

NEIL ABERCROMBIE
GOVERNOR OF HAWAII



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In reply, please refer to:
File:

House Committee on Health

April 2, 2012

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Director of Health

HCR 184, Requesting the Department of Health to Submit a 5-Year Organizational and Strategic Plan

1 **Department's Position:** The Hawaii Department of Health (DOH) respectfully submits that this
2 resolution is not necessary. Most of the requested elements in the resolution have already been
3 completed or are in process by DOH, examples of which will be distributed to you today.

4 **Fiscal Implications:** Undetermined.

5 **Purpose and Justification:**

6 HCR 184 requests the Department of Health submit periodic documentation of the following:

- 7 1. A detailed program description of each agency of the department and program ID, including the
8 program objective for each;
- 9 2. A detailed description of the department-wide and agency specific goals of current
10 reorganization efforts;
- 11 3. A cost-benefit analysis of any proposed personnel and/or funding transfer within the department;
- 12 4. A department-wide and agency specific expenditure plan including all means of financing for
13 each of the five years;

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- 1 5. Forecasted changes in the external and regulatory environment and the department's plan to
2 respond to those changes, including funding, staffing and program modifications; and
3 6. Anticipated increases or decreases in demand for services, including anticipated impact to
4 resource expenditures resulting from those changes and detailed forecasts in anticipated clientele
5 numbers and corresponding funding needs by program ID.

6
7 The Department of Health offers comments on each of the six requests in addition to supplementary
8 information that provides greater detail under separate cover. Each request will be addressed
9 individually and in the order described in HCR184.

10
11 **1. A Detailed Description of Each Agency of the Department and Program ID**

12 The Program Structure and Program Memoranda for all State departments, including the Department of
13 Health, are available on the Department of Budget and Finance's web site. These documents produced
14 by state agencies provide a detailed description of each program of the department by program ID and
15 include information on objectives, narratives, measures of effectiveness, target groups, and program
16 activities (Attachment 1.1).

17
18 **2. A Detailed Description of Department-Wide and Agency Specific Goals of Current**
19 **Reorganization Efforts**

20 The Department of Health considers strategic planning an essential process to deliver value and
21 accountability to Hawaii's residents. In January 2012, the Department published its first strategic plan
22 in over 10 years consisting of two complementary components: 1) a six-page strategic executive
23 summary (Attachment 2.1) and 2) a 19-page work plan (Attachment 2.2). Its distribution is ongoing to
24 over 250 state and national stakeholders, and is available on the Department's website
25 (hawaii.gov/doh/strategicplan). Together, these documents describe:

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- 1 • 5 strategic foundations,
- 2 • 18 department objectives,
- 3 • 53 strategies, and
- 4 • Over 190 specific initiatives.

5

6 The strategic executive summary provides the framework of the Department's strategic direction by:

7 a. Confirming our mission: "The mission of the Department of Health is to protect and
8 improve the health and environment for all people in Hawaii."

9 b. Sharing our vision: "Healthy People. Healthy Communities. Healthy Islands."

10 c. Communicating our values: "We value --

- 11 • Diversity in our communities, stakeholders, and employees
- 12 • Excellence and quality improvement to maintain public trust and confidence
- 13 • Timely response to the unique needs of individuals, families, and communities
- 14 • Science-based decision-making and evidence-based practices
- 15 • Collaboration with strategic partners to improve public health
- 16 • Professionalism and dedication of our public health workforce"

17 d. Describing our strategic intentions:

- 18 • Be passionate champions for public health
- 19 • Shape Hawaii's health and environmental agenda
- 20 • Do the greatest good for the greatest number of people
- 21 • Advocate for the needs of the under-represented and vulnerable populations
- 22 • Promote environmental and social justice
- 23 • Improve the business practices of state government to assure quality and
- 24 sustainability

- 1 • Achieve national accreditation
- 2 e. Establishing fundamental strategic foundations: “*Foundations for Healthy Generations*,
- 3 • Health Equity – Eliminating disparities and improving the health of all people
- 4 in Hawaii
- 5 • Health Promotion and Disease Prevention – Improving the quality of life and
- 6 reducing preventable disease especially chronic, disability, injury and
- 7 premature death
- 8 • Emergency Response and Preparedness – Mitigating and responding to
- 9 external threats to individual and community well-being
- 10 • Clean and Sustainable Environments - Creating social and physical
- 11 environments that promote and support good health for all
- 12 • Quality and Service Excellence – Improving internal systems to assure timely
- 13 consumer responsiveness”
- 14

15 The strategic executive summary is intended to be a static document; the five *Foundations for Healthy*

16 *Generations* are immutable and will persist as the primary strategic goals throughout my tenure as

17 Director of Health. It is analogous to a compass, guiding the Department on our journey to promote

18 lifelong health and wellness.

19

20 Its companion document, the 19-page Department Work Plan, is a dynamic document intended to

21 provide greater detail on how the Department of Health plans on achieving the five *Foundations for*

22 *Healthy Generations*. Over time, activities will be added as new needs are identified and updated as

23 projects are completed. Although not distributed as part of the formal strategic plan, we have included a

24 document related to DOH’s management information systems as evidence of how the strategic plan is

1 guiding other decisions within the Department by clearly showing how DOH's information systems
2 support the *Foundations for Healthy Generations* (Attachment 2.2.1).

3
4 The Department will spend the next several months:

- 5 • Calibrating baselines, benchmarks, and metrics for each activity
- 6 • Implementing a Performance Management Initiative to organize departmental quality
7 improvement activities
- 8 • Developing an online department score card/dashboard to reflect progress of the Strategic Plan

9 The rationale for the selection of the five *Foundations for Healthy Generations* is articulated in the
10 March 2012 edition of the Hawai'i Journal of Medicine & Public Health, in an article authored by me in
11 my capacity as the Director of Health (Attachment 2.3).

12
13 The decision to publicly distribute the strategic executive summary and work plan is evidence of the
14 Department of Health's desire to be held accountable and transparent. In fact, the Governor, the
15 Cabinet, and the Legislature were prioritized in the distribution of this plan.

16 17 Planning Process and Milestones

18 The Department of Health based our strategic plan on the definition preferred by the national Public
19 Health Accreditation Board (PHAB): "A strategic plan results from a deliberate decision-making
20 process and defines where an organization is going. The plan sets the direction for the organization and,
21 through a common understanding of the mission, vision, goals, and objectives, provides a template for
22 all employees and stakeholders to make decisions that move the organization forward. (Swayne,
23 Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey.
24 2008)." The planning framework DOH adopted is a modified version of the Strategy Change Cycle

1 (Bryson, *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and*
2 *Sustaining Organization Achievement*. Jossey Bass. New Jersey. 2011).

3
4 The Department's planning initiative lasted approximately eight months and is broken up into two
5 distinct and consecutive phases: 1) realignment and 2) strategic planning. Reorganization activities are
6 characterized as "re-alignment" since the first task was to update budget documents to reflect decisions
7 made by the previous Lingle Administration but never formally documented or approved. The previous
8 administration faced very grim decisions about how to implement multi-million dollar cuts to the
9 budget. Several years later and in the wake of those decisions, the current Department leadership placed
10 a priority on providing this Legislature with accurate, precise, and up-to-date information on the actual
11 resources within the Department of Health.

12
13 As the Department of Health enters the second half of FB 2012 – 2013, it continues to struggle with the
14 repercussions from the State's economic downturn. In the Reduction In Force (RIF) of 2009, DOH lost
15 315 positions – a critical mass of the public health workforce that made fulfilling our mission possible.
16 The Department's programs and contracted service providers have had to reduce services in order to
17 operate with significantly less human and financial resources. Since 2009, DOH's budget has seen
18 \$224M reduction in overall appropriations, with \$115M this past fiscal year.

19
20 A timeline for the reorganization and planning process is provided below, arranged by Calendar Year
21 and Quarter:

22 1st Quarter 2012

- 23 • January 27, 2011 – Acting Director of Health named
- 24 • March 2, 2011 – Interim Director of Health nominated

- 1 • March 24, 2011 – Director of Health confirmed by the Senate
- 2 2nd Quarter 2012
- 3 • May 17, 2011 – 7 business days after the adjournment of the 26th State Legislature DOH
- 4 formally launched the strategic planning and reorganization initiative through several Director’s
- 5 Memos (Attachment 2.4). These memos clearly established the expectation that the Department
- 6 of Health implement a formal, documented, and rational assessment of its current resources and
- 7 capabilities with recommendations that prioritized 1).public health improvement, 2) revenue
- 8 generation, and 3) cost-savings.
- 9 • May 23, 2011 – the first of three monthly brainstorming sessions with the Department Executive
- 10 Committee to identify realignment opportunities and strategic intents. Subsequent meetings
- 11 were held on June 28, 2011 and July 26, 2011.
- 12 • June 6, 2011 – A Director’s Memo (Attachment 2.4) tasked DOH Cluster Groups with fostering
- 13 improved problem solving, communication, and organizational effectiveness. Twenty-one
- 14 cluster meetings were held. Subsequently, with the assistance of the University of Hawaii Spark
- 15 Matsunaga Institute for Peace Studies, two final clusters were held in September 2011 that
- 16 produced senior management staff’s recommendations for reorganization and strategic priorities.
- 17 The following Clusters were established and met throughout summer and fall with participation
- 18 by appropriate Division Chiefs, Branch Chiefs, and Staff Officers.
- 19 o Acute and Emergent Services
- 20 o Behavioral Health Service Delivery
- 21 o Social and Medical Service Delivery
- 22 o Environment
- 23 o Health Equity
- 24 o Morbidity and Illness

1 o Administration

- 2 • June 9, 2011 – The SharePoint Feedback site went live and provided a mechanism for over 3,000
3 DOH staff to provide anonymous feedback on emerging department priorities and realignment
4 concepts (Attachment 2.4).
- 5 • June 17, 2011 – DOH developed preliminary concepts for realignment opportunities between
6 DOH and other state agencies. Findings included transferring certain licensing functions 1) to
7 the Department of Commerce and Consumer Affairs with little or no risk to public health (e.g.,
8 tattoo artists, embalmers, mortuaries), and 2) to the Department of Human Services where
9 redundant business models may be collapsed (e.g. foster care homes).
- 10 • June 24, 2011 – DOH received approval from Governor Abercrombie and the Department of
11 Budget and Finance (B&F) for delegated reorganization acknowledgement pilot project
12 (Attachment 2.5)

13 3rd Quarter 2011

- 14 • August 1, 2011 – DOH Internal Retooling Plan distributed (Attachment 2.6) with two major
15 components: 1) documentation of the financial and programmatic devastation on DOH from the
16 financial crisis of 2008, including reorganization decisions made by the Lingle Administration,
17 and 2) recommendations to realign resources to maximize the quality and effectiveness of
18 DOH's public health service delivery in light of budget constraints. A second round of Cluster
19 Groups worked out the details between September and October 2011. Many were included as
20 part of DOH's 2012 Supplemental Executive Budget Request, including:
- 21 o Abolishing the divisional leadership structure for the General Medical and Preventive
22 Services Division
- 23 o Aligning the Hospital and Community Dental Services Branch (HCDSB) under the
24 Developmental Disabilities Division (DDD)

- 1 ○ Aligning the Public Health Nursing Branch under Communicable Diseases Division
- 2 (CDD)
- 3 ○ Re-joining the Primary Care Office and the State Office of Rural Health in the Family
- 4 Health Services Division
- 5 ○ Transferring the Multicultural and Minority Health Initiative from AMHD to the Office
- 6 of Planning, Policy, and Program Development to establish the Department-wide Office
- 7 of Health Equity
- 8 ● August 2011 – Following realignment discussions, the Department of Health began the second
- 9 phase of formal strategic planning that would eventually produce the first departmental strategic
- 10 plan in ten years.
- 11 ● September 2011 – DOH consulted with the Department of Commerce and Consumer Affairs and
- 12 the Department of Human Services on potential inter-agency function transfers. With agreement
- 13 from the two agencies, two concepts are introduced as bills in the 2012 Legislative Session and
- 14 graciously advanced by the House Committee on Health:
- 15 ● September 2, 2011 – The first draft of the five *Foundations for Healthy Generations* concept was
- 16 shared with the Office of the Governor.
- 17 ● September 16, 2011 – DOH Leadership participated in Governor Abercrombie’s Cabinet
- 18 Planning Retreat.
- 19 ● September 26, 2011 – The first reorganization (Environmental Planning Office and Clean Water
- 20 Branch) was acknowledged by the Director of Health under the delegated authority pilot project
- 21 approved by the Governor. DOH developed the Reorganization Matrix to track completed and
- 22 pending reorganization acknowledgements (Attachment 2.7).
- 23 ● September 30, 2011 – DOH submitted its Administrative Bills Package to the Office of the
- 24 Governor. Included are two realignment-related bills:

- 1 ○ SB2126, Relating to Health Care – Consolidates the authority, duties, responsibilities,
2 and jurisdiction of the DHS and DOH, as they relate to various health care services;
3 transfers the programs of DHS relating to home and community-based case management,
4 community care foster family homes, and adult day care to DOH.
- 5 ○ SB2832/HB2570, Relating to Licensing of Dietitians – Consolidates licensing of
6 registered dietitians as healthcare professionals under the Department of Commerce and
7 Consumer Affairs.

8 4th Quarter 2011

- 9 • October 25, 2011 – DOH resumed strategic planning efforts with management training by
10 Emergenetics International Consulting Services. All 40+ members of the Department Executive
11 Committee participated in training designed to foster balanced teams to accomplish the cross-
12 divisional and inter-program initiatives of the five *Foundations for Health Generations*.
- 13 • November 25, 2011 – Final budget meeting with the Department of Budget and Finance.
- 14 • November 18, 2012 – DOH Administrative Services Office conducted a Reorganization Training
15 to assist programs in updating the department organizational chart for the Legislature.
- 16 • November 30, 2011 – All-day Leadership Strategic Planning meeting.
- 17 • November – December 2011 – DOH programs developed objectives and activities to populate
18 the Department's Work Plan (Attachment 2.2).
- 19 • December 2011 – DOH initiated 2011 Annual Report project
- 20 • December 9, 2011 – Supplemental Executive Budget Request for DOH approved by Governor
21 Abercrombie.

22 1st Quarter 2012

- 23 • January 9, 2012 – All-day Leadership Strategic Planning meeting.

- 1 • January 17, 2012 – DOH Administrative Services Office conducted a second Reorganization
2 Training to assist programs in updating the department organizational chart for the Legislature.
- 3 • January 18, 2012 – Opening Day of the 26th Hawaii State Legislature.
- 4 • February 6, 2012 – Department of Health Strategic Plan, the *Foundations for Healthy*
5 *Generations*, was distributed consisting of the Strategic Executive Summary and Work Plan to
6 the Governor, Cabinet, and Legislature.
- 7 • February 24, 2012 – DOH convened first the Accreditation Working Group to develop internal
8 readiness assessments, communication plans, governance model, and project management
9 framework.
- 10 • March 16, 2012 – DOH developed “Department of Health FY13 Budget Justification”
11 presentation to provide an overview of the Department’s *Foundations for Healthy Generations*,
12 explain the rationale for restructuring, share our planning and reorganization timeline, clarify the
13 reasons for the various transfer/trade-offs proposed in the Executive Supplemental Budget for
14 FY13, and reflect how the transfers related to our strategic executive summary, work plan, and
15 retooling plan (Attachment 3).

16 2nd Quarter 2012

- 17 • April 2, 2012 – DOH Annual Report for Calendar Year 2011 distributed.

18

19 **3. A Cost-Benefit Analysis of Any Proposed Personnel and/or Funding Transfer within the**
20 **Department**

21 All trade-off/transfer requests proposed within the Department’s Supplemental Budget submission are
22 **cost neutral** and thus achieve the greatest benefit – operational efficiency and effectiveness – at the
23 least cost. Additionally, all trade-off/transfer requests tie to and advance goals and objectives within the
24 department’s strategic and retooling plans’ goals and objectives (Attachment 3).

1
2 **4. A Department-wide and Agency Specific Expenditure Plan Including All Means of**
3 **Financing for Each of the Five Years**

4 A department-wide and agency-specific expenditure plan for the Department of Health, as well as for all
5 other executive departments, is provided on the Department of Budget and Finance's web site. Included
6 in the reports on the B&F web site are the Biennium and supplemental budget details summarized at the
7 program and department level, and the multi-year program and financial plan which provide a 6-year
8 planning period projection which is generally flat funded (Attachment 4).

9
10 It should be noted that while HCR 184 requires information be provided on a calendar year basis, all
11 State program budgets and financial information are prepared on a fiscal year basis. The full
12 documentation consists of three 3-inch thick binders maintained by B&F.

13
14 **5. Forecasted Changes in the External and Regulatory Environment and the Department's**
15 **Plan to Respond to Those Changes, Including Funding, Staffing and Program**
16 **Modifications**

17 The Department of Health's funding, staffing, and program modifications for the Supplemental Budget
18 Request for FY13 and Strategic Plan reflect what DOH believes can be accomplished within existing
19 budgetary means. As an organization that values planning, DOH continuously develops contingencies
20 to react to external changes, both retrospectively and prospectively. External stressors can be
21 categorized in three groups: 1) State budget realities, 2) near-term national policy decisions, and 3)
22 unpredictable events.

23
24 **State Budget Realities**

1 During the early planning stages of 2011, the Department identified strategies to cope with budgetary
2 shortfalls. Although a moving target that constantly evolves, budget issues can be responded to with
3 some basic yet thoughtful tools, including:

- 4 • Adjustments to user fees to improve program self-sustainability
 - 5 ○ Several bills introduced to the 2012 Legislature
- 6 • More aggressive pursuit of federal and other private grant funds
 - 7 ○ In conjunction with the Governor's Fair Share Initiative
 - 8 ○ In 2011, DOH was awarded \$470M in multi-year federal funding
- 9 • Program realignment to maximize public health service delivery and improve efficiency
 - 10 ○ Submitted as part of FY13 Supplemental Budget Request and **cost-neutral**
- 11 • Migration of labor intensive processes to automated or electronic solutions
 - 12 ○ DOH implemented an electronic leave tracking system in 2012
 - 13 ○ DOH continues to develop an electronic contracts management system and an electronic
 - 14 process for computer-related purchases
- 15 • Continuous Quality Improvement efforts to eliminate unnecessary waste and resource
- 16 consumption
 - 17 ○ DOH is the only state agency to have received delegated authority to pilot
 - 18 ▪ Internal acknowledgement of reorganization
 - 19 ▪ Personnel actions unique to the practice of public health

20 The Department of Health will always operate and reprioritize activities given available resources, and
21 consult with the Legislature, the Governor, labor unions, and public health stakeholders during the
22 process.

23
24 Near-term National Policy Decisions

1 The Department of Health is tracking to the extent possible and based on information available, several
2 key external drivers which may impact DOH's priorities and business model. According to the Federal
3 Funds Information for States (FFIS), Hawaii ranks 17th in FY2011 for per capita federal funding for
4 health, though DOH is only one of many recipients of health moneys. Developments being tracked
5 include but are not limited to:

- 6 • February 2012 – Middle Class Tax Relief and Job Creation Act of 2012 (payroll tax agreement,
7 P.L. 112-96) reduced the Prevention and Public Health Fund (PPHF) by \$6.23B for FYs 2013-
8 2021.
 - 9 ○ The PPHF is part of the health reform law providing direct appropriations to new
10 programs including health care reform and enhanced funding for a number of existing
11 programs.
 - 12 ○ Impact to existing DOH programs has not been quantified by the federal granting
13 agencies yet, and is subject to change based on the General Election in November 2012.
- 14 • June 2012 – The US Supreme Court's opinion on the Patient Protection and Affordable Care Act
15 (ACA, P.L. 111-148 and P.L. 111-152) and implications to several funding streams if the entire
16 law is struck down:
 - 17 ○ Funding for the ACA Prevention and Public Health Fund (PPHF) mentioned above, has
18 mostly been directed to the Centers for Disease Control and Prevention (CDC), which
19 funds several DOH programs. According to reports from FFIS, the Public Health Fund
20 could be a target of additional cuts as Congress looks to find offsets for other priorities
21 and deficit reduction measures.
 - 22 ○ Impact to existing DOH programs has not been quantified by the federal granting
23 agencies and is subject to change based on the General Election in November 2012.

- 1 • January 2, 2013 – The Budget Control Act of 2011 (BCA, P.L. 112-25) includes automatic
2 across-the-board spending reduction if Congress and the President fail to enact a Joint Select
3 Committee bill by January 15, 2012 to reduce the federal budget deficit by at least \$1.2T over 10
4 years. The process, called sequestration, will be implemented on January 2, 2013 since no bill
5 was enacted.
- 6 ○ Some programs will be exempt, including the Special Supplemental Nutrition for
7 Women, Infants, and Children (WIC). The federal budget is expected to support the
8 participation of 9.1 million women, infants, and children in WIC (an increase from an
9 estimated \$8.96 million in FY2012.)
 - 10 ○ The exact percentage of the FY2013 is still unknown so DOH is unable to provide further
11 comment. The final sequestration amounts will depend on budgetary and Congressional
12 actions that occur between now and January 2013, potentially including repeal of BCA.
- 13 • 2014 – National public health accreditation by the Public Health Accreditation Board (PHAB) is
14 a voluntary process that the Department of Health embraces (Attachment 5). It is the intention of
15 this Department to be ready to apply for national accreditation in 2014. Accreditation will
16 measure DOH performance against a set of nationally recognized, practice-focused, and
17 evidence-based standards. Obtaining and maintaining this credential requires an ongoing
18 department commitment to improvement and adherence to national standards.
- 19 ○ PHAB is a non-profit, voluntary public health accreditation organization founded in 2007
20 with support from the CDC and the Robert Wood Johnson Foundation. Its accreditation
21 model is consistent with more established organizations such as the National Committee
22 for Quality Assurance (accrediting managed care organizations) and The Joint
23 Commission (accrediting hospitals).
 - 24 ○ It is very likely that future federal funding from the US Department of Health and Human
25 Services agencies like the CDC and HRSA may be contingent on accreditation status.

1 Reports from the Federal Funds Information Service for States opine that because of the
2 moratorium on earmarks and block grants at the federal level, discretionary grants will be
3 more heavily relied on as vehicles for federal funds. Congressional and agency scrutiny
4 on grant performance will increase, as will calls for more rigorous qualifications and
5 standards on the part of grant recipients.

- 6 ○ In addition to bolstering the confidence of stakeholders in the Department of Health's
7 professionalism and effectiveness, PHAB accreditation will minimize disruptions to
8 drawing down future federal funds to the State of Hawaii.

9
10 Unpredictable External Events

11 Emergency Preparedness and Response is one of DOH's five *Foundations for Health Generations*. The
12 Department prioritizes its preparedness functions in cooperation with several federal agencies (CDC,
13 Environmental Protection Agency), and state agencies and local stakeholder organizations (Department
14 of Defense, Healthcare Association of Hawaii) and include:

- 15 • Infectious disease outbreaks and pandemics
- 16 • Hazardous materials response and clean up
- 17 • Bio-terrorism
- 18 • Disaster recovery

19
20 The nature of emergent situations mean they are largely unpredictable, therefore we continue to train
21 and drill the Department Operations Center staff. The Department continues to manage within its
22 existing resources to assure readiness to address an event. However, as demonstrated by recent severe
23 weather events, the Governor may declare an emergency which may trigger the opportunity to draw
24 down additional federal and state resources. Other unpredictable events include:

- 1 • State revenues
- 2 • Natural disasters including tsunamis, earthquakes, and severe weather
- 3 • National and international financial solvency
- 4 • Trends of mainland and international tourism
- 5 • Acts of war and terrorism
- 6 • Labor, shipping, and transportation issues
- 7 • Food and raw material security
- 8 • Invasive species
- 9 • Global climate change
- 10 • National health care reform, state health care transformation efforts, and health information
- 11 technology and exchange initiatives
- 12 • Increases or decreases in the network of health care institutions and/or providers

13

14 **6. Anticipated Increases or Decreases in Demand for Services, Including Anticipated Impact**

15 **to Resource Expenditures Resulting from those Changes and Detailed Forecasts in**

16 **Anticipated Clientele Numbers and Corresponding Funding Needs by Program ID**

17 The Department predicts an increase in the demand for public health services, especially among the

18 most vulnerable populations. For example, one area of emerging concern relates to the need for

19 increased forensic behavioral health community and hospital based services. Any request for additional

20 funding will part of future biennium administrative and legislative cycles following a thoughtful and

21 deliberative planning process involving public and private stakeholders.

22

23 In general, the Department will make every attempt to seek additional funding streams, whether through

24 grant opportunities or fee generation, before requesting any new general funds. Secondly, should

1 revenues remain flat or decrease during a time of increased need for services, DOH may be forced to
2 limit or reprioritize service array or eligibility criteria. In all cases, DOH will continue its current
3 practice of maximizing revenue generation, partnering with the larger health community, leveraging
4 resources, and advocating for systemic change.

5

6 The Department of Health is a key partner and driver in Hawaii's health care transformation efforts to
7 assure that public health purpose and programs are addressed in all dimensions of the state's plan:

- 8 • Health information technology
- 9 • Health information exchange
- 10 • Health policy development across all state agencies
- 11 • Health care service delivery innovation
- 12 • Health care finance and payment reform
- 13 • System performance, measurement, and reporting
- 14 • Provider education, recruitment, and retention
- 15 • Patient activation and self-management of health issues

16

17 Furthermore, through the Health Equity Initiative, which is one of the Department's five *Foundations*
18 *for Healthy Generations*, DOH is certain to uncover and demonstrate further needs as better Hawaii-
19 specific data on disparities is published, e.g. health inequities stemming from race, socio-economic
20 status, geography, gender/sexual orientation, language, etc.

21

22 In the final analysis the Department will continue to address it federal and state mandates and the public
23 health mission within the context of our community, accreditation standards, and fiscal factors.

24

1 Thank you for the opportunity to present to you the Department's Strategic Plan, *Foundations for*
2 *Healthy Generations*. While I consider this a major accomplishment during this first year of my
3 administration, it is just one of many accomplishments. Please refer to the Department of Health 2011
4 Annual Report (Attachment 6) for a more comprehensive list of what DOH has been able to do within
5 our current budget and workforce. I would to thank the Deputy Directors of Health for their leadership
6 and express my appreciation for the Department's public health professionals in furthering Governor
7 Abercrombie's New Day Agenda and the five *Foundations for Healthy Generations*. We have all pulled
8 together to serve the public with distinction during one of the most economically challenging and
9 uncertain times.

10

11 We will continue to focus on achieving our vision of Healthy People, Healthy Communities, Healthy
12 Islands; and look forward to ongoing support from the House Committee on Health and Legislature.
13 Together, with deliberative action we can create sustainable public health policies and practices to
14 support lifelong health and wellness for generations to come.

15