



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

Meeting Minutes
March 14, 2023
2:00 PM Hawaii Time

Virtual Zoom Meeting and Physical Location at the
 Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Jen Chahanovich, Jillian Kelekoma, Nicholas Pananganan.
 MEMBERS ABSENT: None.
 GUESTS: David Walker.
 SHPDA: Wendy Nihoa.

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	3/18/21	6/17/21	9/16/21	11/18/21	1/20/22	3/17/22	6/20/22	8/18/22	2/14/23	3/14/23
Jen Chahanovich	X	X	X	O	O	X	X	X	O	X
Jillian Kelekoma*	X	X	X	X	X	O	X	X	X	X
Nicholas Pananganan**	X	X	O	X	X	O	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 2:00 p.m. with J. Kelekoma, Chair, KCSAC presiding.	
Row Call/Introductions	Members, guest, and staff introduced themselves.	
Meeting Minutes	The minutes of the February 14, 2023 meeting was reviewed and unanimously approved. Call for public testimony – none.	
Administrator’s Report	The Administrator’s Report was distributed and reviewed.	
KCSAC Member Recruitment	Members reported difficulty recruiting new members. Goal remains to create a diverse group of individuals with various backgrounds and experiences. Members will continue recruitment efforts. W. Nihoa will follow up with D. Walker, guest to provide additional information on the State Health Planning and Development Agency and joining the KCSAC. W. Nihoa also mentioned a “SHPDA Membership Nomination Form” to assist in recruitment activities. A copy of the form is attached to these minutes. Call for public testimony – none.	All members to continue recruitment.
Community Healthcare Needs Assessment Project	J. Kelekoma, Project Lead, reported difficulty scheduling interviews with various programs; remains involved with Kauai Emergency Medical Services and the Kauai Fire Department. Purpose of interviews is to collect data to further assess community health care needs to inform KCSAC priorities and future projects. A report of data and findings thus far will be drafted. Call for public testimony – none.	J. Kelekoma and W. Nihoa to draft report.

Announcements/Other Matters	If members are solicited for support on a Certificate of Need application, check with the Ethics Commission before responding.	
Next Meeting/Agenda	Suggestion to move meeting frequency to every other month, instead of monthly. Members unanimously agreed. May 9, 2023 @ 2:00 p.m. Suggested Speaker: Lysande (Keiko) Sagawa-Pananganan, Health Academy Lead, Waimea High School on "Waimea High School's Contribution to Health Care on Kauai".	
Adjourn	The meeting was adjourned at 2:16 p.m.	

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
Council/Committee/Task Force Nomination Form

Nominator's Name: _____

Nominee Information:

Name: _____

Title (if applicable): _____

Affiliation (if applicable) _____

Email Address: _____

Phone Number(s): _____

Other Contact Info: _____

Indicate the Council(s)/Committee(s) for which you are making this nomination:

- | | |
|---|---|
| <input type="checkbox"/> Statewide Health Coordinating Council (SHCC)* | <input type="checkbox"/> Kauai County Subareas Health Planning Council* |
| <input type="checkbox"/> Tri-Isle Subarea Health Planning Council* | <input type="checkbox"/> West Oahu Subarea Health Planning Council* |
| <input type="checkbox"/> Windward Subarea Health Planning Council* | <input type="checkbox"/> Honolulu Subarea Health Planning Council* |
| <input type="checkbox"/> Hawaii County Subarea Health Planning Council* | |

Statewide Health Coordinating Council Plan Development Committee (PDC)**

PDC Subcommittees:

- | | |
|---|--|
| <input type="checkbox"/> Acute Care Service Technology*** | <input type="checkbox"/> Data and Service Gap Areas*** |
| <input type="checkbox"/> Long Term Care Services*** | <input type="checkbox"/> Behavior Health*** |
| <input type="checkbox"/> Primary Care Services*** | <input type="checkbox"/> Substance Use Disorder*** |
| <input type="checkbox"/> Health Disparities*** | <input type="checkbox"/> Workforce*** |

**Governor Appointed Position
**SHCC Appointed Position
***PDC Appointed Position*

Why the nominee would be a good candidate for the position(s) indicated above (use space on back if needed):

Is the nominee aware of this nomination? Yes No

Has the nominee expressed interest? Yes No

Thank you

For office use:

- Confirmed Interest _____
- Not interested at this time.
- Info on Application Process Provided _____
- Application Submitted on _____

Notes: