

House District 51

Senate District 25

**THE TWENTY-FOURTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

Log No: 244-C

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST
AND PROGRAM I.D. NO. _____

Hawaii State Department of Health

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Db/a: Waimanalo Health Center

Street Address: 41-1347 Kalaniana'ole Hwy
Waimanalo, Hawaii 96795

Mailing Address: 41-1347 Kalaniana'ole Hwy
Waimanalo, Hawaii 96795

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name May Akamine, RN, MS

Title Executive Director

Phone # (808) 954-7107

Fax # (808) 259-6449

e-mail makamine@waimanalohc.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

4. FEDERAL TAX ID #:

5. STATE TAX ID #:

6. SSN (IF AN INDIVIDUAL): N/A

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

**EMERGENCY & DENTAL EQUIPMENT & OTHER FACILITY
RENOVATIONS NEEDED TO ENSURE CRITICAL ACCESS TO
CARE**
(Maximum 300 Characters)

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 150,000

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE
AT THE TIME OF THIS REQUEST:

STATE \$ 125,000 (APPROVED, NOT RELEASED YET)
 FEDERAL \$ 0
 COUNTY \$ 0
 PRIVATE/OTHER \$ 0

TYPE NAME & TITLE OF AUTHORIZED REPRESENTATIVE:

[Redacted Signature]
AUTHORIZED SIGNATURE

MAY AKAMINE, RN, MS, EXECUTIVE DIRECTOR

NAME & TITLE

JANUARY 31, 2008

DATE SIGNED

Application for Grants and Subsidies

If any item is not applicable to the request, the applicant should enter "not applicable".

I. Background and Summary

This section shall clearly and concisely summarize and highlight the contents of the request in such a way as to provide the State Legislature with a broad understanding of the request. Include the following:

1. A BRIEF description of the applicant's background;

In operation since 1992, Waimānalo Health Center (WHC), a community-based, non-profit 501(c)(3) located in the rural community of Waimānalo, has a mission to "improve the quality of life for the people of Hawai'i nei by providing ready access to primary and preventive holistic health services." WHC became a Federally Qualified Health Center (FQHC) in 1994 serving all who seek health and social services, regardless of their ability to pay. WHC has the federal designation of a Health Professions Shortage Area serving a Medically Underserved Population.

WHC provides comprehensive, quality preventive and primary care services to the Ko'olaupoko communities, specifically targeting Waimānalo. Services include health screenings/ assessments, physical exams (school, sports, work, women's, well baby/ child, etc.), immunizations, acute care (injuries, infections, etc.), chronic disease management (high blood pressure, diabetes, asthma, etc.), integrated behavioral health, perinatal support services, Women-Infant-Children (WIC) and nutrition education and counseling, patient education and family planning (contraceptives, sexually transmitted disease [STD] screening, etc.), 340B pharmaceutical services, case management, Breast and Cervical Cancer Control Program (BCCCP), teen mentorship program, and keiki car seat safety checks. Enabling services include community outreach, eligibility (QUEST, general assistance, food stamps, housing), transportation, etc. to assist Waimānalo residents to overcome barriers to care, improve access, and increase utilization of services. In 2006, WHC served over 3,200 people.

When Governor Lingle releases the WHC Legislature-approved Grant In Aid (GIA) funds, the Dental Clinic renovations can be initiated and oral health services will be offered.

2. The goals and objectives related to the request;

Overall Goal: WHC stands behind the goal of the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) – 100% access to quality health care and 0 health disparities for all, especially the targeted disadvantaged populations. To meet this access goal, WHC is open 6 days or 44 hours a week, except for holidays. WHC physicians and other health care providers are available 24 hours a day, 7 days a week, 365 days a year via Physicians Exchange. The overall goal of this capital project is to ensure access to health and social services for Ko'olaupoko and specifically for the Waimānalo community.

Specific Objective for Emergency Equipment: In order to meet the 100% access goal, WHC has to keep its clinic doors open and provide needed health care even when there is a power outage. To accomplish this mission-critical objective, an emergency generator, an adequate non-electric communications system, and other vital emergency equipment are needed to keep WHC operational during blackouts.

Specific Objective for Dental Equipment: In conjunction with the HRSA BPHC 100% access goal, WHC is also aligned with the Hawaii State Department of Health (DOH) in the belief that “access to primary health care services will reduce morbidity and mortality by providing timely, appropriate and less expensive care, and thereby prevent the development and exacerbation of serious health conditions.” To meet the critical access goal and decrease morbidity and mortality, primary dental care needs to be initiated at WHC to serve the Waimānalo and Ko'olaupoko communities.

Specific Objective for Existing Facilities Renovations: The 100% access goal of HRSA BPHC, DOH, and WHC can be attained with renovations to the WHC existing facilities. Affronting the main clinic building is a switchback wheelchair ramp that is over 100 feet long. To help the disabled patients get up to the front doors of the clinics, a wheelchair lift is required. To ensure continued access for the patients and to protect the facilities, a fire alarm system and awnings are needed. To ensure the comfort of those who utilize our Goebert pavilion, ceiling fans are necessary. To ensure the safety of patients and the community at large in a heart failure emergency, mounted automated external defibrillators (AEDs) in each clinic and each building is essential.

3. State the public purpose and need to be served;

Overall Need for Access to Health Services: The residents of Waimānalo are very disadvantaged. Approximately 30% of the patients seen at WHC are uninsured, compared to the Hawaii overall rate of 10%. The vast majority of WHC patients are poor, i.e. 79% of the patients are $\leq 200\%$ Federal Poverty Level (FPL) compared to the State rate of 26.6%. A whopping 78% of WHC patients are $\leq 100\%$ FPL (poorest of the poor) vs. the Hawaii rate of 9.9%. Unemployment in Waimānalo¹ is almost 10 times higher at 38.3% compared to 4.3% in Hawaii. A considerably higher percent of

¹ Statistics from U.S. Census Bureau; Center on the Family, University of Hawaii, 2003; Hawaii State Department of Business, Economic Development and Tourism; Hawaii State Department of Health (DOH); “Toward a Health Hawaii 2010 Checking the Health of Honolulu County in 2000” on the website www.hawaiioutcomes.org.

Waimānalo residents receive public assistance (14.0%)¹ vs. 4.9% for the State. The per capita income in Waimānalo at \$15,302¹, is almost 30% lower than the Hawaii State average of \$21,525. As seen by these statistics, the Waimānalo residents are poor and their financial resources are well below the average in Hawaii. Many of these individuals do not have the financial resources to pay for their services even with the sliding discount fee schedule (based on income and family size) that WHC offers.

In addition, the health and social service needs of the Waimānalo residents are great. WHC's target populations are at increased risk for inadequate health care and certain preventable conditions due to economic, social, language and cultural barriers. They are at higher risk for health and social problems including diabetes, cardiovascular disease such as hypertension, asthma, Hepatitis B, tuberculosis, substance abuse, family violence, and mental health problems. They also experience higher rates of teen pregnancy, births to single mothers, low immunization rates, late or no prenatal care, etc. Thus, the need for access to comprehensive health and social services in the Waimānalo community is very well documented.

Specific Need for Emergency Equipment: WHC (and at times, the entire State) has been paralyzed numerous times these past years because of numerous power outages due to insufficient electricity supply from Hawaiian Electric Company (HECO) coupled with an increase in demand, natural disasters such as earthquakes, high winds, storms, floods, etc. and man-made disasters such as car accidents knocking down poles and disabling power lines, fires, etc. Because of these circumstances beyond WHC's control which has shut its doors and crippled its mission of service, WHC is in the process of developing and implementing its emergency preparedness plan. In this plan, it is essential to have an emergency generator and other vital emergency equipment such as an adequate non-electric communications system (e.g. walkie-talkies, etc.), to access needed health and social services to mitigate health problems for the Waimānalo residents and beyond – for the entire Ko'olaupoko district. By purchasing and installing its backup power generator and other important emergency equipment, WCH will be able to meet its 100% access goal by keeping its doors open and maintaining essential comprehensive and urgently needed health services as seamlessly as possible during power outages and/or other emergent events such as natural and man-made disasters.

Specific Need for Dental Equipment: Inadequate dental care is a serious matter and has been identified by DOH as one of the major health concerns for low-income adults and children, the uninsured, and other disadvantaged populations. The poor, uninsured, underinsured, and other deprived individuals continually face great challenges in accessing dental care services in an appropriate and timely manner. In addition, access to oral health care for Medicaid recipients is reduced because of the failure of the State to cover routine dental care for adults and the lack of available dental providers who are willing to care for them.

Oral health statistics for Hawaii are among the worst in the nation. DOH data² show that children in Hawaii have significantly higher rates of dental caries, baby-bottle tooth decay, and unmet treatment needs: dental caries are about 4 times the national average; baby bottle tooth decay is almost 3 times the national rate; untreated tooth decay is nearly 2.5 times the national average.

These statistics are markedly worse for Filipino, Native Hawaiian and Pacific Islander children. In addition, limited data indicate that Native Hawaiian adults have a high rate of tooth loss and extensive periodontal disease and caries. Native Hawaiians have the lowest dental care utilization in contrast with other ethnic groups in Hawaii³.

Consequently, dental disease affects one's general well-being and overall health status. Gum disease and toothlessness increases the risk for bacteria entering the blood stream which could lead to sepsis and even death⁴. It is also noted that gum disease during pregnancy is associated with an increased risk for pre-eclampsia (hypertension, edema, etc.) which could lead to convulsions⁵ which may harm the growing fetus.

There are no statistics specific for Waimānalo, but it can be deduced that the overall statistics and findings are applicable to the Waimānalo community. Because there is a dire need for oral health services, WHC must expand to include dental care.

Specific Need for Existing Facilities Renovations: WHC does not keep statistics regarding disability status of its patients so it is guesstimated that approximately 10% of the patients have a disability. Access, protection, safety, comfort are key factors that emphasizes the need for facilities renovations. To reiterate, the access goal of HRSA BPHC, DOH, and WHC can be attained with renovations to the WHC existing facilities. To help the disabled patients get up to the front doors of the clinics, a wheelchair lift is required as a more accessible alternative to the existing, over 100-footlong switchback wheelchair ramp. To ensure continued access to care for the patients and to protect the highly used facilities, a fire alarm system and awnings are needed. To ensure the comfort of those who utilize the Goebert pavilion, ceiling fans are necessary. To ensure the safety of patients and the community at large in a heart failure emergency, mounted automated external defibrillators (AEDs) in each clinic and each building is essential.

Besides the patients, many others in the community continuously use the WHC facilities for meetings, community events, etc. Thus, renovations to the existing facilities is essential to enhance access, not only to health and social services, but also to the high utilization of the multipurpose facilities to benefit the community.

4. Describe the target population to be served; and

² Greer, M. and Louie, R, DOH Dental Health Division, 2000.

³ 2004 Hawaii Oral Health Data Profile, State of Hawaii DOH Dental Health Division, October 2004.

⁴ Slade et al, Journal of Dental Research, 2000.

⁵ Boggess et al, Obstetrics and Gynecology, 2003.

Since it provides health and social services to anyone who would otherwise not receive care, WHC targets people who are underserved and/or have economic, social, cultural, and other barriers to health care, e.g. the poor, uninsured, under-insured, low-income children, at-risk youth, elderly, ethnic minorities especially the Native Hawaiians and Pacific Islanders, immigrants, homeless, farm workers, etc. WHC staff believes that those who are not getting the needed health care and social services will have serious consequences, including unnecessary hospitalizations, increased risk of irreversible health problems, i.e. severe complications secondary to diabetes, asthma, and cardiovascular disease, etc. Thus, access to services is vital.

Poor, Uninsured, Underinsured. WHC pursues the poor, uninsured, underinsured of Ko'olaupoko. Of the 10,963 residents of Waimānalo, 38.3% live at or below the 200% FPL. The uninsured who make up 27% of the Waimānalo population (vs. 10% Statewide) includes working people who do not qualify for health coverage from employers, mainly because they are part-time employees, temporary hires, etc. or may be self-employed and cannot afford the cost of health insurance or may be qualified for QUEST, Hawaii's Medicaid program, but because of the imposed cap, cannot be QUEST beneficiaries. Currently, only pregnant women and children can be added to the QUEST rolls. If the enrollment drops below the cap of 125,000 beneficiaries, then others may be added. However, this has never happened since the inception of QUEST in 1994.

