Chronological: Remarks to Kauai Rural Health Association, 1996-01-10

SENATOR DANIEL K. INOUYE

Remarks to the KAUAI RURAL HEALTH ASSOCIATION

10 January 1996

o I have been actively involved in the Senate Rural Health Care Caucus since its inception a decade ago. Today, over 70 of my colleagues in the Senate are also members of this important caucus. In the late 1980s, the Caucus requested that the Office of Technology Assessment study and report to Congress on the status and special needs of health care in rural America. One of the project directors for this study was Larry Miike, who is now head of the Hawaii Health Department.

o The report documented many unique challenges to providing rural health care:

- Rural residents are characterized by relatively low mortality, but relatively high rates of chronic diseases. Two notable exceptions are higher infant and injury mortality. In Hawaii, we have particularly high rates of chronic diseases such as diabetes, high cholesterol, hypertension and cardiovascular disease.

- Economic barriers prevent many rural residents from receiving adequate health care and often outweigh strictly physical barriers -- which can themselves be of immense proportions.

- Nearly one-half of the resources for rural health activities come from Federal sources. Federal health insurance programs such as Medicare are a large additional Federal investment in rural health care.

- No single strategy is appropriate for all rural areas or all health care providers. Effective targeting of Federal resources to rural areas requires the involvement of the States. The enormous diversity across States in rural health problems suggests that it is also appropriate to maintain a strong State role in designing and implementing solutions.

- Nearly three-fourths of rural hospitals have fewer than 100 beds -- these small hospitals have the fewest admissions, the lowest occupancy, and the highest expenses per inpatient day of all hospitals.

o One key to improving access to health care in rural America is through the use of telecommunications technology. Such technology falls within the purview of the Commerce Committee, which I chaired during the last Congress and on which I am currently a member. The Commerce Committee has directed that an advisory panel be established to develop recommendations for the improvement of rural health care through the use of communications to collect and disseminate information. I have long been interested in rural health care needs, and remain committed to legislating measures to ensure that people in rural areas have comparable access to quality health care.

- One such measure is the Interdisciplinary Training for Health Care for Rural Areas grant program established in 1988. Hawaii received one of the first grants, which was also one of the most successful in the nation.

The purpose of this program was to encourage innovative health professions and service-delivery projects targeted toward rural America. A basic component of this program was the focus on **interdisciplinary** and **non-physician oriented** training. The goal, of course, was and continues to be to encourage health care professionals to enter and remain in employment in the rural areas.

Today, approximately 24 % of Americans reside in geographically rural areas -- and frequently experience limited access and limited availability to the entire spectrum of health care services. For example, approximately 1,700 rural communities in virtually every state suffer critical shortages of health care providers. As many as 21 million of the 34 million people living in these underserved rural areas are without access to a primary care provider. And in areas where providers do exist, there are numerous limits to access, such as geography and distance, lack of transportation, and lack of knowledge about available resources.

A superb example of the type of grants approved is the State of Hawaii project under the direction of Dr. Kurren. This grant incorporates the disciplines of nursing, social work, medicine, dental

full (postions)

hygiene, public health and psychology into a community collaborative model for interdisciplinary training, recruitment and retention of rural health care practitioners and is cosponsored by the University of Hawaii and the Hawaii State Department of Health. As a result of this one grant, 36 students for each of 3 years will receive training in rural health care services delivery.

- Another example is the DoD's AKAMAI program, which started as a teleradiology project, and has evolved into a telemedicine project in which specialty medical care can be provided over audio and visual satellite transmission to remote Pacific Islands such as Kwajalein.

o The budget reconciliation bill was vetoed by President Clinton on December 6th. As a result, we have no new Federal legislation affecting the Medicare and Medicaid programs.

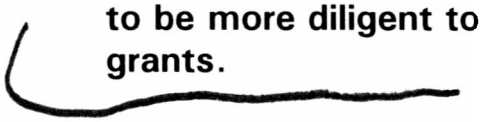
- The majority of rural patients are dependent on Medicare or Medicaid. About 60 percent of the patients discharged from rural hospitals are Medicare or Medicaid beneficiaries. Anywhere from 40 to 80 percent of the revenue in rural hospitals comes from Medicare and Medicaid. Deep cuts in these programs will hit these rural hospitals hard. The typical rural hospital can expect to see Federal revenue cut $5 million over 7 years, or about $750,000 per year. To put this in context, the typical small rural hospital operates on a budget of about $15 million per year. Additionally, about 25 percent of rural hospitals already operate at a loss. Some hospitals will be able to survive this annual 5 percent cut, but many small rural hospitals will not.

