HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
Honolulu Subarea Health Planning Council

Meeting Minutes

Thursday, July 14, 2022
12:00 Noon Hawaii Time
Virtual Zoom Meeting and Physical Location at
The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS:	Tori Abe Carapelho, Katherine Finn Davis, Collette Kon, Hilary Okumura, Charlene Takeno
MEMBERS ABSENT:	Wesley Sumida
GUESTS:	Donna Butterfield, Karen Holt, Paul Roeder, Fred Shaw, Malia Tallett
SHPDA:	Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	6/3/2021	7/1/2021	11/4/2021	12/2/2021	2/3/2022	3/3/2022	4/14/2022	5/12/2022	6/9/2022	7/14/2022
Tori Abe Carapelho**	X	O	X	X	X	X	X	X	X	X
Katherine Finn Davis*	X	X	X	X	X	X	X	X	X	X
Colette Kon	X	X	O	X	O	X	X	O	O	X
Hilary Okumura	X	X	O	X	O	X	O	X	O	X
Wesley Sumida	X	X	X	X	X	X	X	X	X	O
Charlene Takeno	-	-	X	O	X	X	X	X	X	X

Legend: X=Present; O=Absent; /=No Meeting
*-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 12:01 p.m. by K. Finn Davis, Chair, HONSAC presiding.	
Row Call/Introductions	Member Roll Call and Guest Introductions.	
Public Testimony	There was none.	
Meeting Minutes	The minutes of the June 9, 2022 meeting was reviewed and unanimously approved.	
Administrator's Report	The Administrator's Report was distributed and reviewed.	
Subarea Health Planning Council Priorities by Geographic Area HCSAC-Hawaii County Subarea Health Planning Council KCSAC-Kauai County Subarea Health Planning Council TISAC-Tri-Isle Subarea Health Planning Council WOSAC-West Oahu Subarea Health Planning Council WISAC-Windward Oahu Subarea Health Planning Council HONSAC-Honolulu Subarea Health Planning Council	W. Nihoa, presented each SAC's Priorities as written in the 2009 State of Hawaii Health Planning and Facilities Plan, Chapter 3: Statewide and Regional Priorities (Pages 33-38). There was a request to attach the priorities to the minutes. The SAC Priorities (By Region) are hereby attached as "Attachment A" to these minutes and may also be accessed via https://health.hawaii.gov/shpda/files/2013/07/shhsfp09.pdf. There was a discussion on SAC Priorities. It was pointed out that many of the SACs are addressing the same issues and the potential for working together but tailoring to the specific SAC geographical area. The SACs with representation proceeded to share their short/long term goals: HONSAC (K. Finn Davis). Short term goal: Health Literacy, Long term goal: Nursing Shortage. TISAC (K. Holt). Focus is on systematic issues such as education, environmental, homelessness. Reference made to the "Regional Health Priorities-Maui County" presentation at the May 13, 2022 TISAC meeting, by Dr. Lorrin Pang, District Health Officer, Maui County. K. Holt suggested sharing the notes provided by Dr. L. Pang. The notes, Regional Health Priorities-Maui County, are hereby attached as "Attachment B" to these minutes.	

	HCSAC (M. Tallett). Current focus is on the Public Service Announcements to teach people how to access healthcare, difference types of healthcare, when to access various types of care (emergency, urgent, primary care physician), and how to navigate the system of care. Links will be shared with anyone who is interested. WOSAC. Present members were not familiar with short/long term goals of the WOSAC. WISAC. No members were present. KCSAC. No members were present. Next Steps (K. Finn-Davis). Teasing out SAC priorities and identifying commonalities.	
Public Testimony	There was none.	
Announcements	SHPDA: Sunshine Law Update. H.B. 2026, H.D. 2, S.D. 2 signed by Governor Ige on July 8, 2022 and went into effect as Act 264. Requires boards to implement changes to the Sunshine Law's oral testimony and board packet deadlines. For oral testimony, the bill prohibits boards from taking oral testimony only at the beginning of the board's agenda; board packets must be made available for public inspection in the board's office no later than 48-hours before the meeting time.	
Next Meeting/Agenda	August 11, 2022, 12:00 noon. Agenda topics: Speaker from the Executive Office on Aging; New member recruitment discussion.	W. Nihoa to confirm speaker from the Executive Office on Aging.
Adjourn	The meeting was adjourned at 12:59 p.m.	

Excerpt from the 2009 State of Hawaii Health Planning and Facilities Plan, Chapter 3: Statewide and Regional Priorities (Pages 33-38)

Chapter 3: Statewide and Regional Priorities

Statewide Health Coordinating Council (SHCC) Priorities

General Principles

1. Promote and support the long-term viability of the health care delivery system
2. Expand and retain the health care workforce to enable access to the appropriate level of care in a timely manner
3. Ensure that any proposed service will at least maintain overall access to quality health care at a reasonable cost
4. Strive for equitable access to health care services (i.e., remove financial barriers, increase availability of physicians)
5. Ensure all projects are appropriate for the regional and statewide continuum of care
6. Encourage and support health education, promotion, and prevention initiatives
7. Expand awareness of available human, financial, programmatic resources

Specific Health Areas of Concern

1. Ensure capacity and access to a continuum of long-term care services
2. Establish a statewide emergency and trauma system
3. Ensure capacity and access to primary care services
4. Increase and improve access to mental health programs, services, and education
5. Increase and improve access to substance abuse programs, services, and education

Subarea Health Planning Council (SAC) Priorities

HAWAII COUNTY/HAWAII SUBAREA PLANNING COUNCIL (HSAC)

In determining its priorities, HSAC notes that Hawaii, as compared to the rest of the State, has the:

- Highest growth rate of resident population due to in-migration
- Highest growth rate of older adults (60+) between 1980 and 2000
- Lowest life expectancy
- Highest coronary heart disease death rates
- Highest cerebrovascular disease death rates
- Highest cancer death rates
- Highest motor vehicle accident death rates

The following are the HSAC priorities:

1. PROVIDER (WORKFORCE) SHORTAGE: Increase the number of and retention of the health care workforce. This includes but is not limited to:
   - Primary care providers
   - Specialty care providers

- Dentists
- Long term care workers
- Nurses
- Allied health professionals

2. FACILITIES SHORTAGE: Increase the number of and improve the access to and the quality of health care facilities.

3. LONG-TERM CARE SHORTAGE: Expand the capacity of and improve the access to long term care facilities and home and community-based services.

4. PREVENTION: Address high risk health indicators through education, prevention, and treatment strategies.

KAUAI COUNTY/KAUAI SUBAREA HEALTH PLANNING COUNCIL

1. COMPREHENSIVE SYSTEM OF CARE
   - Strive for a Kauai system of comprehensive care , continuously improving and providing affordable health care services – prenatal to death
   - Promote island sustainability and local control of Kauai health services
   - Increase the supply of residential and in-home care options for seniors at all economic levels
   - Resolve the long term care waitlist problems at hospitals
   - Improve accessibility to medical services on island as soon as feasible (i.e., radiation treatment, interventional catheterization)
   - Support a responsibility that health service providers establish charity care/sliding-fee policies
   - Advocate for cultural relevancy and patient and family satisfaction with provider quality and user-friendly procedures/processes
   - Support efforts which: 1) sponsor students to pursue careers in health: nursing; physical therapy; home health; geriatrics, medicine, etc.; and 2) recruit and retain personnel in areas of health care experiencing shortages who will live on Kauai

2. EMERGENCY SERVICES
   - Minimize life-threatening time delays of emergency vehicles responding to 911 calls such as narrow lanes, no shoulder roads and grid-locked traffic on major state/county roads that obstruct emergency access and create a high-risk of triggering traffic accidents.
   - Establish an ambulance station in the Kalaheo district due to the planned increase of 6,000 residential units in the area.
   - Review the on-going stability and effectiveness of air/ground ambulance and emergency room services, due to Kauai's total dependency and vulnerability for time-sensitive Oahu medical services.

3. COMMUNITY AWARENESS, PREVENTION AND EARLY INTERVENTION
   - Increase community education and awareness of drug and alcohol abuse and chronic diseases (i.e., Type I diabetes) in schools and small business workplaces. Prevention and early intervention: Develop teen centers.

HONOLULU COUNTY

HONOLULU (HONSAC) PRIORITIES

1. Increase the availability of long-term care services and other supportive services.
   - Long-term care services include nursing homes, assisted living facilities, skilled nursing facilities, home and community-based services and hospice services.
   - Supportive services help maintain the quality of life and include housing, transportation, nutrition, and social support for independent living.

2. Support efforts to promote scientifically-based nutritional health knowledge within the community for the development of healthy living lifestyles for all.

3. Identify and address workforce shortages in the health care industry with particular emphasis on senior care services.

4. Control escalating costs in the senior care industry and other needed services. For example, reduce the need for institutionalized care.

WEST OAHU SAC PRIORITIES

1. IMPROVE AND INCREASE ACCESS
   - Acute care
   - Critical care
   - Specialty care
   - Emergency care options
   - Routine outpatient diagnostic services (i.e., blood pressure, urinalysis)
   - Geriatric services (home and community based) to keep older adults out of institutions
   - Nursing home beds
   - Mental health services
   - Substance abuse services
   - Services for uninsured and underinsured
   - Telemedicine

2. INCREASE COMMUNITY ENGAGEMENT
   - Raise dialog of health issues in the community (neighborhood boards, businesses, providers, schools)
   - Develop partnerships between various organizations in the community to support health care activities (University of Hawaii-West Oahu/Leeward, neighborhood boards, community associations, focal points) and increase utilization

3. IMPROVE EDUCATION AND INCREASE PREVENTIVE MEDICINE
   - Health education for chronic disease (i.e., hypertension, diabetes, asthma) to ensure cost savings
   - Community preventive health campaigns (obesity/chronic disease, screenings, nutrition)

- Establish preventive care programs at John A. Burns School of Medicine and other institutions that can be taken out into community (i.e., kidney screenings, diabetic screenings)

WINDWARD SAC PRIORITIES

1. IMPROVE BED AVAILABILITY: Improve the hospital bed availability through timely transfer of ready patients to appropriate levels of care.
   - Examples include the transfer of an acute care patient to a long term care facility or for specialized continued treatment.

2. HAVE ADEQUATE ACCESS: Have adequate access to and from the facilities of care or to medical information using emerging technologies.
   - Examples of emerging technologies include telemedicine, remote monitoring, online medical information or similar technology solutions.

3. EDUCATION AND PREVENTION: Through collaborative partnerships, improve health with easily accessible education and prevention.
   - Example of disease areas should include obesity, diabetes, cancer, dental and mental health.
   - Examples of easily accessible education include partnering to provide the end user with an easy navigation of the health care system. The end user includes the patient, advocates, facilities or physicians.

MAUI COUNTY/TRI-ISLE SAC

1. PREVENTIVE MEDICINE[1]
   - Establish health promotion and disease prevention as a primary focus while promoting personal responsibility for optimal health.
   - Expand resources (human, financial, and programmatic) for education, disease prevention, and complementary medicine[2] practices and integrating complementary medicine definitions in the HSFP.

2. HOME AND COMMUNITY-BASED SERVICES[3]
   - Address the immediate shortages of long term care beds and services
   - Increase home and community-based services and bed supply including nursing facilities, foster families, assisted living, and adult residential care homes
   - Promote the paradigm shift of long term care -- the notion that home and community-based services encompasses more than nursing facilities
   - Investigate public and private partnerships to ensure optimal, cost effective, and quality care
   - Streamline requirements and eliminate barriers for establishment of home and community-based services in the community
   - Provide for and educate an adequate supply of home and community-based services workers to meet demand
   - Optimize reimbursement through Medicare, Medicaid, and third party insurers
   - Expand/create programs to provide accessibility for low income individuals to home and community-based services

- Create a formula for distributing public funds toward alternative home and community-based services and conduct regular bi-annual evaluations

3. PRIMARY, ACUTE, AND EMERGENCY SERVICES
   - Improve access to mental health services for all citizens from cradle to grave
   - Improve timely access to dental services for uninsured/underinsured populations
   - Recruit and educate an optimal supply of health care workers to meet demand
   - Create innovative incentive programs to retain all health care workers
   - Provide community-based emergency and health care services to underserved communities, such as:
     - Establishing an aero-medical network of services that responds to all areas
     - Providing telemedicine throughout the county
     - Providing 24-7 pharmacy services throughout the county
   - Provide adequate number of acute care beds throughout the county
   - Expand and integrate complementary medicine
   - Optimize reimbursement through Medicare, Medicaid, and third party insurers
   - Support Tort Reform efforts (public policy and legislation that addresses the cost of medical malpractice premiums)
   - Promote high quality, modern, and complementary medicine obstetric practices[4]
   - Modernize facilities via construction, reconstruction and/or replacement
   - Create innovative solutions for making Hawaii health care systems responsive to community needs by recognizing efficient and inefficient facilities and services and exploring capital partnerships, joint ventures, consolidations, and other financial arrangements
   - Investigate public and private partnerships to ensure optimal, cost effective, and quality care
   - Offer State and County tax credits for consumers and providers of needed services
   - Establish a medical residency program in Maui County

4. RURAL AREAS (HANA, LANAI, AND MOLOKAI)
   - Develop and implement culturally appropriate comprehensive health care plans (e.g., elderly care program) for rural areas with input from and collaboration with existing service providers and community stakeholders
   - Modernize facilities and equipment
   - Increase access to primary care and specialty services (i.e., hemodialysis unit in Hana)
   - Provide incentives for attracting and retaining primary and specialty care providers

5. ENVIRONMENTAL MEDICINE[5]
   - Assure air and water quality standards are monitored and met
   - Continue to monitor genetically modified organisms (GMO) impact studies[6]

6. DISASTER PREPAREDNESS
   - Develop a comprehensive Maui County Disaster Plan that interfaces and collaborates with Federal and State programs
   - Provide adequate supply of disaster preparedness workers to meet demands
   - Increase awareness of personal responsibility in disaster preparedness through public awareness and education programs/activities

ENDNOTES

[1] Preventive medicine: The branch of medical science concerned with the prevention of disease and the promotion and preservation of physical and mental health through the study of the etiology and epidemiology of disease processes.

[2] Complementary medicine: A group of diagnostic and therapeutic disciplines that are used together with conventional medicine. Comprised and not limited to:

a. Biologically based practices use substances found in nature, such as herbs, special diets, or vitamins (in doses outside those used in conventional medicine).
b. Energy medicine involves the use of energy fields, such as magnetic fields or biofields (energy fields that some believe surround and penetrate the human body).
c. Manipulative and body-based practices are based on manipulation or movement of one or more body parts.
d. Mind-body medicine uses a variety of techniques designed to enhance the mind's ability to affect bodily function and symptoms.

[3] Home and community-based services (HCBS): Services that are provided to people in their homes by various types of providers. HCBS may include services such as case management, minor home modifications, home delivered meals, chores, personal care, assisted transportation, and personal emergency response systems.

[4] The Steps to a Mother Friendly Hospital are detailed in: http://www.motherfriendly.org/MFCI/steps.html (introduced in 1996). The Steps to a Baby Friendly Hospital are detailed in: http://www.babyfriendlyusa.org/eng/10steps.html (introduced in 1991).

[5] Environmental medicine: A multidisciplinary field involving medicine, environmental science, chemistry and other related areas. The scope of this field involves studying the interactions between the environment and human health, impact of environmental factors on the cause of diseases including chemical, physical and biological agents.

[6] Genetically modified organism (GMO): A GMO is an organism whose genome has been altered by the techniques of genetic engineering so that its DNA contain one or more genes not normally found there. A high percentage of food crops, such as corn and soybeans, are genetically modified.

Lorrin Pang's list of urgent public health issues for Maui county.
Summary of presentation to Tri-Isle committee by Zoom second week of May 2022.

1. Public Education. "Disinformation" is being judged by those who do not know science. Two gross errors have been supported by this Government Disinformation Board in the past 2 days (100 million cases expected in the US in the fall and winter and Vaccines were not available until Pres Biden took office).