In addition, most low-income adults are essentially uninsured for basic dental coverage. The only dental procedures that are covered for QUEST adults are emergency and palliative care, i.e. pain management, infections, and tooth extractions. All other dental procedures, e.g. cavity fillings, prophylaxis, etc. are not covered services for adults.

Thus because of the blight of the poor, uninsured, and underinsured, it is crucial for WHC to be easily accessible and provide needed health and social services.

Low-Income Children and Youth. WHC targets the low-income children and youth. A high rate (18%) of Waimānalo children live at and/or below the 100% FPL and 54% of the students receive free or reduced-cost lunch. Again, access to health and social services is vital for the low-income and at-risk youth.

Elderly. The elderly in Waimānalo who live in poverty (9.5%) is noteworthy compared to the State percentage (7.4%) and the rate of those living alone with disability in Waimānalo (49.4%) is also higher than the State rate of 40.7%.

Overall Hawaii elderly statistics⁶ indicate that:

- The older adult population in Hawaii is growing twice as fast as the older adult population nationally. While Hawaii's older adults increased 19% between the 1990 and 2000 Census, the nation as a whole saw only a 9% increase in older

⁶ Statistics from U.S. Census Bureau; Center on the Family, University of Hawaii, 2003; Hawaii State Department of Business, Economic Development and Tourism; Hawaii State Department of Health (DOH); "Toward a Health Hawaii 2010 Checking the Health of Honolulu County in 2000" on the website www.hawaiioutcomes.org.

adults. The 85 year-old and older population in Hawaii grew 69% during this period compared to the national growth of 38%.

- 30.3% of Hawaii's elderly have not been immunized in the past 12 months and 46.9% have never been immunized for pneumonia. Among those elderly who have had a flu shot in the last 12 months, Native Hawaiian elderly ranked last of the ethnic groups at 59.8%, compared to the 79% average for the State.

Some of the elderly in Waimānalo have access to low-cost housing. Their main problem is maintaining their independence as their physical abilities diminish and they have few options for transportation and other enabling services.

This is why WHC's enabling services are so important – to assist the elderly and others to access essential health and social services.

Ethnic Minorities. The Waimānalo community is home to various ethnic groups such as the 72% Native Hawaiian/ Pacific Islander and 36% Asian populations, (percentages do not add up to 100%, since figures are for "race alone or in combination with other race[s].") Cultural barriers among these ethnic minorities include a cultural and/or religious inclination to consider acute and chronic conditions "fate" or the "will of God" and limited understanding of the impact of Western lifestyles. Indigenous peoples, in general, are more accepting of life, including diseases. Overall, the targeted groups within Waimānalo have less formal education and less knowledge of the diseases that affect them. They are often unaware or do not believe that it is within their power to affect the outcomes of health problems. The combination of limited education, poverty, no insurance, and different cultural beliefs creates a substantial barrier for many in the Waimānalo community.

Furthermore, Native Hawaiians have the highest morbidity and mortality rates⁷ of all ethnic groups in Hawaii. Specifically, as compared to other ethnic groups in Hawaii, Native Hawaiians experience:

- Higher death and disability rates secondary to stroke and cerebrovascular conditions,
- Higher rates of hypertension,
- Obesity rate that is twice as high,
- The second highest overall incidence of cancer and the highest age-adjusted cancer mortality rates in Hawaii,
- Extremely high rates of diabetes – 5 times more than non-Hawaiians.

Thus, as can be deduced from the information above, the target populations – the poor, uninsured, underinsured, at-risk children and youth, elderly, ethnic minorities, especially Native Hawaiians in Waimānalo – have a broad and deep scope of health and social service needs. This is why it is so important to ensure access to health and social services.

⁷ Johnson, et al. Papa Ola Lokahi Hawaiian health update: Mortality, morbidity and behavioral risks. Pacific Health Dialog 5(2): 297-313, September 1998.

5. Describe the geographic coverage.

The geographical area served by WHC includes the Ko'olaupoko district of the Windward Coast, from Makapu'u to Kualoa, on the main island of Oahu, Hawaii. Ko'olaupoko has a total of 97,208 people with 35,827 in the target populations. The primary community served by WHC is Waimānalo, with a population of 10,963 and located at one end of the long rural highway that connects the coastal communities.

There are no other medical providers in Waimānalo besides WHC. Nine miles away is a community hospital, Castle Medical Center, which provides emergency services and acute care hospitalization, but no primary care.

II. Service Summary and Outcomes

The Service Summary shall include a detailed discussion of the applicant's approach to the request. The applicant shall clearly and concisely specify the results, outcomes, and measures of effectiveness from this request.

1. Describe the scope of work, tasks and responsibilities;

GIA capital funds will be invested to purchase and install emergency preparedness and Dental Clinic equipment, and renovate existing facilities to ensure access to needed health and social services. The following scope of work table includes the project tasks to be completed and the responsible persons who ensure the tasks are completed.

Project Task	Responsible Person
1. Purchase and install emergency equipment: <ul style="list-style-type: none"> • Generator. • Non-electric communication system (e.g. walkie-talkies). 	Quality and Performance Specialist with Facilities Coordinator
2. Purchase and install Dental Clinic equipment: <ul style="list-style-type: none"> • Operatory equipment: dental chairs, etc. • Digital x-ray system. • Other supportive equipment and supplies. • IT hardware & software. • Office & waiting area equipment & supplies. 	Dental Clinic Renovations Project Manager
3. Renovate existing facilities: <ul style="list-style-type: none"> • Purchase and install wheelchair lift. • Purchase and install fire alarm system. • Purchase and install awning. • Purchase and install ceiling fans. • Purchase and install AEDs. 	Quality and Performance Specialist with Facilities Coordinator

2. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service;

The anticipated timeline for the capital project is as follows:

Task	Month											
	1	2	3	4	5	6	7	8	9	10	11	12
1. Purchase and install emergency equipment.	X →											
2. Purchase and install Dental Clinic equipment.					X →							
3. Renovate existing facilities. Purchase and install:												
• wheelchair lift.		X →										
• fire alarm system.			X →									
• awning.									X →			
• ceiling fans.						X →						
• AEDs.		X →										

The end result or outcome of accomplishing all the tasks is an increase in access to needed health and social services and an improvement in access to facilities for community meetings and other community services.

3. The applicant shall describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate, and improve their results; and

The purpose of WHC's overall, organization-wide Quality Improvement (QI) Program is to ensure quality of health and social services with ongoing programmatic and administrative compliance according to HRSA's and others' standards and requirements. Activities of the QI program include planning, implementation, monitoring, and evaluation of services and its delivery, patient satisfaction, and staff clinical competency. With the analysis of the evaluation of the various programmatic components, improvements in systems and processes can be made with the overall goal of improved health outcomes for the patients.

This overall QI program approach can also be utilized for this specific capital project. The Responsible Persons listed in the scope of work above, i.e. the Quality and Performance Specialist, Facilities Coordinator, and the Dental Clinic Renovations Project Manager, will implement the project tasks, monitor and evaluate the progress of the project, and make improvements as needed. They will ensure that the project is completed effectively and efficiently and that the funds are appropriately expended in a cost-effective and timely manner.

4. **The applicant shall list the measure(s) of effectiveness that will be reported to the State agency through which grant funds are appropriated (the expending agency). The measure(s) will provide a standard and objective way for the State to assess the program's achievement or accomplishment.** Please note that if the level of appropriation differs from the amount included in this application that the measure(s) of effectiveness will need to be updated and transmitted to the expending agency.

WHC will evaluate this project by its ability to meet its 100% access goal, specifically by purchasing and installing emergency and dental equipment and renovating existing facilities with a wheelchair lift, fire alarm system, awning, ceiling fans, and AEDs. The specific measurable outcomes and gauges of success will be:

- no closures of the clinic during times of blackouts,
- provision of oral health services,
- easier access for disabled patients,
- protection of the facilities with a fire alarm system,
- improved comfort of those who utilize the Goebert pavilion,
- safety of the patients and the community at large in heart failure emergencies.

WHC will report to the expending State Agency, i.e. DOH, the progress of the capital project, specifically on these specific measurable outcomes.

III. Financial

Budget

1. **The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.**

The following budget forms are submitted with this GIA Application:

- Budget Request by Source of Funds
- Budget Justification – Equipment and Motor Vehicles
- Budget Justification Capital Project Details
- Detailed Budget Justification

Note: The Budget Justification Personnel – Salaries and Wages form is not included since it is not applicable.

2. **The applicant shall provide its anticipated quarterly funding requirements for the fiscal year 2008-2009.**

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total Grant
\$52,000	\$93,000	\$5,000	\$0	\$150,000

IV. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request. State your experience and appropriateness for providing the service proposed in this application. The applicant shall also provide a listing of verifiable experience of related projects or contracts for the most recent three years that are pertinent to the request.

On the program side, WHC has been providing comprehensive, quality, health and social services since its inception in 1992 and has an established track record of excellence in both the delivery of health care as well as provision of enabling supportive services. On the administrative side, WHC has adequate organizational capacity and the appropriate infrastructure in place to oversee this capital project.

WHC's Executive Director (ED), May Akamine, RN, MS, who is responsible for the overall operations of WHC, has over 35 years of solid, progressive health care experience in the clinical, administration, and education arenas. She has the skills, enthusiasm, and systems-approach to tap into other expert resources to administer this capital project.

As a leader, she serves on the Boards of 2 organizations, the Hawaii Primary Care Association (held the office of President) and AlohaCare (held the office of President and Vice-President). In the past, she served on the Boards of the following organizations: the Association of Asian Pacific Community Health Organizations, the Medical Group Management Association (previously active in the Western Section Presidents' Council), Hawaii Medical Group Management Association (held the offices of President, President-Elect, Treasurer, Secretary), Hawaii Federal Health Care Partnership, Na Lei Wili Oahu/Kauai Area Health Education Center II (held the office of Treasurer), Ke Ola O Hawaii, and Kalihi Business Association. In addition, she is active member of the National Association of Community Health Centers (NACHC).

Besides her governance expertise, she brings over a decade of continuous FQHC administrative experience at the executive level. Specific to capital projects, as the ED of Kalihi-Pālama Health Center (KPHC), she provided oversight of the dental service expansion with the renovation of their Dental Clinic from 4 to 6 new operatories, the renovation of the Optometry Clinic, and the addition of a satellite dental clinic in the Sumner Clinic located in the Institute for Human Services Women and Families Shelter. She also initiated the rehabilitation of a building purchased with Community

Development Block Grant funds from the City and County of Honolulu. In addition, during her short tenure as the ED of a New Start FQHC, Koʻolaupia Community Health and Wellness Center, she wrote 3 funded proposals for capital projects – one for a used dental van, another for improvements to the van including renovations, equipment, computer software, and supplies, and a GIA to obtain and renovate a facility for the health center.

WHC's Executive Team, lead by May Akamine, RN, MS, is comprised of the Medical Director, and Finance Director. The Executive Team develops, implements, and evaluates the key strategic goals and objectives within the Strategic Plan which has been initiated and approved by the Board of Directors. Flexibility is needed as priorities may change depending on the health needs of the patients and community, the successes of existing services, the availability of resources (funding, staff, facilities, etc.), mandates of funding sources and regulatory agencies, and changes in the availability of other organizations' services within the community.

In conjunction with the staff of WHC, the Board of Directors brings a wealth of knowledge and skills including legal expertise, business ownership, financial management, non-profit (i.e. health and human service) administration, program development and delivery, education, community development and collaborations, marketing, as well as other areas of expertise. Thus, WHC has the capacity to implement and sustain the proposed GIA capital project as evidenced by a healthy bottom-line in the current financial statements, staff qualifications, and organizational capabilities.

Furthermore, WHC has solid base of funding for operations. In the entire history of the FQHC movement, there has never been a health center that has been de-funded by the Federal Government. Thus, WHC stands on a strong foundation with many pillars of strength – financial, operational, programmatic, clinical, etc. HRSA BPHC, along with their private partners, e.g. NACHC, not only provides funds, but also technical assistance and other expertise and other resources. However, there are no capital funds for facilities, equipment, technology, etc.