o If health care continues to be delivered as it has been traditionally, these real dollar cuts will have a serious impact on the number of beneficiaries that can be served and the amount of health care that can be delivered. I believe, however, that if we are willing to look at some different models of health care delivery, we can mitigate to some extent the effect of these cuts. For example, we have some highly trained and experienced health professionals who have demonstrated repeatedly that they are capable of providing as much as 80 to 90 percent of primary health care. The health professionals that I am referring to are advanced practice nurses, specifically nurse practitioners and nurse midwives. These nurses specialize in care to

children; women of childbearing age; chronic diseases of the elderly such as hypertension, diabetes, and cardiovascular problems; and acute minor illness. Now, more than ever, is the time to recognize the contribution that these highly trained health professionals can make to cost effective, quality health care.

I would also like to point out that other health professionals such as optometrists, podiatrists, chiropractors, social workers, and psychologists also provide comparable quality care at lower costs than that of physicians. Our current system of health care delivery is not an efficient system. In order to maximize our dwindling health care dollars, we must find better -- and more efficient -- ways of delivering care. For example, we are not making the best use of some of our most highly trained health professionals. We must use these highly skilled providers primarily to do the work for which they were trained. And, in turn, we must expect and allow all other members of our health care team to also function at the peak of their expertise. For if we don't, then the dire predictions of thousands of people deprived of health care will become reality. Now is the time to work together, to be creative and innovative -- the people of Hawaii are depending on us and should expect no less.

o The Senate has not yet considered the 1996 HHS Appropriation bill to the floor, nor have the Senate and House gone to conference, so we don't know what the effect will be on Hawaiian programs. However, the House, in particular, seems determined to terminate a certain number of programs and to fund all remaining programs at 80 percent of their 1995 appropriation. In an effort to achieve this goal, it is likely that we will see more consolidation of programs such as Hawaiian and other Pacific Basin health care programs. This means that we will have to be more diligent to ensure that we get our fair share of the block grants.



- Hawaii's Hansen's Disease program looks secure at this time.

o The Carnegie Council on Adolescent Development recently released its 10-year concluding report, "Great Transitions: Preparing Adolescents for a New Century", under the executive directorship of Dr. Ruby Takanishi, a native of Kauai. I have been a member of the

council since its inception, along with many other nationally distinguished members including President, then Governor, Bill Clinton.

- By the year 2000, more than one-third of all young adolescents will be members of racial or ethnic minorities. Adolescents are particularly vulnerable for developing risky behaviors and, therefore, are most in need of culturally specific health care intervention strategies.

- By the age of 18, about 25 percent of all adolescents have engaged in behavior that is harmful or dangerous to themselves or others. Another 25 percent are deemed to be a moderate risk for such behavior. On average, about half of all American adolescents -- an estimated 14 million girls and boys -- are at high or moderate risk of impairing their life chances through engaging in problem behaviors.

- One in 7 adolescents has no health insurance; one in 3 is not covered by Medicaid. Preventive services, such as psychological and substance abuse counseling, are especially needed during adolescents but are not covered by many insurance plans. A critical issue in the provision of health care to adolescents is that there are relatively few health care personnel who have training or experience in dealing with this age group's health problems. Training programs for physicians do not include information about and skills to serve adolescents.

- Nearly 1 million adolescents between the ages of 12 and 19 are victims of violent crimes each year. That's almost equal to the population of the entire state of Hawaii. In 1992, 12 to 15 year-olds were victims of assault more than any other age group. One-fourth of all 10 to 16 year-olds reported experiencing an assault within the past year.

- Injuries are the leading cause of death for young adolescents. Although the largest single cause of death is motor vehicle crashes, suicide and gun-related homicides are at record-high levels. Injury, homicide, and suicide together account for most adolescent deaths. The firearm homicide rate for 10 to 14 year-olds more than doubled between 1985 and 1992. For black males, the rate almost tripled. The rate of suicide has increased 120 percent overall, with suicides

among young black males increasing 300 percent and among young white females increasing 233 percent from 1980 to 1992.

- A troubling number of young adolescents are smoking cigarettes and drinking alcohol. They perceive little or no risk to using these addictive substances, which are gateways to the use of illicit drugs (including marijuana, LSD and other hallucinogens, inhalants, stimulants, barbiturates, cocaine, and crack). Among 8th graders, fully one-third reported using an illicit drug in 1994; two-thirds have tried alcohol and one-fourth are current drinkers; the rate of smoking rose 30 percent between 1991 and 1994 to almost 20 percent; and marijuana use more than doubled to 13 percent.

