Editorial

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Editor, Hawaii Medical Journal

The Journal is Alive and Well

As members of the Hawaii Medical Association are aware, changes are occurring. With the hiring of a new Executive Director, Stephanie Aveiro, who has been working with the Council, various committees and the entire membership to implement cost-cutting measures, the Medical Journal has come under scrutiny.

The journal was first published in September 1941 and has been continuously published since that time. We are proud to be one of the two multi-specialty peer reviewed medical journals in the United States. The other is the New England Journal of Medicine.

We now have a nine or ten month inventory of peer reviewed articles for publication. The number of manuscripts published is directly related to advertising success. Thanks to Michael Roth, our advertising representative, general revenue continues to climb and the Journal continues to operate in the black and demonstrating profitability.

These facts have been presented to Stephanie Aveiro and the HMA President Philip Hellreich MD to make the case for continuing publication of our Journal.

The three manuscripts published in this issue clearly illustrate the diverse interest of our members and readers.

“Attitudes on Organ Donation among Hawaii Physicians” by Linda L. Wong MD and her associates at the Organ Donor Center of Hawaii and the St. Francis Institute of Transplantation who surveyed physicians attending the HMA meeting last year. In the past, Hawaii has had the lowest number of organs donated per million population. Hawaii physicians who, as a group, have a lower proportion of organ donors compared to specialist physicians.

Call the Organ Donor Center of Hawaii at 808-599-7630 and ask for a supply of “Family Information Cards” and brochures for office distribution to further education of physicians, personnel and the public.

The “Update of Hawaii QUEST’S Health Plans Performance, Using Health Plan Employer Data and Information Set” by Matthew Loke PhD and Lynette Honbo MD, is a monumental manuscript and concludes “So far, the QUEST program appears to have delivered an affordable, high quality, health care system to its Medicaid population. Yet, there is still room for improvement, and additional productivity gains, as well as, quality innovation in management, are both attainable.” Mahalo for your efforts Dr. Loke and Dr. Honbo.

The third paper in this issue by dentist Gregory G. Steiner on “The Correlation between Cancer Incidence and Kava Consumption” proposes a novel hypothesis of a relationship linking kava consumption and cancer reduction. Kava (Piper methysticum) is an indigenous plant in the Pacific Islands. Because of the increasing use of kava in many cultures, we can expect to hear more about this plant.

Much of the data quoted by Dr. Steiner originated here in Hawaii at the Cancer Research Center by Loic Le Marchand, Jean Hankin, Larry Kolonel and their associates.

The author advises “while the results of this study indicates kava may be an effective cancer chemoprotective agent, no conclusions can be made until further research is completed.”

Thank you Dr. Steiner for bringing this to our attention.

The Role of AHEC in Medical Education

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The Area Health Education Center (AHEC) is a federal grant funded program through the Bureau of Health Professions branch of the Human Resources and Services Administration. The program goals are to: 1) Improve access to quality health care through appropriate preparation, composition and distribution of the health care workforce and 2) Improve access to a diverse and culturally competent health professional workforce. There are 42 AHEC programs in 37 states. In Hawaii, this grant was initially administered by the nonprofit organization Ke Ola O Hawaii, with matched funding by Queen Emma Foundation.

On August 1, 2000, the John A. Burns School of Medicine (JABSOM), the grantee institution, assumed the administration of the grant. In September, the Hawaii AHEC office moved from Leahi Hospital to the School of Medicine on the Manoa campus. Regional AHEC offices are located in Hilo and Lihue’ and soon there will be an AHEC representative on Maui.

The reorganized Hawaii AHEC program has embraced and summarized the above listed goals in a newly developed mission: To improve the health of the underserved in Hawaii through education.

Medical education is the backbone of the Hawaii AHEC program which includes teaching about health and healthcare at many levels. The four interrelated areas of concentration identified by the Hawaii AHEC program are:

1) Provision of community based education in a culturally sensitive and community oriented manner;
2) Health education for K-12 students, as well as recruitment and mentoring for all students interested in health care professions;
3) Training of health care professional students (medical, nursing, dental hygiene, psychology, social work, public health and possibly others) and primary care medical residents in rural and underserved communities, often in multidisciplinary teams;
4) Continuing education for health care professionals in rural and underserved areas.