Editorial

Norman Goldstein MD
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.

Medical School Hotline

The Role of AHEC in Medical Education

Kelley Withy MD
Director, Hawaii AHEC Project
John A. Burns School of Medicine
University of Hawaii at Manoa

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.1 There are 42 AHEC programs in 37 states.2 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.
Together, the four areas are called the Cycle of Aloha because an activity in one tends to facilitate progress in another:

- K-12 health education/recruitment and mentoring for health care professions
- Providing community health education
- Providing continuing education for health care professionals
- Educating health care professional students in the communities

The future plans of the Hawaii AHEC program are to maintain the existing educational programs, increase the recruitment and mentoring of students interested in health careers by coordinating statewide recruiting efforts, and expand programs to educate the community and coordinate community-based health education across the state. The AHEC program hopes to do this by opening multiple community learning centers. Each community will determine activities offered at the centers. Community members of all ages can gather at the center, learn about health and participate in healthy activities. There will be rewards for healthy activities that are decided upon by the community and could range from coupons for healthy food or sports equipment, to a community center for a large, sustained group effort. Furthermore, the center director at each of these centers can coordinate other AHEC activities in the area such as: educational programs at schools and businesses, activities for health care professional students, collection of needs assessment information, continuing education programs, health fairs and recruitment activities.

These plans and programs can only be achieved in collaboration with organizations across the state including other health professions schools, rural health associations, Native Hawaiian organizations, Community Health Centers, rural hospitals, residency programs, health care providers, Department of Health, Department of Education, and local foundations. It is anticipated that these organizations will combine their efforts to increase public knowledge of health, encourage health careers in kids across the state, keep providers up to date on medical advances, and meet the health care needs of the state in a culturally competent manner. The statewide Hawaii AHEC office welcomes comments, suggestions, and ideas.

Contact Kelley Withy MD, Hawaii AHEC Director, with ideas to improve the health of the underserved through education:

Withyk@msn.com; Biomedical building T105, phone 956-3167 or 956-9761. For neighbor islands, the regional executive directors are: Bud Cook, bcook12@gte.net; Ke Anuenue AHEC, 1261 Kilauea Avenue, Suite 240, Hilo, HI 96720, 808-935-8658; and Tolly Boyd, tolly@mail.Kauai.Hawaii.edu; Na Lei Wili AHEC, 3-1901 Kaumuali’i Hwy, Lihue, HI 96766, 808-246-8986.

References:
1. Department of Health and Human Services, Health Resources and Services Administration Grant Application, 06000. Page 13

For example, when medical students or residents are assigned to a rural site for a rotation, they help with patient and community education, often teaching and acting as mentors for K-12 students, and inspire their preceptors to stay current on medical literature. The aim is for these students to select a rural or underserved area to provide medical care following residency training.

Programs sponsored by Hawaii AHECs are Community learning centers across the state from Lihue to Hilo; Community prenatal counseling; Kauai Annual Women’s Health Fair; “Health Topics of the Tropics,” a monthly radio show on Kauai; Health Occupations for Teens Club and tiered mentoring program; Summer Health Academy; Kauai Annual Dental Health Conference; support for health care providers to attend Lono'O ka Makahiki 'O Hawaii and the world indigenous healers conference; and career fairs across the state. In addition, medical, nursing, dental hygiene, psychology, public health and social work students, as well as family medicine residents are educated throughout the state in rural and underserved areas, often in multidisciplinary teams. The community-based multiprofessional training programs, previously named Ke Ola O Hawaii, have been successful at educating health care professional students and will continue as before, with each education site naming their own program. The overall description will be “community-based multidisciplinary training”. These programs utilize the community-based education style called service-learning where students not only learn from the community members, but also contribute to the community as part of their education.

Currently, an AHEC web page is being developed at the internet site: AHEC.Hawaii.edu that will list: 1) Job opportunities for health care professionals in rural and underserved areas of Hawaii; 2) Health care professionals interested in jobs in Hawaii; 3) Educational opportunities for health care professional students as well as information on housing, transportation and funding for students; and 4) CME and CE activities in rural areas of the state. This information will facilitate the placement of health care professionals, students, and educational programs to areas of the state where the health needs are the greatest. Also, the AHEC office is establishing inexpensive videoteleconferencing links from JABSOM and the School of Nursing and Dental Hygiene to most areas of the state.