- Rates of sexual initiation are increasing among younger girls and boys. Many American teenagers are startlingly ignorant of the most elementary facts of the human body and human sexuality, despite their wholesale exposure to sex in the mass medica, the availability of sexually related materials, and efforts to provide sexuality education in the schools. Teenage pregnancy rates are higher in the United States than in any other industrialized nation. Among girls under 15, pregnancy rates rose more than 4 times between 1980 and 1988. In 1990, adolescents gave birth to 12 percent of all newborns. Four percent were to those under age 18 and 8 percent were to 18-19 year olds. The age of first sexual intercourse is getting younger with 27 percent of girls and 33 percent of boys under the age of 15 being sexually experienced.

- Regarding education, only 28 percent of eighth graders scored at or above the proficiency level in reading in 1994. Two percent read at or above the advanced level.

SENATOR DANIEL K. INOUYE

Remarks to the KAUAI RURAL HEALTH ASSOCIATION

10 January 1996

o I have been actively involved in the Senate Rural Health Care Caucus since its inception a decade ago. Today, over 70 of my colleagues in the Senate are also members of this important caucus. In the late 1980s, the Caucus requested that the Office of Technology Assessment study and report to Congress on the status and special needs of health care in rural America. One of the project directors for this study was Larry Miike, who is now head of the Hawaii Health Department.

o The report documented many unique challenges to providing rural health care:

- Rural residents are characterized by relatively low mortality, but relatively high rates of chronic diseases. Two notable exceptions are higher infant and injury mortality. In Hawaii, we have particularly high rates of chronic diseases such as diabetes, high cholesterol, hypertension and cardiovascular disease.

- Economic barriers prevent many rural residents from receiving adequate health care and often outweigh strictly physical barriers -- which can themselves be of immense proportions.

- Nearly one-half of the resources for rural health activities come from Federal sources. Federal health insurance programs such as Medicare are a large additional Federal investment in rural health care.

- No single strategy is appropriate for all rural areas or all health care providers. Effective targeting of Federal resources to rural areas requires the involvement of the States. The enormous diversity across States in rural health problems suggests that it is also appropriate to maintain a strong State role in designing and implementing solutions.

- Nearly three-fourths of rural hospitals have fewer than 100 beds -- these small hospitals have the fewest admissions, the lowest occupancy, and the highest expenses per inpatient day of all hospitals.

  * Wilcox Memorial Hospital: 75 acute care beds; 60% occupancy; 5,000 admissions per year (appx same), but average length of stay has decreased 26% --> higher cost per hospital day because patient acuity is higher (sicker pts) and lower overall occupancy rate

o One key to improving access to health care in rural America is through the use of telecommunications technology. Such technology falls within the purview of the Commerce Committee, which I chaired during the last Congress and on which I am currently a member. The Commerce Committee has directed that an advisory panel be established to develop recommendations for the improvement of rural health care through the use of communications to collect and disseminate information. I have long been interested in rural health care needs, and remain committed to legislating measures to ensure that people in rural areas have comparable access to quality health care.

- One such measure is the Interdisciplinary Training for Health Care for Rural Areas grant program **established in 1988. Hawaii received one of the first grants, which was also one of the most successful in the nation.**

The purpose of this program was to encourage innovative health professions and service-delivery projects targeted toward rural America. A basic component of this program was the focus on **interdisciplinary** and **non-physician oriented** training. The goal, of course, was and continues to be to encourage health care professionals to enter and remain in employment in the rural areas.

Today, approximately 24 % of Americans reside in geographically rural areas -- and frequently experience limited access and limited availability to the entire spectrum of health care services. For example, approximately 1,700 rural communities in virtually every state suffer critical shortages of health care providers. As many as 21 million of the 34 million people living in these underserved rural areas are without access to a primary care provider. And in areas where providers do exist, there are numerous limits to access, such as geography and distance, lack of transportation, and lack of knowledge about available resources.

A superb example of the type of grants approved is the State of Hawaii project under the direction of Dr. Oscar Kurren, a professor in the School of Social Work at the University of Hawaii. This grant incorporates the disciplines of nursing, social work, medicine, dental hygiene, public health and psychology into a community collaborative model for interdisciplinary training, recruitment and retention of rural health care practitioners and is cosponsored by the University of Hawaii and the Hawaii State Department of Health. As a result of this one grant, 36 students for each of 3 years will receive training in rural health care services delivery. This is the 2nd year of student training, so it is too early to determine if the graduates will remain in the rural areas. However, early surveys show that the propensity for students to pursue a career in rural health care has significantly increased, as well as their understanding of the cultural needs of Native Hawaiian health care. (Earlier grant years were targeted at providers already practicing in rural areas.)

- Another example is the DoD's AKAMAI program, which started as a teleradiology project, and has evolved into a telemedicine project in which specialty medical care can be provided over audio and visual satellite transmission to remote Pacific Islands such as Kwajalein.

o The budget reconciliation bill was vetoed by President Clinton on December 6th. As a result, we have no new Federal legislation affecting the Medicare and Medicaid programs.

- The majority of rural patients are dependent on Medicare or Medicaid. About 60 percent of the patients discharged from rural hospitals are Medicare or Medicaid beneficiaries. Anywhere from 40 to 80 percent of the revenue in rural hospitals comes from Medicare and Medicaid. Deep cuts in these programs will hit these rural hospitals hard. The typical rural hospital can expect to see Federal revenue cut $5 million over 7 years, or about $750,000 per year. To put this in context, the typical small rural hospital operates on a budget of about $15 million per year. Additionally, about 25 percent of rural hospitals already operate at a loss. Some hospitals will be able to survive this annual 5 percent cut, but many small rural hospitals will not.

* Wilcox Memorial Hospital: total inpatient days per year = 20,384; Medicare days = 4,000; Medicaid days = 4,000; Medicare and Medicaid total almost 40 % of inpatient days

o If health care continues to be delivered as it has been traditionally, these real dollar cuts will have a serious impact on the number of beneficiaries that can be served and the amount of health care that can be delivered. I believe, however, that if we are willing to look at some different models of health care delivery, we can mitigate to some extent the effect of these cuts. For example, we have some highly trained and experienced health professionals who have demonstrated repeatedly that they are capable of providing as much as 80 to 90 percent of primary health care. The health professionals that I am referring to are advanced practice nurses, specifically nurse practitioners and nurse midwives. These nurses specialize in care to children; women of childbearing age; chronic diseases of the elderly such as hypertension, diabetes, and cardiovascular problems; and acute minor illness. Now, more than ever, is the time to recognize the contribution that these highly trained health professionals can make to cost effective, quality health care.

I would also like to point out that other health professionals such as optometrists, podiatrists, chiropractors, social workers, and psychologists also provide comparable quality care at lower costs than that of physicians. Our current system of health care delivery is not an efficient system. In order to maximize our dwindling health care dollars, we must find better -- and more efficient -- ways of delivering care. For example, we are not making the best use of some of our most highly trained health professionals. We must use these highly skilled providers primarily to do the work for which they were trained. And, in turn, we must expect and allow all other members of our health care team to also function at the peak of their expertise. For if we don't, then the dire predictions of thousands of people deprived of health care will become reality. Now is the time to work together, to be creative and innovative -- the people of Hawaii are depending on us and should expect no less.

* very few advanced practice nurses (specifically nurse practitioners and nurse midwives) are employed in the Hawaii health care systems; vast majority of acute and primary health care is provided by far more expensive physicians; studies show that physicians do not feel challenged by this type of routine care and would rather more fully use their extensive training on more complex, challenging patients

* Malama Na Wahine Hapai project on big island; problem of high rate of teenage pregnancy, very little prenatal care, poor adjustment of entire family after birth; goal to organize local women to promote women's health in their community (decrease pregnancy rates, detect early pregnancies and get pts into prenatal care early and follow-thru, and then to help entire family become better adjusted); uses nurse practitioners and midwives working training and working with these local women "health aides"; appears to be very successful because the program combines very cost-effective health care training (for "health aides") with an approach compatible with the Hawaiian family culture [vs. traditional & very expensive alopathic medicine model provided by OB/GYN physicians]

* This past year, the State of Hawaii became the last state to license social workers; yet the court system relies heavily on social workers to provide mental health care for its customers

* On Maui, there is only one health care provider qualified to treat substance abusers -- a psychiatric clinical nurse specialist -- but she cannot be reimbursed for this care due to Hawaii state law; the result is patients either don't get care or have to travel elsewhere for care

* Community hospitals continue to disallow nurse midwives to admit patients; Kapiolani very recently changed their policies to credential nurse midwives only when faced with the immediate loss of a significant number of patients (i.e. revenue) if midwives were not given admission privileges

o The Senate has not yet considered the 1996 HHS Appropriation bill to the floor, nor have the Senate and House gone to conference, so we don't know what the effect will be on Hawaiian programs. However, the House, in particular, seems determined to terminate a certain number of programs and to fund all remaining programs at 80 percent of their 1995 appropriation. In an effort to achieve this goal, it is likely that we will see more consolidation of programs such as Hawaiian and other Pacific Basin health care programs. This means that we will have to be more diligent to ensure that we get our fair share of the block grants.

Dr. Kurren

Rural Interdisciplinary Grant Program --

- o now in 2nd year of 3 year grant (students)
- o earlier grant provided training for providers already practicing in rural areas
- o pre and post questionaire administered to students
- o prospensity for students to pursue a career in rural health care has significantly increased, as well as their understanding of the cultural needs of Native Hawaiian health care

University of Hawaii School of Medicine was awarded and AHEC grant; build up of rural health in Native Hawaiian health care system (high incidence of diabetes, obesity, cardiovascular disease, cancer related to lifestyle issues such as poverty);

alopathic vs alternative medicine

Native Hawaiians -- prominent use of alternative strategies, partly due to lack of access to alopathic medicine; need health promotion, primary care holistic approach rather than specialty care; e.g. historically, sugar cane plantations created a paternalistic approach to health care; now we need to teach the population to learn to take responsibility for self and some of their own health care (health promotion & wellness)

Malama Na Wahine Hapai (prenatal care) on the big island -- study of prenatal care using local Native Hawaiian women as "mother" figures for younger women to improve early detection of pregnancy and getting into prenatal care; also helping to prevent unwanted pregnancies in some instances as well as helping new mother and families to adapt to the new baby/family situation

o The Carnegie Council on Adolescent Development recently released its 10-year concluding report, "Great Transitions: Preparing Adolescents for a New Century", under the executive directorship of Dr. Ruby Takanishi, a native of Kauai. I have been a member of the council since its inception, along with many other nationally distinguished members including President, then Governor, Bill Clinton.

- By the year 2000, more than one-third of all young adolescents will be members of racial or ethnic minorities. Adolescents are particularly vulnerable for developing risky behaviors and, therefore, are most in need of culturally specific health care intervention strategies.

- By the age of 18, about 25 percent of all adolescents have engaged in behavior that is harmful or dangerous to themselves or others. Another 25 percent are deemed to be a moderate risk for such behavior. On average, about half of all American adolescents -- an estimated 14 million girls and boys -- are at high or moderate risk of impairing their life chances through engaging in problem behaviors.

- One in 7 adolescents has no health insurance; one in 3 is not covered by Medicaid. Preventive services, such as psychological and substance abuse counseling, are especially needed during adolescents but are not covered by many insurance plans. A critical issue in the provision of health care to adolescents is that there are relatively few health care personnel who have training or experience in dealing with this age group's health problems. Training programs for physicians do not include information about and skills to serve adolescents.

- Nearly 1 million adolescents between the ages of 12 and 19 are victims of violent crimes each year. That's almost equal to the population of the entire state of Hawaii. In 1992, 12 to 15 year-olds were victims of assault more than any other age group. One-fourth of all 10 to 16 year-olds reported experiencing an assault within the past year.

- Injuries are the leading cause of death for young adolescents. Although the largest single cause of death is motor vehicle crashes, suicide and gun-related homicides are at record-high levels. Injury, homicide, and suicide together account for most adolescent deaths. The firearm homicide rate for 10 to 14 year-olds more than doubled between 1985 and 1992. For black males, the rate almost tripled. The rate of suicide has increased 120 percent overall, with suicides among young black males increasing 300 percent and among young white females increasing 233 percent from 1980 to 1992.

- A troubling number of young adolescents are smoking cigarettes and drinking alcohol. They perceive little or no risk to using these addictive substances, which are gateways to the use of illicit drugs (including marijuana, LSD and other hallucinogens, inhalants, stimulants, barbiturates, cocaine, and crack). Among 8th graders, fully one-third reported using an illicit drug in 1994; two-thirds have tried alcohol and one-fourth are current drinkers; the rate of smoking rose 30 percent between 1991 and 1994 to almost 20 percent; and marijuana use more than doubled to 13 percent.

- Rates of sexual initiation are increasing among younger girls and boys. Many American teenagers are startlingly ignorant of the most elementary facts of the human body and human sexuality, despite their wholesale exposure to sex in the mass medica, the availability of sexually related materials, and efforts to provide sexuality education in the schools. Teenage pregnancy rates are higher in the United States than in any other industrialized nation. Among girls under 15, pregnancy rates rose more than 4 times between 1980 and 1988. In 1990, adolescents gave birth to 12 percent of all newborns. Four percent were to those under age 18 and 8 percent were to 18-19 year olds. The age of first sexual intercourse is getting younger with 27 percent of girls and 33 percent of boys under the age of 15 being sexually experienced.

- Regarding education, only 28 percent of eighth graders scored at or above the proficiency level in reading in 1994. Two percent read at or above the advanced level.

SENATOR DANIEL K. INOUYE

Remarks to the KAUAI RURAL HEALTH ASSOCIATION

10 January 1996

o I have been actively involved in the Senate Rural Health Care Caucus since its inception a decade ago. Today, over 70 of my colleagues in the Senate are also members of this important caucus. In the late 1980s, the Caucus requested that the Office of Technology Assessment study and report to Congress on the status and special needs of health care in rural America. One of the project directors for this study was Larry Miike, who is now head of the Hawaii Health Department.

o The report documented many unique challenges to providing rural health care:

- Rural residents are characterized by relatively low mortality, but relatively high rates of chronic diseases. Two notable exceptions are higher infant and injury mortality. In Hawaii, we have particularly high rates of chronic diseases such as diabetes, high cholesterol, hypertension and cardiovascular disease.

- Economic barriers prevent many rural residents from receiving adequate health care and often outweigh strictly physical barriers -- which can themselves be of immense proportions.

- Nearly one-half of the resources for rural health activities come from Federal sources. Federal health insurance programs such as Medicare are a large additional Federal investment in rural health care.

- No single strategy is appropriate for all rural areas or all health care providers. Effective targeting of Federal resources to rural areas requires the involvement of the States. The enormous diversity across States in rural health problems suggests that it is also appropriate to maintain a strong State role in designing and implementing solutions.

- Nearly three-fourths of rural hospitals have fewer than 100 beds -- these small hospitals have the fewest admissions, the lowest occupancy, and the highest expenses per inpatient day of all hospitals.

*** Wilcox Memorial Hospital: 75 acute care beds; 60% occupancy; 5,000 admissions per year (appx same), but average length of stay has decreased 26% --> higher cost per hospital day because patient acuity is higher (sicker pts) and lower overall occupancy rate**

o One key to improving access to health care in rural America is through the use of telecommunications technology. Such technology falls within the purview of the Commerce Committee, which I chaired during the last Congress and on which I am currently a member. The Commerce Committee has directed that an advisory panel be established to develop recommendations for the improvement of rural health care through the use of communications to collect and disseminate information. I have long been interested in rural health care needs, and remain committed to legislating measures to ensure that people in rural areas have comparable access to quality health care.

- One such measure is the Interdisciplinary Training for Health Care for Rural Areas grant program **established in 1988. Hawaii received one of the first grants, which was also one of the most successful in the nation.**

The purpose of this program was to encourage innovative health professions and service-delivery projects targeted toward rural America. A basic component of this program was the focus on **interdisciplinary** and **non-physician oriented** training. The goal, of course, was and continues to be to encourage health care professionals to enter and remain in employment in the rural areas.

Today, approximately 24 % of Americans reside in geographically rural areas -- and frequently experience limited access and limited availability to the entire spectrum of health care services. For example, approximately 1,700 rural communities in virtually every state suffer critical shortages of health care providers. As many as 21 million of the 34 million people living in these underserved rural areas are without access to a primary care provider. And in areas where providers do exist, there are numerous limits to access, such as geography and distance, lack of transportation, and lack of knowledge about available resources.

A superb example of the type of grants approved is the State of Hawaii project under the direction of Dr. Oscar Kurren, a professor in the School of Social Work at the University of Hawaii. This grant incorporates the disciplines of nursing, social work, medicine, dental hygiene, public health and psychology into a community collaborative model for interdisciplinary training, recruitment and retention of rural health care practitioners and is cosponsored by the University of Hawaii and the Hawaii State Department of Health. As a result of this one grant, 36 students for each of 3 years will receive training in rural health care services delivery. This is the 2nd year of student training, so it is too early to determine if the graduates will remain in the rural areas. However, early surveys show that the propensity for students to pursue a career in rural health care has significantly increased, as well as their understanding of the cultural needs of Native Hawaiian health care. (Earlier grant years were targeted at providers already practicing in rural areas.)

- Another example is the DoD's AKAMAI program, which started as a teleradiology project, and has evolved into a telemedicine project in which specialty medical care can be provided over audio and visual satellite transmission to remote Pacific Islands such as Kwajalein.

o The budget reconciliation bill was vetoed by President Clinton on December 6th. As a result, we have no new Federal legislation affecting the Medicare and Medicaid programs.

- The majority of rural patients are dependent on Medicare or Medicaid. About 60 percent of the patients discharged from rural hospitals are Medicare or Medicaid beneficiaries. Anywhere from 40 to 80 percent of the revenue in rural hospitals comes from Medicare and Medicaid. Deep cuts in these programs will hit these rural hospitals hard. The typical rural hospital can expect to see Federal revenue cut $5 million over 7 years, or about $750,000 per year. To put this in context, the typical small rural hospital operates on a budget of about $15 million per year. Additionally, about 25 percent of rural hospitals already operate at a loss. Some hospitals will be able to survive this annual 5 percent cut, but many small rural hospitals will not.

*** Wilcox Memorial Hospital: total inpatient days per year = 20,384; Medicare days = 4,000; Medicaid days = 4,000; Medicare and Medicaid total almost 40 % of inpatient days**

o If health care continues to be delivered as it has been traditionally, these real dollar cuts will have a serious impact on the number of beneficiaries that can be served and the amount of health care that can be delivered. I believe, however, that if we are willing to look at some different models of health care delivery, we can mitigate to some extent the effect of these cuts. For example, we have some highly trained and experienced health professionals who have demonstrated repeatedly that they are capable of providing as much as 80 to 90 percent of primary health care. The health professionals that I am referring to are advanced practice nurses, specifically nurse practitioners and nurse midwives. These nurses specialize in care to children; women of childbearing age; chronic diseases of the elderly such as hypertension, diabetes, and cardiovascular problems; and acute minor illness. Now, more than ever, is the time to recognize the contribution that these highly trained health professionals can make to cost effective, quality health care.

I would also like to point out that other health professionals such as optometrists, podiatrists, chiropractors, social workers, and psychologists also provide comparable quality care at lower costs than that of physicians. Our current system of health care delivery is not an efficient system. In order to maximize our dwindling health care dollars, we must find better -- and more efficient -- ways of delivering care. For example, we are not making the best use of some of our most highly trained health professionals. We must use these highly skilled providers primarily to do the work for which they were trained. And, in turn, we must expect and allow all other members of our health care team to also function at the peak of their expertise. For if we don't, then the dire predictions of thousands of people deprived of health care will become reality. Now is the time to work together, to be creative and innovative -- the people of Hawaii are depending on us and should expect no less.

*** very few advanced practice nurses (specifically nurse practitioners and nurse midwives) are employed in the Hawaii health care systems; vast majority of acute and primary health care is provided by far more expensive physicians; studies show that physicians do not feel challenged by this type of routine care and would rather more fully use their extensive training on more complex, challenging patients**

*** Malama Na Wahine Hapai project on big island; problem of high rate of teenage pregnancy, very little prenatal care, poor adjustment of entire family after birth; goal to organize local women to promote women's health in their community (decrease pregnancy rates, detect early pregnancies and get pts into prenatal care early and follow-thru, and then to help entire family become better adjusted); uses nurse practitioners and midwives working training and working with these local women "health aides"; appears to be very successful because the program combines very cost-effective health care training (for "health aides") with an approach compatible with the Hawaiian family culture [vs. traditional & very expensive alopathic medicine model provided by OB/GYN physicians]**

*** This past year, the State of Hawaii became the last state to license social workers; yet the court system relies heavily on social workers to provide mental health care for its customers**

*** On Maui, there is only one health care provider qualified to treat substance abusers -- a psychiatric clinical nurse specialist -- but she cannot be reimbursed for this care due to Hawaii state law; the result is patients either don't get care or have to travel elsewhere for care**

*** Community hospitals continue to disallow nurse midwives to admit patients; Kapiolani very recently changed their policies to credential nurse midwives only when faced with the immediate loss of a significant number of patients (i.e. revenue) if midwives were not given admission privileges**

o The Senate has not yet considered the 1996 HHS Appropriation bill to the floor, nor have the Senate and House gone to conference, so we don't know what the effect will be on Hawaiian programs. However, the House, in particular, seems determined to terminate a certain number of programs and to fund all remaining programs at 80 percent of their 1995 appropriation. In an effort to achieve this goal, it is likely that we will see more consolidation of programs such as Hawaiian and other Pacific Basin health care programs. This means that we will have to be more diligent to ensure that we get our fair share of the block grants.

