



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

**Meeting Minutes**

August 10, 2023

12:00 Noon Hawaii Time

Virtually via Zoom and Physical Meeting Location at  
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

**MEMBERS:** Tori Abe Carapelho, Katherine Finn Davis, Hilary Okumura

**MEMBERS ABSENT:** Wesley Sumida, Charlene Takeno

**GUESTS:**

**SHPDA:** Wendy Nihoa

**ATTENDANCE RECORD OF APPOINTED MEMBERS**

<b>Date</b>	8/11/2022	9/8/2022	12/8/2022	2/9/2023	3/9/2023	4/13/2023	5/11/2023	6/8/2023	7/13/2023	8/10/2023
Tori Abe Carapelho**	X	X	X	X	X	X	O	O	X	X
Katherine Finn Davis*	X	X	X	X	X	X	X	X	X	X
Hilary Okumura	O	O	X	O	X	X	X	X	O	X
Wesley Sumida	O	X	X	O	X	O	O	O	O	O
Charlene Takeno	X	X	X	X	X	X	X	X	X	O

Legend: X=Present; O=Absent; /=No Meeting

\*-Chair, \*\*-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 12:16 p.m. by K. Finn Davis, Chairperson, HONSAC presiding.	
Roll Call	Member and Staff introductions.	
Meeting Minutes	The minutes of the July 13, 2023 meeting were reviewed and unanimously approved. Call for public testimony – none.	
Administrator’s Report	The Administrator’s Report was distributed and reviewed.	
State Health System Reform Planning Update	W. Nihoa on behalf of J. Lewin provided an update. Dr. Lewin continues to meet with various leaders and stakeholders. Will be updating the “Hawaii the Health State 2025” vision paper to incorporate feedback received from stakeholders. A short discussion followed. Call for public testimony – none.	
HONSAC Priorities	The HONSAC priorities were reviewed. Thereafter, HONSAC members each shared their top three priorities. The top three recurring priorities were (in no specific order): (1) Health Care Workforce Shortage; (2) Education on various aspects of health care; and (3) Caregiver Support. W. Nihoa mentioned the Statewide Health Coordinating Council will be providing a standard criteria and process to help the Subarea Health Councils update/select their priorities. Call for public testimony – none.	
Standing Committee Reports	Plan Development Committee (HONSAC-PDTF). T. Carapelho, Chair did not have an update as the HONSAC-PDC’s meeting was rescheduled. Membership Committee. Deferred. Statewide Health Coordinating Council (SHCC) Meeting. H. Okumura, HONSAC Representative, noted several members were appointed to the Plan Development	

	Committee at the SHCC meeting on July 20, 2023. In addition, members are being recruited to the PDC subcommittees.	
Announcements	W. Nihoa, encouraged member recruitment and use the SHPDA Nomination Form – attached to these minutes.	
Next Meeting	September 14, 2023, 12 noon.	
Agenda Items	HONSAC Priorities.	
Adjournment	The meeting was adjourned at 1:02 p.m.	

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

**Date:** \_\_\_\_\_

**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***                  |
| <input type="checkbox"/> Other: _____                     |  |

\*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:**

Date Received: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Confirmed Interest _____                   | <input type="checkbox"/> Not interested at this time.   |
| <input type="checkbox"/> Info on Application Process Provided _____ | <input type="checkbox"/> Application Submitted on _____ |

Notes: