

Tobacco Settlement Funds Summary

BACKGROUND:

In the late 90s early 2000's, the Tobacco Settlement Funds (TSF) were established in statute. Management and oversight of these funds were delegated to the Department of Health. Directions for utilization of those funds allocated to the department were provided by the Deputy Director at the time, Dr. Ginny Pressler. Dr. Pressler hired Susan Jackson as the TSF fund manager. Ms. Jackson assured that the funds were allocated according to statute and provided day to day staffing for the disbursement of the departmental portion of the funding. Initially, an internal programmatic advisory/management committee was established and a community based advisory committee to oversee the allocation of these funds was established as mandated by the statute. In addition, there was a tobacco specific advisory committee to advise on the allocations of the Tobacco Trust Fund. Meetings were held regularly and the original design of the project was to build internal departmental capacity (vis a vis establish a separate stand alone duplicative project within the department) and to look to community initiatives and build community capacity thru use of these funds. Funds were provided to match CDC funding for establishment of the first Chronic Disease Epidemiologist position in the department; funding for the nutrition and physical activity sections under the Chronic Disease Management and Control Branch under the Community Health Division along with funding to the Division to establish other education and community based initiatives. Funding was also provided to the Family Health Services Division for Maternal and Child Health initiatives which included school based programs and the Healthy Start prevention program.

Funding to departmental Divisions and the Branches led to the establishment of the Healthy Hawaii Initiative and the Start Living Healthy Campaign; funds were given to the Counties to be used by their Parks and Recreation programs or Senior Programs; to the Farm Bureau to work with Department of Agriculture, markets and grocery stores-(funds were used to establish farmer's markets and to promote the increase of fresh fruits and vegetables in the schools and in rural communities as well as other point of purchase education opportunities; College of Tropical Agriculture; Department of Education. Funding also went to establish community coalitions for physical activity and nutrition—this led to the development of community based initiatives such as walking paths, bike paths, gym and exercise programs; gardens and more.

The new administration centralized programs under the TSF and stopped or greatly reduced funding to the counties and community based organizations. The TSF

gradually established positions or took positions from the Chronic Disease Branch—the funding for the Chronic Disease Epidemiologist was pulled resulting in funds being returned to CDC; funding for the nutrition and physical activities section of the Chronic Disease Branch were eliminated and funding and positions for community focused initiatives were moved under the TSF staff and the TSF because known in the department as the TSF/HHI program. Sadly, the internal advisory/management committee meetings were stopped as were the community advisory committee activities (this is statutorily established) were also stopped. The TSF did continue to provide the Community Health Division the matching funds for the Tobacco Education and Prevention Program under the Chronic Disease Branch. These funds provided a 1:1 match for CDC funding.

Quietly the TSF/HHI built their program and slowly started to attempt to recreate what they stopped--- however communities were weary of the department after having their initiatives stopped once before. Philosophical and style differences also impacted on the department's ability to garner community participation. Without notice to programs within the department, the TSF/HHI was formally established on the department organization chart as an official program under the Director's office. The Functional Statement for the project mimics and duplicates much of the Functional Statement of the Chronic Disease Management and Control Branch of the Community Health Division. The position count was nearly 26 positions! No formal notice was provided within the department.

CURRENT SITUATION

The TSF/HHI worked parallel to other programs within the department. There were little attempts to coordinate within the department and the efforts to build internal capacity within existing programs stopped.

The original plan to build the UH Public Health Program in hope of re- establishing a School of Public Health—to date this has not happened. There was an Outcomes Institute established under the original model that included key data leaders within the department and external to the department. One of the key data sources needed for program development and planning is hospital related data that provides inpatient and emergency department data and the other was data from the Hawaii Tumor Registry. Overtime under this administration funding for the Outcomes Institute was stopped and the department does not support the tumor registry. Individual programs within the department purchase hospital related data independently. The Director has even stopped efforts to jointly purchase this data at reduced rates.

The Director, through the TSF/HHI has promoted a “data warehouse” instead which collects data already available. Not only is data in the warehouse already available it is available in better format thru programs within the department than through the warehouse. The result is that the data warehouse is rarely utilized by department staff and the community programs that are data sophisticated prefer to go directly to the departmental programs rather than the data warehouse. The director has also opted to not fund the data sources such as the Hawaii Health Survey or the Behavior Risk Factors Surveillance System with Tobacco Settlement Funds—though she promotes the data warehouse. How can you support a data warehouse and not support the purchase of data to populate the warehouse?

As the term of this administration nears an end we are seeing bold efforts to “clean up” the duplication and organization mishaps. Establishing a 26 plus staff under the director’s office poses problems and challenges—especially when there is a duplication of function. During the last legislative session, the Director attempted to move the chronic disease branch under the TSF/HHI. The Legislature stopped this action and in the budget Act stated this and documented their wishes. The director is now using the economic crisis and layoffs as a way to make this reorganization happen. Budget and Finance returned reorganization plans to the department with a clear directive that no reorganizations should occur at this time. The Director ignored this directive and sent a memo out stating that “effective immediately the Chronic Disease Management and Control Branch would be administratively assigned to the TSP/HHI and that steps to reorganize would begin immediately”. This is the first step—then the plans is to reorganize and move the program out of the director’s office and establish it as a distinct program within the department—This would probably mean creating a new division! The urgency of the director’s reorganization plan is exacerbated by the economic crisis facing the state. The TSF is a target now that there is little money. The director is even more concerned because she needs to find ways to legitimize the value of the TSF/HHI. She has spent millions on the data warehouse and a surveillance system that is not supported by DOH staff. These funds should be redirected for more urgent needs facing the state. She has created positions that either duplicate other functions or are nice if the state has funds by unnecessary during these economic times. She has utilized TSF for other projects and uses the funds as her “slush fund” to fund special projects that are not needed at this time. **These funds need to be redirected to more urgent needs that are facing the state.**

In the meantime, the Director is cutting or reducing programs that provide services to vulnerable populations and core programs. Dr. Fukino has created an organizational mess within the department in her attempt to legitimize the TSF/HHI. The legislature understood this and stopped her attempts to reorganize and went further to attempt to

redirect TSF to more meaningful programmatic efforts—safety net initiatives during this economic downturn.

Statutorily, the TSF are the only special funds directly intended for use during an economic downturn. (See HRS 328L) Now—more than ever these funds should be pulled and the duplicative TSF/HHI should be dismantled. It makes more sense to align TSF/HHI efforts with existing programs rather than build separate programs that are not currently engaged in communities nor already have a constituency.

The legislature has little choice but to look for all funds available to shore up government until this economic crisis passes. This is even truer given the recent discovery of miscalculations by the executive branch of government. **DO NOT LET THE DIRECTOR OF HEALTH CONTROL THESE FUNDS**