 A) Percent of women who had a dental visit during pregnancy

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	45.0	45.0	45.0	45.0	45.0

NPM-13 B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	87.0	87.0	87.0	87.0	87.0

For the Cross-Cutting/Life Course population domain Hawaii is reporting on the national and state performance measures which address the following issues:

- NPM 9: Dental Sealants
- SPM 10 Youth Oral Health Visits.

NPM9: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

The 2014 data indicates 11.8% of 6-9 year children enrolled in the Medicaid EPSDT program received sealants; the objective of 12% was nearly met. At this time the state does not have population based data for this measure. The

sealant placement rate has remained low for this high risk group, far below the HP 2020 objective of 25.5%. Data from the state's largest commercial dental insurer, Hawaii Dental Service (HDS) reported 28.8% of high risk 6 & 7 year olds (having one or more restorations in the past two years) and 19.9% of low risk children receive sealants. Thus, children with private insurance are also not receiving sealants as a preventive practice. With no civilian fluoridated water systems in Hawaii, dental sealants are an important preventive intervention. See narrative for SPM 10 under "Cross-cutting/Life Course" domain for report on dental activities.

SPM 10: Proportion of public high school students who received dental care in the past year.

The 2013 Youth Behavioral Risk Survey (YRBS) data indicates 70.3% of students reported seeing a dentist in the past year. FHSD sponsored the addition of an oral health question in the YRBS after consultation with stakeholders and the MCH Bureau to provide a more consistent, reliable data source for the measure. The addition of these core question options will generate national comparative data for future work and research.

In 2009 the DOH dental health program was eliminated as part of the state budget cuts. Three years later, in 2012, the Title V agency was assigned the responsibility for rebuilding the DOH oral health infrastructure including surveillance, planning and prevention functions. In lieu of an oral health professional to lead the program, FHSD works in consultation with the DOH Developmental Disabilities Divisions (DDD) dentist and utilizes technical assistance from the Association of State & Territorial Dental Directors (ASTDD). The DDD operates dental clinics on Oahu and at the Hawaii State Hospital serving largely adults with disabilities.

Oral health is particularly important since Hawaii's long standing last place state ranking for accessibility to fluoridated water systems. The only fluoridated water systems are located on military bases and housing. Strong public sentiment has persisted over the past fifteen years against efforts to adding fluoride to Hawaii's public water systems.



To help build the state oral health program, FHSD applied for and received a 5-year CDC state oral health infrastructure building grant in 2013. The grant funds will go largely to funding a dental director position to provide leadership for the program. The seven grant goals includes hiring/training of dental program leadership, establishment of surveillance system, support coalition building and partnership development, completing an environmental scan of barriers/facilitators, building of evaluation capacity, development of a state oral health plan, and communications plan. The goals were designed to support a "collective impact" approach to oral health improvement.

With no dedicated oral health staff, FHSD convened a collaborative team led by the FHSD Division Chief and comprised of staff from the Office of Primary Care and Rural Health, the Title V Division Planner, and the CDC-deployed MCH Epidemiologist to develop the application and manage the grant until positions could be established and filled. This unique partnership among the HRSA grantees was recognized in the National Organization of State Offices of Rural Health newsletter. Additional support was provided by FHSD neighbor island nurses, part-time pediatric Medical Director who also serves as the American Academy of Pediatrics (AAP)-Hawaii Chapter Oral Health Champion, and a Council of State and Territorial Epidemiologists (CSTE) MCH Epidemiology Fellow. Key assistance for Hawaii's CDC grant application was also provided by local and national oral health partners. In 2014, the grant staff positions were established and posted on the DOH website and various professional listings at the state and national levels. Recruitment continues. In the meantime, FHSD has been able to leverage the CDC grant salary savings funds to initiate a number of infrastructure building projects and establish important partnerships to help expand the program's resources and capacity.

An oral health data surveillance plan as well as three evaluation plans were developed with technical assistance (TA) from ASTDD. An Oral Health Data report is being finalized for posting on the DOH website. The report includes existing data from self-reported survey data (BRFSS, PRAMS, YRBS, National Survey on Children's Health), hospital emergency room data, Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) data, and medical provider data. A Key Findings summary report is scheduled for publication in June 2015.

FHSD contracted with the Hawaii Primary Care Association to conduct a third grade oral health Basic Screening

Survey (BSS), using a representative sample, assessing the oral health status of children. Branded *Hawaii Smiles*, the project completed data collection in May 2015. The sample involves 66 public and charter schools throughout the state on six islands. The survey data will provide county and state-level estimates. Hawaii is one of five remaining states that have not reported BSS data to the CDC National Oral Health Surveillance System (NOHSS).



Hawaii Smiles

The Hawaii Dental Service Foundation (the Delta Dental affiliate and Medicaid third party administrator for oral health) provided an additional \$137,000 for the BSS. FHSD was also able to leverage funds from two federal DOH grants for the BSS: HRSA State Systems Development Initiative (SSDI) and CDC Preventive Health and Health Services Block grant (PHHSBG). The latter is administered by the DOH Office of Planning, Policy and Program Development (OPPPD).

The project reflects the success of FHSD to leverage its partnerships. In addition to the partners mentioned the project included the full support of the Department of Education (from the state superintendent, Central Office staff, District superintendents, principals, student health aides, and parent volunteers); DOH Public Health Nursing, all three District Health Offices, Immunization Branch, Hawaii Dental Association, Hawaii Dental Hygiene Association, FQHC dental programs, Lutheran Medical Center Pediatric Dental Residency Program, and Hawaii's Medical Service Corp.

In 2014, the DOH hosted an oral health data workshop with Iowa Dental Health Director, Dr. Bob Russell. The participants identified state oral health data needs. Participants representing the Hawaii Dental Association, Hawaii Dental Service, Public Health Nursing, the University of Hawaii School of Nursing and Dental Hygiene, dental staff from Federally Qualified Health Centers (FQHC), and WIC meet quarterly to follow up on recommendations from the workshop. The group has also provided input on data publications and other DOH projects. While in the islands, Dr. Russell presented the keynote talk at the State Primary Care Conference. Grant funds were used to sponsor an oral health track at the conference.

In an effort to complete the state environmental scan of oral health facilitators/barriers, FHSD contracted with the Children's Dental Health Project (CDHP) to complete a policy review of oral health legislation passed over the past eight years. The review, along with the data publications, is intended to inform a future policy consensus planning process. FHSD also contracted a local dental professional to complete a program profile of key state oral health programs, services, and resources.

FHSD in partnership with the OPPPD, an initial plan was developed for a pilot school based dental sealant program. The project is a result of work conducted under an Aspen Institute for Excellence in Public Health Law Award begun in 2013 which DOH used to examine oral health policies in the state. To support the project, OPPPD is supporting the hiring and funding of a program manager position in the CDC PHHSBG grant.

FHSD contracted with the American Academy of Pediatrics (AAP)-Hawaii Chapter to conduct fluoride varnish (FV) training with pediatric providers and develop website resources. The trainings were designed to promote the 2014 Hawaii Medicaid policy decision to reimburse pediatric providers to apply fluoride varnish for young children. The Medicaid policy was adopted after six years of advocacy by AAP-HI Chapter. FV has been found to be effective in preventing cavities for children 3-5 years. New recommendations released in 2014 from the US Preventive Services Task Force, AAP, and American Dental Association recommends FV in the primary care setting every 3-6 months starting at tooth emergence.

Oral Health Activities in FHSD Programs

WIC educates clients on baby bottle tooth decay, caries prevention and the importance of the dental home and regular oral care. The Kona WIC office provides space and makes appointments for a dentist and dental hygienist with the West Hawaii Community Health Center (WHCHC) Oral health exams, fluoride varnish, and education is provided to children and their parents. Referrals are made to assure follow-up care and establish a dental home. Title V's Children with Special Health Needs Program (CSHNP) provides case management for children with craniofacial conditions and partners with the multidisciplinary craniofacial center at the children's hospital in Hawaii to address access issues or gaps in dental services. CSHNP also provides limited financial assistance for

orthodontic treatment and provides assistance to other families enrolled in HMO plans.

The Title V Primary Care Office (PCO) provides state dental health subsidies to 13 FQHC for treatment services (no preventive services), and establishes/updates federal dental health shortage area designations. Of the 14 FQHC, 13 provide dental services. The PCO also supports the recruitment and retention of oral health professionals to practice in underserved areas. Services for the uninsured are available on all the major islands through the FQHCs or through partnerships with dental providers. FQHCs are able to expand their services by utilizing dental residents. Two FQHCs enabled greater access to oral health care through mobile dental services and two FQHCs on Oahu have school dental sealant programs.

The neighbor island counties have oral health coalitions where access to dental services is more challenging since most dentists practice on Oahu. The FHSD neighbor island nurses play critical convener/facilitator roles for the coalitions. The Hawaii Primary Care Association (HPCA) and FHSD convenes the meetings of the State Hawaii Island Oral Health Task Force (HIOHTF) to share information and identify collaborative strategies.

Through its home visiting programs for at-risk families with children 0-3 years old, the Maternal and Child Health Branch is partnering with the AAP-Hawaii on a project to train home visitor staff on oral health education for families.

Other Programmatic Activities

GENOMICS SECTION was reorganized in November 2012 and continues to be extensively involved in planning, coordinating, implementing, and evaluating statewide activities to improve access to genetic, newborn screening, and birth defect services and education. This includes providing genetics, newborn screening, and birth defects education to health care providers, public health staff, and students; maintaining newsletters and several websites; supporting Hawaii Community Genetics for clinical services; establishing Neighbor Island genetics services (in-person outreach and telehealth clinics); and working with the Newborn Metabolic Screening Program on current issues such as expansion of disorder panel, quality improvement activities and retention of residual dried blood spots.

The Genomics Section is the grantee of one of the seven Health Resources and Services Administration funded Regional Genetics networks, the Western States Genetic Services Collaborative (WSGSC). This Collaborative covers Alaska, California, Hawaii, Idaho, Oregon, Washington, and Guam and seeks to improve genetics and newborn screening assessment, services, and education. One of the well-received activities of the WSGSC is the newborn screening parent fact sheets. The fact sheet website (www.newbornscreening.info) receives almost 300,000 unique visitors per year. Another growing initiative is the website resource (http://www.westernstatesgenetics.org/ACA_home.htm) to help families and healthcare providers find information about the Affordable Care Act (ACA). The resource uses the concept of HRSA's life course approach combined with Milton Bradley's "Game of Life" to help families navigate to the information they want about the ACA. Also, as part of this project, the Genomics Section continues to work with Guam to develop a comprehensive newborn screening follow-up program.

HAWAII BIRTH DEFECTS PROGRAM (HBDP) is a population-based active surveillance system for birth defects and other adverse pregnancy outcomes that was established in 1988. It annually finds and collects demographic, diagnostic, and health risk information on 800 to 1,000 infants diagnosed with a birth defect. Data are analyzed for incidence, trends, and clustering, which contribute to the identification of genetic, environmental hazards, and other causes or risk factors. HBDP is funded from \$10 of each marriage license fee which goes into a special fund. HBDP was established as a DOH program by the 2002 State Legislature (H.R.S. SS321-421).

DOMESTIC VIOLENCE FATALITY REVIEW The Maternal and Child Health Branch has implemented a Domestic Violence Fatality Review which is a legislative initiative intended to reduce the incidence of preventable deaths related to domestic violence. The DOH is the lead agency to administer statewide team reviews and through this process the MCHB is collaborating with key agencies involved in Domestic Violence. The hope is that through this collaboration the MCHB can participate in advocacy efforts improve the systems of care and interventions related to intimate partner violence.

DOMESTIC VIOLENCE, SEXUAL ASSAULT SPECIAL FUND AND SEXUAL VIOLENCE/RAPE PREVENTION AND EDUCATION

The Maternal and Child Health Branch receives funding through a Centers for Disease Control Grant to address Sexual Violence Prevention. The Rape Prevention Education grant provides needed primary prevention dollars to address this critical public health issue. The Maternal and Child Health Branch also oversees the Domestic Violence and Sexual Assault Special Fund established by the legislature. This fund and the programs related to domestic violence/intimate partner violence and sexual violence prevention provides opportunity for the MCHB to expand its efforts toward violence prevention statewide. The Branch is looking at ways to expand the surveillance capacity in these areas and ways to collaborate with other women's health initiatives within the branch, such as family planning and the perinatal programs to assure that women are screened and able to access violence prevention information and services as needed through these service delivery points. As state funding and staffing diminish, the branch continues to find ways to coordinate and collaborate across MCHB programs and integrate violence prevention strategies where there are shared outcomes.

THE OFFICE OF PRIMARY CARE AND RURAL HEALTH (OPCRH) is composed of three programs, the State Office of Rural Health (SORH), the Medicare Rural Hospital Flexibility Program (FLEX), and the Primary Care Office (PCO). The overall goals of the programs to coordinate federal, state, and local efforts aimed at improving the health of Hawaii's rural and medically underserved populations.

The **STATE OFFICE OF RURAL HEALTH SORH** administers the HRSA Rural Communities Healthcare Infrastructure Transformation (RCHIT) grant that provides technical assistance to meet rural community health needs coordinates rural health resources and activities statewide in collaboration with other public and private organizations, and plan, organize, coordinate, implement, and evaluate rural health projects, particularly those that build capacity in rural communities. The SORH was instrumental in supporting the development and distribution of two successful documentaries based on the social determinants of health. The first film, *Ola, 'Health is Everything'*, is about health, hope and the power of communities to heal themselves. The sequel - *Ike: Knowledge is Everywhere* - explores the challenges of the education system in Hawaii and, in the spirit of the first documentary, offers solutions to those challenges by showcasing the inspiring work of community leaders. A very recent effort will be bringing the Project ECHO to the islands. Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities. Primary care clinicians, the spokes in our model, become part of a learning community, where they receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need.

The **MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM (FLEX)** and the **SMALL RURAL HOSPITAL IMPROVEMENT PROGRAM** (both HRSA funded) work closely with rural health hospitals and in particular Critical Access Hospitals (CAH) addressing quality-of-care issues, improving the financial, operational, and clinical performance of rural hospitals, developing and implementing rural health networks, and educating and providing technical assistance to rural facilities on the implementation of electronic health records, health information exchange, and other health information technology. The FLEX program plans and conducts quarterly meetings of all CAHs. These meetings serve as an important venue for training and technical assistance regarding financial and organizational performance. In 2014, the FLEX office sponsored and provided comprehensive technical assistance with five CAHs to conduct community needs assessments. The results of the assessment included a list of needs, prioritization of the needs, and listing of possible strategies and responsible organizations to meet the needs.

The **PRIMARY CARE OFFICE (PCO)** administers the HRSA-funded Primary Care Services Coordination and Development grant to improve primary care service delivery and workforce availability in the State to meet the needs of underserved populations. The PCO is responsible for researching and developing new federal Health Professional Shortage Areas (HPSA) and Medically Underserved Areas/Populations (MUA/P) as well as renewing

current designations based on need. HPSAs are used by over 20 federal programs including the CMS Physician Bonus Payment, HRSA training grants, and Medicare Incentive Program. The PCO also serves as the state point of contact and resource for the federal financial loan and scholarship programs under the National Health Service Corps. Technical assistance and training is provided to community organizations and individuals working in the recruitment and retention of health care providers across the state. Key partners in these efforts include the Hawaii Primary Care Association, Hawaii's 14 Federally Qualified Health Centers, and the health professional schools in the islands.

II.F.2 MCH Workforce Development and Capacity

The needs assessment identified several critical areas concerning the MCH workforce and capacity. A substantial portion of the MCH Title V agency capacity has been lost since 2009 due to the reduction in force (77 permanent positions eliminated, 20% of workforce) and elimination of several state funded programs for children, including the MCH Branch Child Wellness Section. These RIFs also precipitated a number of retirements resulting in the loss of MCH expertise within the agency. FHSD was further crippled when RIF'd employees from other state agencies were placed into vacant FHSD positions or "bumped" junior employees from their positions. Most of these employees did not have the skills or expertise for these positions.

Over the past six years, the strain on the Title V agency has only magnified. Additional positions were eliminated or have been left vacant due to funding shortfalls. Workloads for remaining staff have increased substantially. For those positions which FHSD is allowed to fill, significant barriers remain in hiring qualified candidates.

In 2015, the Title V agency suffered an additional setback with the loss of key leadership positions due to the election of a new Governor and change in administration. This resulted in the vacancy of the Title V Division Chief position and the MCH Branch Chief. The Branch Chief position has experienced continuous turnover since the 2009 RIFs. While the Title V agency has been able to add staff positions due to new federal grant awards (for home visiting, oral health, and teen pregnancy programs), these positions have a program-specific focus and have not helped to fill critical gaps left by staffing losses over the last six years. In fact, the size and scope of the home visiting grants have added considerable strain to the administrative staff.

Given the crippling impact of these changes, Title V management embarked on a pilot process to re-examine agency operations and identify ways to work "smarter" and more efficiently with remaining resources. The Division was afforded a unique opportunity to work with an organizational consultant, Fresh Leadership. FHSD piloted this strategic operations planning process for the Department of Health (DOH) to determine its value to other DOH programs. With over 300 employees and an annual budget of \$90 million, the Family Health Services Division is one of the largest divisions in the DOH (the size of a large corporation) and served as a microcosm of the overall Department. The project was funded by a grant to DOH from the Centers for Disease Control and Prevention for infrastructure building and performance improvement. Through the initial process, the FHSD team identified four core operational issues:

- Quality Integrative Programs (to improve cross program collaboration and internal communications),
- Workforce Development,
- Partnership Development, and
- Operational Effectiveness.

One of the first activities resulting from the StratOps process was a Division meeting designed to promote greater collaboration and coordination among FHSD programs. The meeting was held in January 2014 and used a new planning approach compared to Division meetings held in previous years. A planning committee with broad participation from all staffing levels was convened. Family Voices/F2FIC was a vital partner. Meeting attendance was also expanded to be more inclusive of clerical, administrative and neighbor island staff.

The result was a Division meeting that was one of the most fun, successful, well-attended, and well-received meetings. Titled "Mission ~~is~~ Possible: Promoting Lifelong health and Wellness. The day was used to promote and