

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 – Plan Development Committee

DRAFT

Meeting Minutes

November 20, 2023

11:00 AM Hawaii Time

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

MEMBERS: Tori Abe Carapelho, Creighton Liu, Cristina Vocalan
MEMBERS ABSENT: Katherine Finn Davis, Jodi Hashimoto
GUESTS: None
SHPDA: Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	6/22/23	8/22/23	9/21/23	10/18/23	11/20/23
Tori Abe Carapelho*	X	X	X	X	X
Katherine Finn Davis	X	O	X	X	O
Jodi Hashimoto	X	X	X	X	O
Creighton Liu	X	X	X	X	X
Cristina Vocalan	O	O	X	X	X

Legend: X=Present; O=Absent

*-Chair, **-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	The meeting was called to order at 12:02 p.m. by T. Abe Carapelho, Chairperson, Honolulu Subarea Health Planning Council-Plan Development Committee (HONSAC-PDC) presiding.	
Roll Call	Member and Staff introductions.	
Meeting Minutes	Motion to accept the minutes from the meeting on October 18, 2023. Vote: Unanimous. Motion carried.	
	Call for public testimony – none.	
HONSAC Priorities	<p>T. Abe Carapelho provided an update. The Priority Issues Selection Process – Phase 1 & 2 was presented and approved by the Plan Development Committee (PDC) on October 27, 2023. All HONSAC-PDC members were thanked for their participation in creating the process and tools that accompanied the process. T. Abe Carapelho and W. Nihoa shared the members of the PDC commended the work of the HONSAC-PDC and appreciated the simplicity and clarity of the process and tools.</p> <p>HONSAC-PDC members were invited to participate in the priority selection process for the Honolulu Subarea at the HONSAC meeting on December 14, 2023. W. Nihoa to send evite to members.</p> <p>W. Nihoa presented the information shared at the PDC meeting. An annotated version of the presentation is attached to these minutes as Attachment A.</p> <p>T. Abe Carapelho noted the HONSAC-PDC was designed to create a process to determine priorities with the goal of rolling the process out to the HONSAC. Now that this task is completed the question to dissolve this group was posed. This was followed by a discussion and a motion.</p> <p>Motion to dissolve this council post the December 14, 2023, HONSAC meeting.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Call for public testimony – none.</p>	
Announcements	Members expressed gratitude to one another.	

Next Meeting	None.	
Adjournment	The meeting was adjourned at 11:33 a.m.	

The background features several circular gauges and arrows, suggesting a process or cycle. The gauges have numerical scales, with some showing values like 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, and 260. The arrows are curved, indicating a clockwise or counter-clockwise direction. The overall color scheme is a gradient of purple and blue.

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

PRIORITY ISSUES SELECTION PROCESS

PDC Overview | October 27, 2023

Promoting accessibility for all the people of the State to quality health care services at a reasonable cost.

PRIORITY SELECTION SUMMARIZED

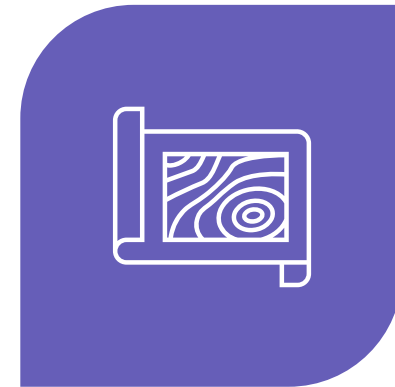


TWO PHASE PROCESS

- 1) INDIVIDUAL SELECTION OF ISSUES/PROBLEMS
- 2) COUNCIL DEBATE AND PRIORITY SELECTION



FACILITATED DURING
COUNCIL MEETINGS
DETERMINED BY CHAIR/VC



TEMPLATES

- 1) INDIVIDUAL ISSUES/CHALLENGES LIST
- 2) SELECTION CRITERIA & CONSIDERATIONS

PHASE 1

INDIVIDUAL MEMBER SELECTION OF
ISSUES/CHALLENGES



COUNCIL MEMBER RESPONSIBILITIES (EXCERPT)

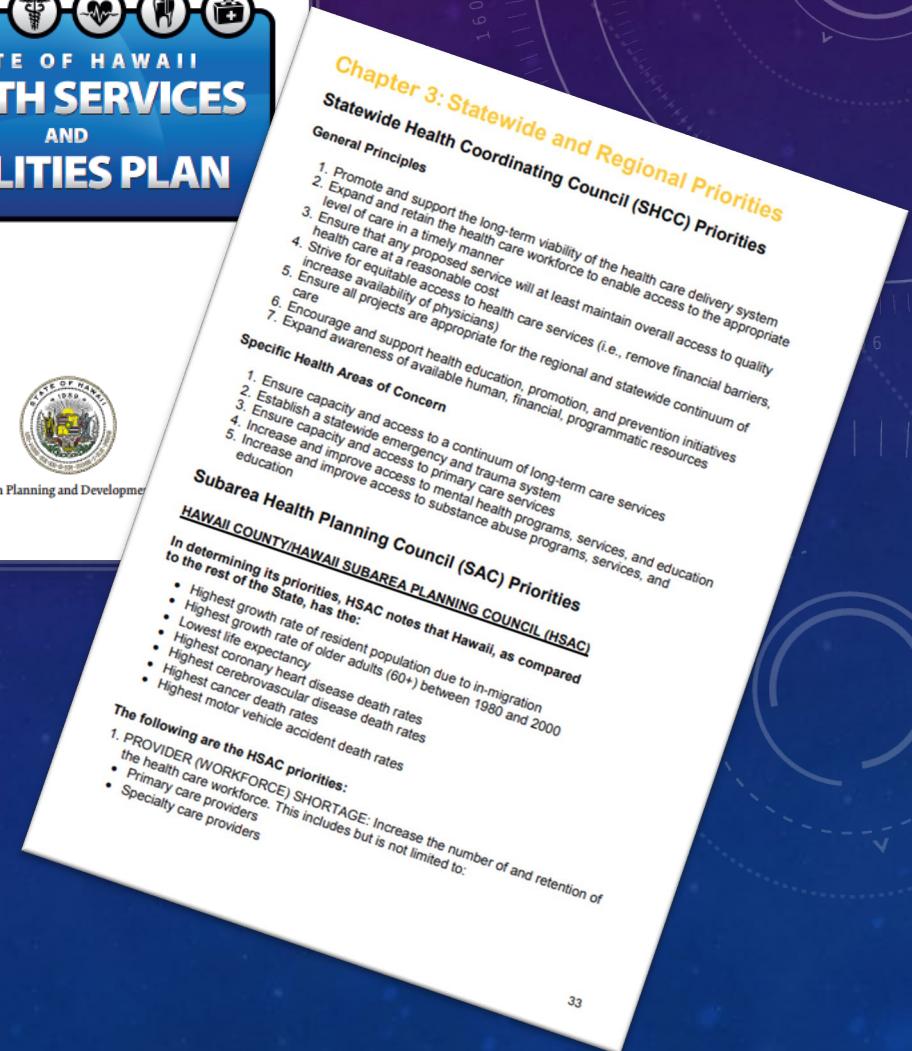
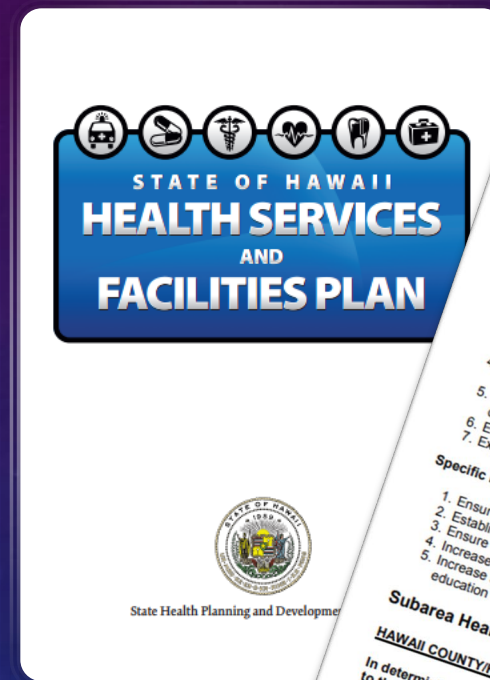
- **§323D-22 Subarea health planning councils, functions, quorum and number of members necessary to take valid action.** (a) Each subarea health planning council shall review, seek public input, and make recommendations relating to health planning for the geographical subarea it serves. In addition, the subarea health planning councils shall:
 - (1) Identify and recommend to the state agency and the council the data needs and special concerns of the respective subareas with respect to the preparation of the state plan.
 - (2) Provide specific recommendations to the state agency and the council regarding the highest priorities for health services and resources development.
 - (3) Review the state health services and facilities plan as it relates to the respective subareas and make recommendations to the state agency and the council.

CURRENT PRIORITIES

- Health Services and Facilities Plan 2009, Chapter 3: Statewide and Regional Priorities
- Identifies health care priorities by geographical areas (SACs) and statewide (SHCC)
- Utilized for health care planning (Certificate of Need)
- No previous standardized methodology for identifying priorities

FUTURE PRIORITIES

- Methodology will provide a standardized approach to identifying priorities
- Will encourage collaboration



PROCESS

1. Review current Council Priorities (2009)
2. Data Resources (Overview. Hyperlinks will be provided)
 - Guest Speaker(s) depending on timing of meeting and availability of speakers
 - Examples of Data Resources:
 - SHPDA Health Care Utilization Reports
 - Hawaii Data Warehouse
 - BRFSS
 - Hawaii Health Survey
 - HAH Reports/Laulima
 - Hawaii Primary Care Association – Hawaii Health Centers
 - Hyperlinks to Data Resources, Reports, etc., will be provided.

THEN...

PROCESS CONTINUED

3. Members will then be assigned “homework” to develop their **Individual Issues/Challenges List** with the following instructions:
 - a) Complete the Individual Issues/Challenges List.
 - b) To be completed individually; consulting or discussions with fellow board members are prohibited.
 - c) The issues/challenges listed should be those 1) you are aware of and/or 2) encountered in the region you represent.
 - d) Issues/Challenges can be wide-ranging and broad but should have a direct connection to the health care of the community in your region.
 - e) Review Data (Quantitative & Qualitative) if/when possible.
 - f) Use the **Selection Criteria and Considerations.**
 - g) A due date will be determined with submission to SHPDA.



INDIVIDUAL ISSUES/CHALLENGES LIST

1	2	3	4
#	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED AS A PRIORITY ISSUE	COMMENTS
1			
2			
3			
4			
5			

Column 1 For reference only. No significance.

Column 2 List the issue/challenge.

Column 3 Include a brief explanation as to why this is an issue in the subarea you represent. Data may be included but not required.

Column 4 Include any supporting notes, reference, etc.



SELECTION CRITERIA AND CONSIDERATIONS

#	CRITERIA	CONSIDERATIONS
1	Problem Significance	<ul style="list-style-type: none">• Magnitude: The prevalence, incidence, and extent of the problem to under its reach and impact.• Severity: The seriousness of harm caused by the problem and the number of individuals affected.
2	Feasibility and Capacity	<ul style="list-style-type: none">• Infrastructure and Existing Resources: The current resources, systems, and limitations in addressing the problem.• Community Engagement. The community's willingness to participate, engage and support.
3	Impact and Consequences	<ul style="list-style-type: none">• Unintended Consequences. Potential negative outcomes caused by the problem.• Root Problem. Is the problem a fundamental cause of other related issues.
4	Existing Efforts and Potential Solutions	<ul style="list-style-type: none">• Current Efforts and Adequacy. The effectiveness of current initiatives/resources in addressing the problem.• Potential for Improvement. Opportunities to enhance or expand solutions for greater impact.
5	Resource Mobilization and Collaboration	<ul style="list-style-type: none">• Resource Availability: The presence of available resources and potential local/national support.• Partnerships and Collaborations: Potential collaborations to address the problem more effectively.• Stakeholder Support: Will stakeholders, including legislators, likely support the solution.

INDIVIDUAL ISSUES/CHALLENGES LIST (5 MAX)

#	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED FOR A PRIORITY ISSUE	COMMENTS
1	Youth Suicide	<ul style="list-style-type: none"> • 5 Suicides at High School during SY 2022-2023. • The suicide death rate for youth aged 15-24 in HI is 19.3 compared to the country's 14.4 average for the same age range (TeenLink Hawaii) • Lack of Education on this subject • People don't think it's a problem until it's too late – need prevention programs and resources. • Lack of accessible help – long waiting time for appointment; only option is Hospital Emergency Dept. 	Will likely increase due to Maui Wildfires.
2	Food Equity	<ul style="list-style-type: none"> • Cost of food in HI is significantly higher than on the mainland – 61% higher than rest of US (Good Food for All Report, DOH) • 15.1% of Kupuna do not have access to adequate food (HI Health Matters) • Limited resources 	Forced to eat “junk food” and canned goods – inexpensive (as compared to healthier food options)
3	Lack of Access to Mental Health/Wellness Support	<ul style="list-style-type: none"> • Wait time for a visit with a Mental Health Provider is 1-2 months or longer • Wellness Support is expensive and not always covered by Insurance 	Lack of data to support.
4	Transportation for Kupuna		
5			

EXAMPLE

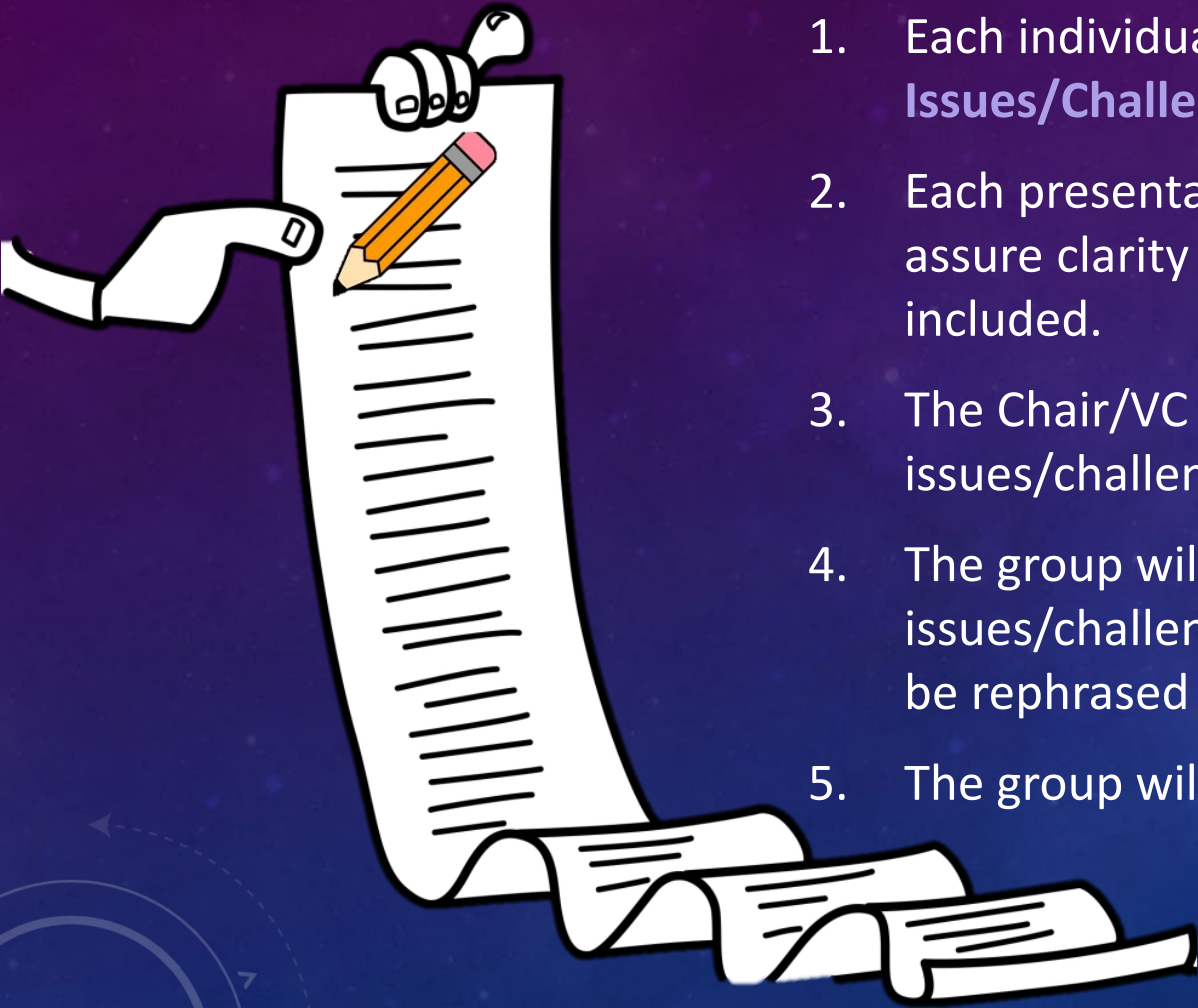
PHASE 2

COUNCIL SELECTION OF PRIORITIES



SELECTION OF PRIORITIES PROCESS

1. Each individual member will present their **Individual Issues/Challenges** List at the designated Council meeting.
2. Each presentation will be followed by a Q&A and discussion period to assure clarity and to allow members to provide data not already included.
3. The Chair/VC or designee member will create an exhaustive list of all issues/challenges.
4. The group will then collectively create “like categories” or “buckets” of issues/challenges. During this step, the issue/challenge may need to be rephrased to create the priority.
5. The group will then vote to rank the Priorities (1-5)