   It may be adequate for historical accounts what is the truth, but for science especially for health and public health there will always be built in uncertainty with any claims. For example a vaccine "works" but the efficacy might be 70% plus or minus 15%. Thus there will always be errors of over-interpreting and under-interpreting findings when action needs to be taken. Furthermore for COVID the claims (with uncertainty) are time and local sensitive due to rapidly changing variants. The public needs to understand this if we are willing to dialog with them.

2. COVID will continue to plague the world and Hawaii (because of our tourism dependency) for a long time. This is due to the high rate of emerging variants and the lack of a worldwide coordinated effort to control the disease quickly and uniformly. It is the world's high travel rate which affords a continuous, ample target of population for the virus to find hosts whose immunity has waned. While it may be true that over time a fixed genetic strain of a germ will attenuate to be less virulent to its human host, when there are a high number of variants each new variant can start off as highly virulent – and when it attenuates it is quickly replaced by a new variant.

3. There are environmental issues which threatened our drinking water systems. One threat is nitrate levels in ground water from long standing cesspool contamination. The other is jet fuel contamination of Oahu's aquifer. Even if the contamination is stopped immediately it may be decades before the subsoil is cleared of pollutants enough to stop contamination of the aquifer. Treatment of the ground water is complex and costly for both nitrates and jet fuel's components (aromatics and aliphatic).

4. Homelessness is largely driven by issues of behavioral health (mental illness, substance abuse (opiates and vaping) and domestic violence) and worsened by inflation and housing shortages. The costs are beginning to show up as ER and urgent clinic visits for complicated (once preventable) medical conditions. Diabetes, hypertension, and oral hygiene present for treatment at more severe levels.

5. Finally, those in health care need to use a tool not emphasized in schools of Medicine nor Public Health. The principle is health economics, which is best referred to as the "bang for the buck (of an intervention)". The topic can be very complicated, but a basic approach and principles need to be covered so that small programs as well as large ones can estimate the bang for the buck (return on investment, ROI). Politicians and funding

agencies need to be conversant in the topic. A few key issues using the above topics highlighted why health economics is different than banking.

a. Health Economics often operates in the red and a positive ROI could be one that starts a new intervention resulting in a "less red" cost to society. It looks at incremental costs of changes – and a useful approach is cost minimization….for the same outcome can we do it at less cost?
b. While we say an ounce of prevention is worth a pound of cure, some bad prevention programs can actually have a negative ROI.
c. We consider the ROI to all of society first. Then if it is positive we can determine who invests and who saves so that there are shared returns as incentive for everyone to continue participating. For mental health issues, housing might allow for routine site visits to prevent ER visits. While this saves hospitals money, if some of those saving are not returned to the housing programs this system will not be sustainable.

   A realtor once claimed he had an infinite ROI by using others money to fund the investment and he would share in the returns. This is NOT a principle of health economic. But what is tantalizing is that infinite ROI might be attained by stop doing (near zero investment) wasteful public health practices.
d. There might be initial "low hanging fruit' for any program with high ROI for minimal investments. After this there might be diminishing returns and the savings should be used to cross "silos" and address low hanging targets of other programs.
e. All things being equal (absolute ROI and risk) the faster the return the more valuable the program since the savings (assumed positive) can be reinvested in the program with a compounding effect. An example are some elderly fall prevention programs with rapid returns immediately after the interventions. Within a few years of compounding returns the savings can go to fund programs with less attractive (or slower) ROI's. We published a malaria program in Brazil with an ROI of about 9:1 over the first 4 months. Compounded over a year the ROI would be about 700:1.
f. Even when there are ethical issues which forever operate in the red (say elderly care) there are savings to be had if the same outcomes can be achieved at lower costs (again, cost minimization). One might be tempted to just cut services, but as long as there is society's "willingness to pay" there might be savings to be had.
g. There might be ethical issues as one initially pursues low hanging fruit of the highest/fastest ROI's. For example, the highest ROI for homeless are those who abuse the ER's rather than the working homeless who don't abuse the ER's. So if all the initial housing went to the former group, workers would complain that their good behavior has gone unrewarded. Or that bad behavior is being rewarded.

There are many other points for health economics and Sen Baker used to ask me to present to groups in Maui (Rotary clubs, etc) on this topic. And I do still have the presentations.