Thus, WHC has the necessary skills and experience to provide the oversight of this project. In addition, WHC has the desire to succeed in this capital project that will be implemented in an effective and efficient manner so that access to health and social services can be provided to meet the needs of the Waimānalo community.

B. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable.

WHC, located at 41-1347 Kalanianaʻole Highway in Waimānalo, is visible from the main highway, is on the bus-line, and is directly across the street from Waimānalo Elementary and Intermediate School.

There are 7 buildings onsite, including 1) the main clinic facility with the Adult Clinic, Pediatric Clinic, Behavioral Health Clinic, and support services (Reception, Billing, IT, Medical Records, WIC, Outreach), 2) the Women's Health facility, 3) the Goebert Training & Education building, 4) the ʻAi Kūpele building which will house the Dental Clinic, 5) the Administration building, 6) the Administration Annex, and 7) the building with the Honolulu Community Action Program (HCAP) and Head Start, which are tenants of and not directly affiliated with WHC.

Currently, the facilities are adequate in relation to this capital project. The facilities meet all ADA and OSHA requirements, as validated by onsite inspections by various agencies such as the local fire department, the health insurance plans, the DOH, and HRSA BPHC.

V. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request. The applicant shall provide the qualifications and experience of personnel for the request and shall describe its ability to supervise, train and provide administrative direction relative to the request.

Proposed Staffing. The capital project oversight will be provided by the WHC ED. The specific implementation of the project will be the responsibility of the Quality and Performance Specialist, the Facilities Coordinator, and the Dental Clinic Renovations Project Manager. Their main responsibility will be to coordinate all the components of the capital project ensuring equipment are purchased and installed effectively and efficiently.

Staff Qualifications. The WHC ED and Board qualifications for project oversight were mentioned in the previous section IV, Experience and Capability. The WHC Quality and Performance Specialist is a Registered Nurse with many years of experience in quality improvement, safety, OSHA, risk management, HIPAA, compliance, etc. The Facilities Coordinator has many years of experience in facilities maintenance and management. The qualifications and experiences of the Dental Clinic Renovations Project Manager may include having a license as a Registered Architect or Registered Professional Engineer with experience as a Project Manager and experience in the design and construction of health care facilities.

Supervision and Training. As noted in the previous section IV, Experience and Capability, WHC's ED has over 35 years of solid, progressive health care experience in the clinical, administration, and education arenas and has held various leadership positions in her career which includes governance and has held various supervisory positions for 30 years. Specifically for this capital project, she has administered facility renovations in the past. She took a project management course and has participated in several facilities project sessions at the NACHC conferences.

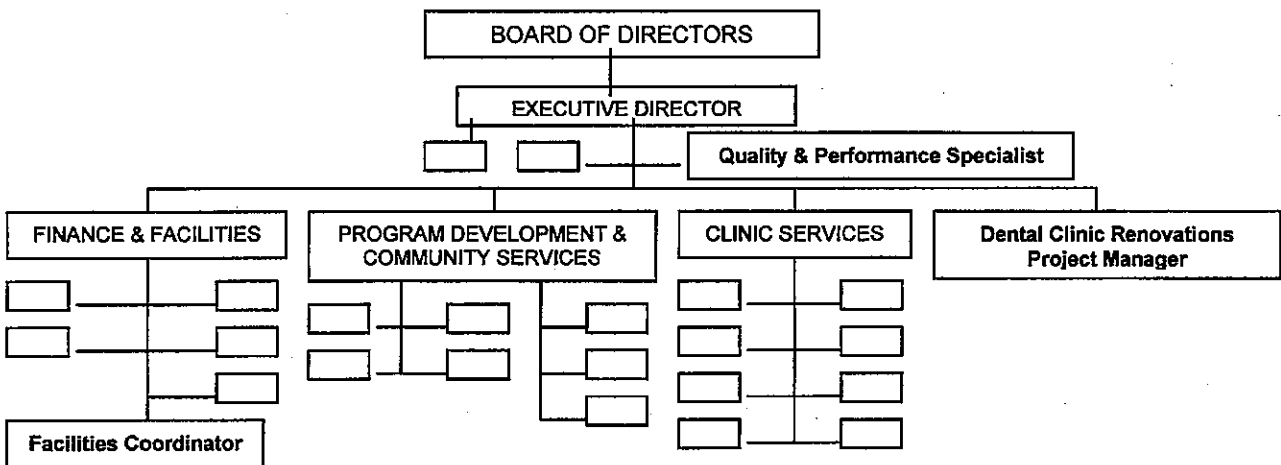
Thus, WHC has the administrative infrastructure in place to oversee this capital project so that the terms and financial obligations of this GIA request will be met and critical access to health services will be realized.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request.

WHC has a traditional organizational structure with the Board of Directors heading the organization who are responsible for ensuring its mission is carried forth and its vision is realized. The organizational chart below identifies the line relationships of key staff for this capital project. The ED is responsible for the overall operations of WHC, along with the staff Executive Team. She has direct lines of authority over administrative support staff, including the Quality & Performance Specialist. She also has direct lines of authority over Finance & Facilities, Program Development & Community Services, and Clinic Services.

When the Governor releases the previous Legislature approved capital funds for the *Dental Facilities, Equipment and Other Expenses for the Ko'olaupoko Communities* project and the Dental Clinic Renovations Project Manager is hired, he/she will report directly to the ED.



VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

No pending litigation.

B. Licensure or Accreditation

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

No special qualifications, licensure or accreditation relevant to this request.



BUDGET REQUEST BY SOURCE OF FUNDS

(Period: July 1, 2008 to June 30, 2009)

Applicant: Waimānalo Health Center

BUDGET CATEGORIES	Total State Funds Requested (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training				
6. Supplies				
7. Telecommunication				
8. Utilities				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES	150,000			
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	150,000			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	150,000	May Akamine, RN, MS (808) 954-7107		
(b)		Name: [REDACTED] Phone		
(c)		Signature of Approver: [REDACTED] Date: January 31, 2008		
(d)		Date		
TOTAL REVENUE		May Akamine, RN, MS, Executive Director Name and Title (Please type or print)		

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Applicant: Waimānalo Health Center

Period: July 1, 2008 to June 30, 2009

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Emergency generator	1	\$23,000	\$ 23,000.00	\$23,000
Non-electric communication system (e.g. walkie-talkies)	10	\$100	\$ 1,000.00	\$1,000
Operatory equipment: exam chairs & other equipment, etc	2	\$40,000	\$ 80,000.00	\$40,000
Digital x-ray system	1	\$60,000	\$ 60,000.00	\$30,000
IT hardware & software	1	\$40,000	\$ 40,000.00	\$15,000
Office & waiting area equipment & supplies	1	\$3,000	\$ 3,000.00	\$3,000
Wheelchair lift	1	\$5,000	\$ 5,000.00	\$5,000
Fire alarm system	1	\$17,000	\$ 17,000.00	\$17,000
Awning	1	\$5,000	\$ 5,000.00	\$5,000
Ceiling Fans	5	\$1,000	\$ 5,000.00	\$5,000
AED	5	\$2,000	\$ 10,000.00	\$6,000
TOTAL:				\$ 225,000.00

JUSTIFICATION/COMMENTS: see proposal

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
JUSTIFICATION/COMMENTS:				

**BUDGET JUSTIFICATION
CAPITAL PROJECT DETAILS**

Applicant: Waimānalo Health Center

Period: July 1, 2008 to June 30, 2009

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ANY OTHER SOURCE OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED		FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2005-2006	FY: 2006-2007	FY:2007-2008	FY:2008-2009	FY:2009-2010	FY:2010-2011
PLANS			\$70,000			
LAND ACQUISITION						
DESIGN						
CONSTRUCTION			\$55,000			
EQUIPMENT				\$150,000		
TOTAL:			\$125,000	\$150,000		

JUSTIFICATION/COMMENTS: Received \$50,000 from Atherton Foundation and \$50,000 from Harold KL Foundation. Waiting for Governor Lingle to release the \$125,000 Legislature-approved GIA funds.

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Waimānalo Health Center

(Typed Name of Individual or Organization)



(Signature)

January 31, 2008

(Date)

May Akamine, RN, MS

(Typed Name)

Executive Director

(Title)