Dr. Kurren

Rural Interdisciplinary Grant Program --

- o now in 2nd year of 3 year grant (students)
- o earlier grant provided training for providers already practicing in rural areas
- o pre and post questionaire administered to students
- o prospensity for students to pursue a career in rural health care has significantly increased, as well as their understanding of the cultural needs of Native Hawaiian health care

University of Hawaii School of Medicine was awarded and AHEC grant; build up of rural health in Native Hawaiian health care system (high incidence of diabetes, obesity, cardiovascular disease, cancer related to lifestyle issues such as poverty);

alopathic vs alternative medicine

Native Hawaiians -- prominent use of alternative strategies, partly due to lack of access to alopathic medicine; need health promotion, primary care holistic approach rather than specialty care; e.g. historically, sugar cane plantations created a paternalistic approach to health care; now we need to teach the population to learn to take responsibility for self and some of their own health care (health promotion & wellness)

Malama Na Wahine Hapai (prenatal care) on the big island -- study of prenatal care using local Native Hawaiian women as "mother" figures for younger women to improve early detection of pregnancy and getting into prenatal care; also helping to prevent unwanted pregnancies in some instances as well as helping new mother and families to adapt to the new baby/family situation

o The Carnegie Council on Adolescent Development recently released its 10-year concluding report, "Great Transitions: Preparing Adolescents for a New Century", under the executive directorship of Dr. Ruby Takanishi, a native of Kauai. I have been a member of the council since its inception, along with many other nationally distinguished members including President, then Governor, Bill Clinton.

- By the year 2000, more than one-third of all young adolescents will be members of racial or ethnic minorities. Adolescents are particularly vulnerable for developing risky behaviors and, therefore, are most in need of culturally specific health care intervention strategies.

- By the age of 18, about 25 percent of all adolescents have engaged in behavior that is harmful or dangerous to themselves or others. Another 25 percent are deemed to be a moderate risk for such behavior. On average, about half of all American adolescents -- an estimated 14 million girls and boys -- are at high or moderate risk of impairing their life chances through engaging in problem behaviors.

- One in 7 adolescents has no health insurance; one in 3 is not covered by Medicaid. Preventive services, such as psychological and substance abuse counseling, are especially needed during adolescents but are not covered by many insurance plans. A critical issue in the provision of health care to adolescents is that there are relatively few health care personnel who have training or experience in dealing with this age group's health problems. Training programs for physicians do not include information about and skills to serve adolescents.

- Nearly 1 million adolescents between the ages of 12 and 19 are victims of violent crimes each year. That's almost equal to the population of the entire state of Hawaii. In 1992, 12 to 15 year-olds were victims of assault more than any other age group. One-fourth of all 10 to 16 year-olds reported experiencing an assault within the past year.

- Injuries are the leading cause of death for young adolescents. Although the largest single cause of death is motor vehicle crashes, suicide and gun-related homicides are at record-high levels. Injury, homicide, and suicide together account for most adolescent deaths. The firearm homicide rate for 10 to 14 year-olds more than doubled between 1985 and 1992. For black males, the rate almost tripled. The rate of suicide has increased 120 percent overall, with suicides among young black males increasing 300 percent and among young white females increasing 233 percent from 1980 to 1992.

- A troubling number of young adolescents are smoking cigarettes and drinking alcohol. They perceive little or no risk to using these addictive substances, which are gateways to the use of illicit drugs (including marijuana, LSD and other hallucinogens, inhalants, stimulants, barbiturates, cocaine, and crack). Among 8th graders, fully one-third reported using an illicit drug in 1994; two-thirds have tried alcohol and one-fourth are current drinkers; the rate of smoking rose 30 percent between 1991 and 1994 to almost 20 percent; and marijuana use more than doubled to 13 percent.

- Rates of sexual initiation are increasing among younger girls and boys. Many American teenagers are startlingly ignorant of the most elementary facts of the human body and human sexuality, despite their wholesale exposure to sex in the mass medica, the availability of sexually related materials, and efforts to provide sexuality education in the schools. Teenage pregnancy rates are higher in the United States than in any other industrialized nation. Among girls under 15, pregnancy rates rose more than 4 times between 1980 and 1988. In 1990, adolescents gave birth to 12 percent of all newborns. Four percent were to those under age 18 and 8 percent were to 18-19 year olds. The age of first sexual intercourse is getting younger with 27 percent of girls and 33 percent of boys under the age of 15 being sexually experienced.

- Regarding education, only 28 percent of eighth graders scored at or above the proficiency level in reading in 1994. Two percent read at or above the advanced level.