

**REPORT TO THE TWENTY-FOURTH LEGISLATURE
STATE OF HAWAII
2008**

**PURSUANT TO ACT 213
GENERAL APPROPRIATIONS ACT 2007
SECTION 41
REGARDING A REPORT ON PURCHASE OF FAMILY PLANNING SERVICES
FOR WOMEN'S HEALTH FOR FY 2008**

Prepared by:

**State of Hawaii
Department of Health
Health Resources Administration
Family Health Services Division
Maternal and Child Health Branch
Women's Health Section
Family Planning Program**

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Executive Summary

This report to the 24th Hawaii State Legislature includes information and progress related to family planning services expenditures as it relates to the appropriation for the FB 2007-09 in Act 213/SLH 2007. Funding was provided for the following services: 1) \$1,248,750 annually in general funds for family planning clinical and contraceptive services; and 2) \$463,587 annually in Interdepartmental Transfers from the Department of Human Services (DHS) Temporary Assistance to Needy Families funds for family planning community based health education and outreach services. The Department of Health (DOH) through its Family Health Services Division, Maternal and Child Health Branch, Women's Health Section, Family Planning Program was required to follow procurement rules to utilize general funds for clinical and contraceptive services. Current family planning contracts are based on the 2004 Request for Proposal (RFP) which does not allow an increased level of funding appropriated. An exemption from the State Procurement Office was approved on August 7, 2007. This allowed for family planning contract modifications for contracting these increased services for FY 2007-08. RFPs are being solicited to procure clinical and community based health education and outreach services to facilitate expansion of family planning services to clients in need of these resources and to prevent adverse outcomes, such as unintended pregnancy. The expected start date of these contracts is July 1, 2008. The community health educator and outreach projects, focused on increasing awareness and utilization of clinical services, were moved forward through a Memorandum of Agreement between the DHS and the DOH for the period July 1, 2007 through June 30, 2008. The Family Planning Program will continue to engage multiple partners in discussions and assessment of the means to improve positive preconception, reproductive, and women's health outcomes for Hawaii's women.

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I. Background

A 2006 report by the Guttmacher Institute, a leading national and policy agency, challenged Hawaii in being able to provide adequate family planning and reproductive health resources for women in need of services. According to the Guttmacher report, there are 138,110 women in Hawaii in need of contraceptive services and supplies; 62,020 of these women have incomes below 250% of the federal poverty level and are in need of publicly supported contraceptive services, including 15,840 sexually active adolescents. At the time of this report, the State of Hawaii ranked 50th in the United States in public funding for women accessing contraceptive services and supplies.

The 24th Hawaii State Legislature appropriated through H.B. 500, H.D. 1, S.D. 1, C.D. 1 (which was enacted as Act 213/S.L.H. 2007) the following funding for these services for each year during the FB 2007-09: 1) \$1,248,750 annually to purchase family planning services in general funds, and 2) \$463,587 annually from the Temporary Assistance to Needy Families (TANF) funds. The latter funding would be accomplished through an interdepartmental transfer from the Department of Human Services (DHS) to the Department of Health (DOH) for family planning health education and outreach services.

“Provided that of the general fund appropriation for family health (HTH 560), the sum of \$1,248,750 or so much thereof as may be necessary for fiscal year 2007-2008 and the same sum or so much thereof as may be necessary for fiscal year 2008-2009 shall be expended by the DOH to purchase family planning services for women's health; provided further that any unexpended funds shall lapse to the general fund; provided further that the Department shall prepare a detailed report to include but not be limited to the following:

- (1) A detailed financial report from each of its purchase of services contract providers to be submitted to the DOH including a detailed breakdown of services provided, the number of clients served each month by provider, costs incurred, and outcomes; and
- (2) An aggregate financial report to be completed by the Department for purchase of services rendered by the providers to include all the above

and provided further that the Department shall submit the report to the Legislature no later than twenty days prior to the convening of the 2008 and 1009 regular sessions.”

II. Role of the Department of Health through the Family Planning Program

The DOH, Family Health Services Division, Maternal and Child Health Branch, Women’s Health Section, through its FPP was requested to provide oversight of both clinical and health education services through procurement, implementation, monitoring, technical assistance and reporting activities. The FPP has over 35 years experience in overseeing family planning services for approximately 39 clinical and contraceptive supply contracts, as well as, community health educator contracts. The overall goal of the FPP is to provide access to quality family planning care for those in need of services including, but not limited to: uninsured and underinsured women, those with limited English proficiency, males, homeless, substance abusers, persons with disabilities and adolescents. In this role, the DOH, through both its Title V Maternal and Child Health Block Grant and Title X federally supported family planning program, have similar service goals such as: promoting preconception care to prevent unintended pregnancies, including adolescent births and pregnancies; and, addressing high risk behaviors which may result in unintended pregnancy and sexually transmitted infections. This is an important service focus as unintended pregnancy has been linked to poor health outcomes such as: inadequate prenatal care; low birth weight; preterm birth; exposure of a fetus to harmful substances such as tobacco, alcohol and other drugs; neonatal death; domestic violence; and, child abuse. According to data reported from the Pregnancy Risk Assessment Monitoring System, a national surveillance system, unwanted pregnancy (a subcategory of unintended pregnancy) has also been correlated with physical abuse, high school and lower education, and low income.

The FPP is also required to follow the federal Title X family planning guidelines which require mandatory reporting on statewide client visit data and financial management including annual budgets. This Program also requires the provision of quality clinical services including, but not limited to: preconception, reproductive health, and family planning examinations (i.e. pelvic and breast exams, and cervical, breast, and testicular cancer screenings); health education through community and clinical services relating to preconception, reproductive and family planning; family planning counseling including infertility; access to a variety of birth control methods appropriate for client reproductive practices; access to emergency contraceptives with health education and counseling; sexually transmitted disease infection testing, education and counseling; and, appropriate referrals for a cadre of service needs. The contracted service sites include community health centers, community colleges and some private medical doctors in geographical areas of need. The FPP also provides oversight for the community based health education program. These services are often procured by providers such as community health centers which can offer translation services,

and have the practical knowledge and cultural understanding of populations in their communities who need family planning resources. The FPP ensures quality of care with ongoing provider assessment and technical assistance activities for data collection, provider education, and quality assurance (program and fiscal). There are also annual trainings and a Reproductive Health Conference for family planning practitioners to obtain education credits for national certification purposes. The trainings also provide family planning providers with increased knowledge needed for day-to-day service delivery.

III. Review of Activities to Procure Services for Expanded Funding for Clinical Family Planning Services and Contraceptive Supplies

After notification of the state funding allocation, another meeting was held with the H.C.R. 226 Working Group to provide an update on the progress the Department had made towards allocating the increased funding for FP clinical services and community health educator positions (described in Section IV). A number of required procurement and administrative tasks that needed to be completed for procuring family planning clinical services and contraceptive supplies were shared. Also, suggested goals for FP clinical services were distributed for comment.

The current family planning contracts are based on the 2004 Request for Proposal which did not allow for an increased ceiling to the level of legislative funding that was appropriated. To ensure that funding could be allocated in the first fiscal year, a Notice of and Request for Exemption from Chapter 103F, HRS was submitted in July 2007 by the DOH to the State Procurement Office and also was posted publicly. This exemption was approved by the Chief Procurement Officer on August 7, 2007 and allowed the DOH to allocate funds from the first fiscal year (August 2007 to June 2008) to agencies who responded to the last Request for Proposal. A video-conference was held August 15, 2007 with all providers to explain the increase in funding for expanded family planning clinical services. This included expansion of clinical services in the Waianae and Leeward areas. Agencies submitted, as part of these contract modifications, updated performance and output measures and budgets. The performance and output measures included the increased number of family planning clients that were estimated for fiscal year 2008 for clinical services and the increased number of individuals to be reached by community health educators with health information and outreach services. Budgets were updated by all providers for the increases in funding levels.

An electronic Request for Information for family planning clinical services was posted on August 31, 2007 to obtain input from potential applicants for a Request for Proposal to be issued during October 2007. This Request for Proposal will focus on promoting strategies by the applicants to increase access to family planning services and contraceptive supplies. Emphasis will also be placed on understanding how the applicants will work with potential clients who are

uninsured and underinsured women, as well as, those who are hard-to-reach such as those with limited English proficiency, males, homeless, substance users, persons with disabilities and adolescents. One strategy that can be promoted is to coordinate the role of the community based health educator with the clinics role in improving access to services. Services designed and provided will include those that promote knowledge of healthy reproductive health and family planning behaviors through preconception care to prevent unintended pregnancy and related risk taking behaviors. Data collected will be assessed related to an increase in unduplicated clients in need who are served, as well as program measures projected to increase, including but not be limited to: the number of female visits; the number of family planning male visits; the number of family planning users with Limited English Proficiency; the number of male family planning users on birth control methods; the number of female family planning users on birth control methods; the number of family planning users provided cervical cancer screening services; the number of female family planning users receiving a clinical breast exam; and, the number of family planning users tested for Chlamydia.

Overall state and performance/outcome measures which could also be positively impacted include: percent of pregnancies (live births, fetal deaths, abortions) that are unintended (current 52.4% vs the Healthy People 2010 Objective of 30%); and, the rate of birth (per 1,000) for teenagers age 15 through 17 (current 18.7 vs. the Healthy People 2010 Objective of 9.7).

IV. Review of Activities to Procure Services for Expanded Funding for Family Planning Community Health Education and Outreach Services

Accessing the resources to procure services for community health educator services and outreach projects occurred on June 20, 2007 through a Memorandum of Agreement between the DHS, Benefit, Employment and Support Services Division and the DOH (DHS-08-BESSD-5031) for the period July 1, 2007 through June 30, 2008. This process also required an in-depth discussion with all current agencies and providers of community-based health education services to assess their interest and ability to expand to a full-time equivalency of their services. The end result of these discussions was the increase of ten community-based health educators to 100% FTE, two health educators to 75%-time, and two health educators to 50%-time through June 30, 2008. This included expanding education and outreach services in the following areas: Kauai, Oahu/Waikiki, and Oahu/Kalihi.

A video-conference was held with health educators June 8, 2007 to discuss service expansion of the statewide community health education program and implementation strategies including special outreach project initiatives. A main focus of the program will continue to be the facilitation of increased community awareness of the availability of clinical family planning services and clinic locations in communities throughout Hawaii. Ideally, a community-based health

educator will be employed by or have a close working relationship with the sites, such as community health centers providing clinical services, so strategies can easily be supported and implemented. An emphasis will also be placed on the priority for community health educators to help increase the number of unduplicated clients served by the family planning clinic providers within the health educators' targeted geographical area.

The community based health educators will expand their action plans and strategies to reach individuals and groups in need of resources. This will include providing information on the importance of preconception care, women's and reproductive health care, including sexually transmitted disease infection testing, education and counseling, and making available a variety of family planning contraceptive supplies which can be accessed through family planning services. The FPP Health Educator will work with the community health educators as they develop their action plans that include strategies to increase coordination with family planning clinical service providers. The goal will be to continue to reach priority populations including uninsured, underinsured, males, those with limited English proficiency, substance abusers, homeless, persons with disabilities, and adolescents.

V. Service Implementation

The criteria used to complete contract modifications for the clinical services were based upon fiscal year (FY) 2007 client visit data, the number of clinics per agency, and the amount of funding available. In FY 2007, 14,537 clients were provided family planning services. It is anticipated that clinical services will be provided for an additional 2,848 clients per year, or a total of 17,385 clients annually.

The criteria used to complete contract modifications for the health educator services were based upon the premise that increasing the work time of the educators from 50% to 100% FTE would result in significant increases in the number of direct and indirect contacts, an expansion of health educator services in all areas being served, and the ability to serve three new areas: Lihue (Kauai County), Waikiki, and Kalihi (Honolulu County). It is projected that the number of individuals receiving community health education services will double to 200,000 direct and indirect contacts per year. As importantly, this increase in community based education and outreach is facilitating the opportunity to increase the statewide access and utilization of preconception, reproductive and family planning services to those in need. It is planned that an outcome of increasing community health education services will be an increase of 2,848 clients receiving clinical services.

Expanded services will begin when the contract modifications for the family planning clinical and community based educator contracts are amended. It is

estimated that this will take approximately three months and should occur no later than November 2007.

Although a detailed financial report from all purchase of service providers was not available at the time this report was written, the format of the past fiscal year 2007 report is attached as an example of the report that will be available in the future. (See Exhibit A-1.)

Although a detailed breakdown of the number of clients served by each provider and the services rendered was not available at the time this report was written, the format of the past fiscal year 2007 reports are attached as examples of the data that will be available in the future. (See Exhibits A-2, A-3, A-4, A-5.)

VI. Plans for Ongoing Evaluation and Monitoring of Expanded Family Planning Clinical Services and Family Planning Health Education and Outreach Services

The FPP will continue to review and analyze financial reports and client data from all family planning providers and perform on-site monitoring using state and federal guidelines. Evaluation of expansion efforts will also be accomplished through quarterly meetings and trainings with providers and other stakeholders.

Meetings will continue with the family planning funding working group to review performance and output measures and actions being taken to meet the family planning expansion goals.

VII. Conclusion

With the appropriation of general and TANF funds for Family Planning services, a more integrated and comprehensive approach to family planning services for Hawaii's women, adolescents, and men is underway. The overall goal will be to expand resources and strategies to prevent Hawaii's rate of unintended pregnancy which at 52.4% is far from the 30% Healthy People 2010 Objective. To meet this goal, the Family Planning Program will expand opportunities for: 1) early and ongoing access to community based and clinical services to promote healthy behaviors and subsequently reduce unintended pregnancy and related risks such as sexually transmitted infections; 2) birth spacing of children and use of effective contraceptives, including emergency contraception; and, 3) male involvement in family planning. Specific service expansion and enhancement which will promote these outcomes include:

- **Clinical Services:** physical examinations, screening, reproductive health services, and provision of contraceptives for high-risk populations.
- **Community Health Education:** to individuals, groups, schools, and agencies.

- **Community Outreach Services:** reaching out to unserved, “at-risk”, and hard-to-reach populations in the communities.

As importantly the DOH FPP will take a primary role in facilitating through contract technical assistance an increased coordination between the family planning clinical and the family planning community-based education and outreach services. This strategy has the potential to improve the numbers of clients in need of services statewide with access to preconception, reproductive health and family planning in multiple areas including improved knowledge, services and supplies to prevent unintended pregnancy. To do this effectively the FPP will continue to engage multiple partners in ongoing discussions and assessment to continue improving strategies which support a variety of reproductive and women’s health outcomes for Hawaii’s women.

Department of Health, Family Health Services Division, Maternal and Child Health Branch, Family Planning Program
Utilization and Funding Report for FY 2007 and FY 2008
(As of 10-5-2007)

Provider	Fiscal Year 2007 (Actual)				Fiscal Year 2008 (Projected)			
	Clients	Federal \$	State \$	Total \$	Projected Clients	Federal \$	State \$	Total \$
Bay Clinic	1,864	\$ 122,500.00	\$ -	\$ 122,500.00	1,883	\$ 122,500.00	\$ 118,000.00	\$ 240,500.00
Community Clinic of Maui	914	\$ 54,000.00	\$ -	\$ 54,000.00	923	\$ 54,000.00	\$ 44,556.00	\$ 98,556.00
Hamakua Health Center	680	\$ 38,400.00	\$ -	\$ 38,400.00	687	\$ 38,400.00	\$ 65,000.00	\$ 103,400.00
Ho'ola Lahui Hawaii	293	\$ 40,000.00	\$ -	\$ 40,000.00	296	\$ 40,000.00	\$ 27,000.00	\$ 67,000.00
Kalihi Palama Health Center	1,508	\$ 70,000.00	\$ -	\$ 70,000.00	1,523	\$ 70,000.00	\$ 73,750.00	\$ 143,750.00
Kokua Kalihi Valley Comp. Family Services	765	\$ 53,000.00	\$ -	\$ 53,000.00	773	\$ 53,000.00	\$ 22,000.00	\$ 75,000.00
Ko'olauloa Community Health Center	406	\$ 76,000.00	\$ -	\$ 76,000.00	410	\$ 76,000.00	\$ 44,000.00	\$ 120,000.00
Molokai General Hospital	669	\$ 38,000.00	\$ -	\$ 38,000.00	676	\$ 38,000.00	\$ 43,000.00	\$ 81,000.00
Planned Parenthood of Hawaii	5,004	\$ 488,106.00	\$ -	\$ 488,106.00	5,054	\$ 488,106.00	\$ 376,500.00	\$ 864,606.00
Waianae Coast Comp. Health Center	-	\$ -	\$ -	\$ -	2,703	\$ -	\$ 386,194.00	\$ 386,194.00
Waikiki Health Center	276	\$ 47,000.00	\$ -	\$ 47,000.00	279	\$ 47,000.00	\$ 25,750.00	\$ 72,750.00
Waimanalo Health Center	247	\$ 43,000.00	\$ -	\$ 43,000.00	249	\$ 43,000.00	\$ 23,000.00	\$ 66,000.00
Physicians in Rural Areas	1,911	\$ 14,000.00	\$ 76,670.00	\$ 90,670.00	1,930	\$ 14,000.00	\$ 76,670.00	\$ 90,670.00
Totals:	14,537	\$ 1,084,006.00	\$ 76,670.00	\$ 1,160,676.00	17,385	\$ 1,084,006.00	\$ 1,325,420.00	\$ 2,409,426.00

FAMILY PLANNING VISITS AND CLIENTS

JULY 1, 2006 TO JUNE 30, 2007

FP CONTRACTOR	FY 2007 TOTAL	
	VISITS	CLIENTS
HAWAII		
Bay Clinic	2,600	1,864
Hamakua Health Clinic	1,189	680
UH-Hilo Health	1,513	839
Waimea Women's Center	101	69
KAUAI		
Kauai Health Community Health Center	424	293
Kauai CC Wellness Center	367	180
MAUI		
Community Clinic of Maui	1,281	914
Hana Community Health Center	7	5
Maui CC Health Center	243	131
UpCountry Medical Center	51	31
Molokai General Hospital	1,718	669
Straub Lanai Family Health Center	31	22
OAHU		
Bernard Giorgio, MD	35	26
Kalihi-Palama Health Center	2,622	1,508
Kapiolani Medical Center	170	117
Kokua Kalihi Valley Comp. Family Services	1,476	765
Koolauloa Health Center	656	406
Leeward CC Health Center	111	62
William McKenzie	17	16
Physician's Center	413	214
Planned Parenthood	7,238	5,004
Queen Emma Clinic	1	1
UH-Manoa	232	199
Waikiki Health Center	283	276
Waimanalo Health Center	376	247
TOTAL	23,155	14,538

FAMILY PLANNING SERVICES

7/1/2006 to 6/30/2007

PREGNANCY TEST RESULT

	# Clients	# Visits	% Visits	Visits per Clients
Positive - Planned	304	346	4.30%	1.1
Positive - Unplan, Method Fail	313	369	4.60%	1.2
Positive - Unplan, No Method	1,406	1,701	21.30%	1.2
Negative -Planned	686	1,204	15.10%	1.8
Negative -Unplanned	2,425	4,294	53.90%	1.8
Unknown	40	57	0.70%	1.4
Total	5,174	7,971		

PRIMARY CONTRACEPTIVE METHOD

	# Clients	# Visits	% Visits	Visits per Clients
Abstinence	290	420	1.80%	1.4
Cervical Cap/Diaphragm	7	11	0.00%	1.6
Condoms	2,981	4,473	19.30%	1.5
Contraceptive Sponge	5	10	0.00%	2
Hormonal Implant	27	35	0.20%	1.3
Hormonal Patch	159	398	1.70%	2.5
Injections	1,554	3,678	15.90%	2.4
IUD	286	406	1.80%	1.4
Oral Contraceptive	5,131	8,279	35.80%	1.6
Spermicide (used alone)	6	6	0.00%	1
Vaginal Ring	287	580	2.50%	2
Vasectomy	16	18	0.10%	1.1
Female Surgical Sterilization	191	225	1.00%	1.2
Fertility Awareness Method	29	36	0.20%	1.2
Other Female Method	81	99	0.40%	1.2
Other Male Method	6	7	0.00%	1.2
No Method	3,482	4,474	19.30%	1.3
Total	14,538	23,155		

REASONS FOR NO METHOD

	# Clients	# Visits	% No Method Visits	Visits per Clients
Currently Pregnant	1,963	2,355	52.60%	1.2
Seeking Pregnancy	304	479	10.70%	1.6
Relying on Female Partner	8	8	0.20%	1
Relying on Male Partner	109	132	3.00%	1.2
Other Reason	1,098	1,500	33.50%	1.4
Total	3,482	4,474		

FAMILY PLANNING SERVICES

7/1/2006 to 6/30/2007

TYPE OF VISIT

	# Clients (Last Visit)	# Visits	% Visits	Visits per Clients
Comprehensive Exam	4,745	6,661	28.8%	1.4
Routine FP Visit	8,589	14,705	63.5%	1.7
FP Procedure	906	1,349	5.8%	1.5
FP Education	302	427	1.8%	1.4
Total		23,142	100.0%	

MEDICAL SERVICES

	# Clients (Last Visit)	# Visits	% Visits	Visits per Clients
BP Screening	13,470	21,383	23.1%	1.6
Clinical Breast Exam	4,596	6,466	7.0%	1.4
Pelvic Exam	5,004	7,154	7.7%	1.4
PAP Smear	4,514	6,366	6.9%	1.4
Testicular Exam	66	79	0.1%	1.2
Emergency Contraceptive	1,554	2,593	2.8%	1.7
Pregnancy Tests	5,391	8,293	9.0%	1.5
HIV/STD Screening	3,972	5,754	6.2%	1.4
Chlamydia Screening	3,884	5,622		1.4
Gonorrhea Screening	3,809	5,506		1.4
HIV-Confidential Screening	66	80		1.4
Syphilis Screening	81	116		1.2
STD Treatment	290	455	0.5%	1.6
Cervical/Diaphragm Fitting	1	2	0.0%	2
IUD Insertion/Remova	101	160	0.7%	1.6
Implant Insertion/Remova	22	26	0.1%	1.2
FP Ed/Counseling	13,087	21,162	22.9%	1.6
HIV/STD Ed/Counseling	10,764	17,041	18.4%	1.6
HIV Results/Counseling	1,272	2,007	2.2%	1.6
Infertility/Level One	6	9	0.0%	1.5

Family Planning Community Health Education and Outreach Services

FY 2007 All Providers																					
No.	Year	Agency	Total Contacts		Schools				Clubs				Clinics				Abstinence				
			Direct	Indirect	Prg	M	F	Total	Prg	M	F	Total	Prg	M	F	Total	Prg	M	F	Total	
1	2006	Bay Clinic	2,445	8,400	53	861	1,063	1,924	13	92	79	171	1	0	18	18	0	0	0	0	
2	2006	Brann, Joy	1,080	16,820	3	80	104	184	1	8	6	14	0	0	0	0	13	287	331	618	
3	2006	CC Maui	175	690	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4	2006	CFS-Kona	856	8,594	8	175	255	430	7	103	115	218	1	50	58	108	0	0	0	0	
5	2006	Hamakua	1,823	7,360	106	833	824	1,657	1	52	48	100	0	0	0	0	0	0	0	0	
6	2006	Ho'ola Lahui	526	2,190	4	55	72	127	2	37	33	70	1	92	93	185	2	6	54	60	
7	2006	Kalihi-Palama	2,469	3,425	2	30	30	60	1	6	4	10	9	90	1,200	1,290	0	0	0	0	
8	2006	Kapiolani	927	99,520	6	79	83	162	4	0	26	26	4	40	87	127	4	27	195	222	
10	2006	Kauai Rural	1,917	4,865	3	0	58	58	3	44	52	96	0	0	0	0	27	575	597	1,172	
11	2006	KKV	3,834	6,210	22	290	443	733	75	255	1,491	1,746	48	130	420	550	10	45	140	185	
12	2006	Koolauloa	1,199	7,325	4	174	226	400	0	0	0	0	0	0	0	0	11	122	154	276	
13	2006	Molokai	2,358	16,900	5	158	289	447	4	2	95	97	3	243	946	1,189	0	0	0	0	
15	2006	Planned PH	3,813	193,456	149	1,384	1,590	2,974	5	3	23	26	0	0	0	0	0	0	0	0	
18	2006	UH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	2006	Waikiki	1,798	1,332	7	211	152	363	16	148	39	187	0	0	0	0	0	0	0	0	
20	2006	Waimanalo	1,285	54,750	161	272	231	503	0	0	0	0	442	5	353	358	0	0	0	0	
21	2006	WCCHC	2,643	7,700	6	419	693	1,112	3	0	90	90	4	0	35	35	0	0	0	0	
22	2006	Waikiki - YO	3,135	1,167	7	260	246	506	24	228	27	255	0	0	0	0	0	0	0	0	
			32,283	440,704	559	5,281	6,082	11,363	159	978	2,128	3,106	513	650	3,210	3,860	67	1,062	1,471	2,533	

No.	Year	Agency	Hard to Reach				Special Populations				Others				Total Prgs	Tests			Fairs/Exhibits	
			Prg	M	F	Total	Prg	M	F	Total	Prg	M	F	Total		ALL	#	%	No.	Exp
1	2006	Bay Clinic	7	71	64	135	2	52	42	94	3	73	30	103	79	2,406	2,382	1	4	2,950
2	2006	Brann, Joy	17	62	72	134	6	0	58	58	5	10	62	72	45	397	345	1	0	0
3	2006	CC Maui	72	56	119	175	0	0	0	0	0	0	0	72	0	0	0	6	690	
4	2006	CFS-Kona	2	5	7	12	4	48	40	88	0	0	0	22	639	588	1	10	2,094	
5	2006	Hamakua	3	34	24	58	1	5	3	8	0	0	0	111	627	582	1	8	1,820	
6	2006	Ho'ola Lahui	1	0	14	14	1	35	35	70	0	0	0	11	0	0	0	3	740	
7	2006	Kalihi-Palama	0	0	0	0	4	371	738	1,109	0	0	0	16	0	0	0	8	2,325	
8	2006	Kapiolani	5	1	6	7	10	13	105	118	9	33	232	265	42	0	0	0	0	0
10	2006	Kauai Rural	38	7	50	57	1	0	60	60	274	5	469	474	346	927	927	1	6	1,665
11	2006	KKV	13	20	95	115	30	50	230	150	30	60	165	225	228	308	304	1	6	2,150
12	2006	Koolauloa	5	242	277	519	0	0	0	65	1	1	3	4	34	370	352	1	14	825
13	2006	Molokai	5	204	266	470	4	30	35	65	2	60	30	90	23	392	371	1	16	4,700
15	2006	Planned PH	2	6	15	21	4	18	36	54	9	268	470	738	169	84	48	1	15	3,875
18	2006	UH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	2006	Waikiki	26	227	142	369	0	0	0	0	1	558	321	879	50	33	31	1	2	175
20	2006	Waimanalo	404	156	248	404	0	0	0	0	20	0	20	20	1,027	6	6	1	22	38,750
21	2006	WCCHC	9	530	645	1,175	7	47	54	101	6	75	55	130	35	1,030	981	1	2	4,000
22	2006	Waikiki - YO	56	238	109	347	0	0	0	0	2	519	1,508	2,027	89	51	47	1	0	0
			665	1,859	2,153	4,012	74	669	1,436	2,105	362	1,662	3,365	5,027	2,399	7,270	6,963	1	122	66,759