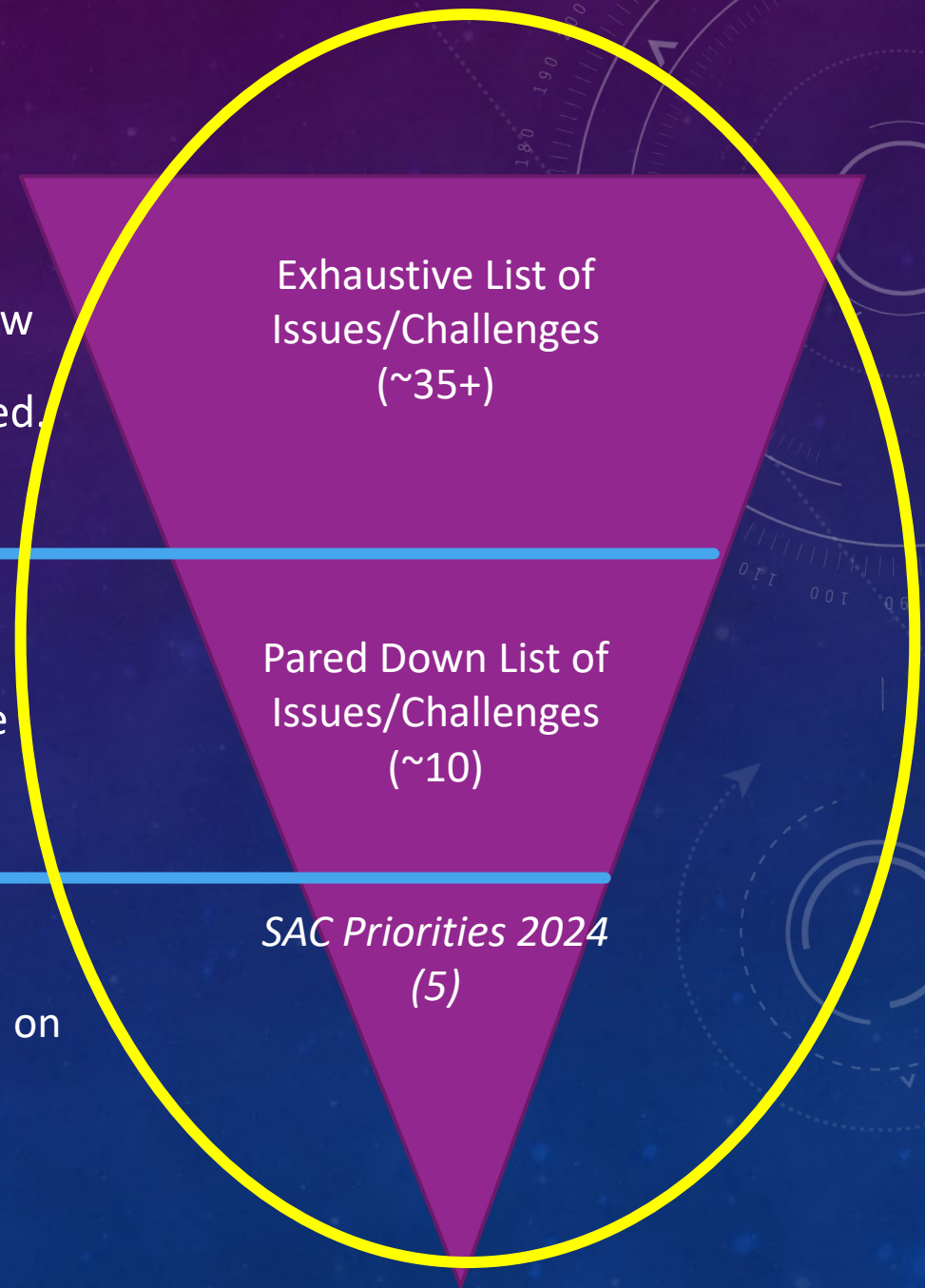


BRINGING IT ALL TOGETHER

- 1. Presentations of Individual Issues/Challenges Lists.** Allow for Q&A and discussion to ensure each member understands the context of each Issue/Challenge Proposed.
- 2. Exhaustive List of Issues/Challenges Created.**


- 3. Pare Down Exhaustive List of Issues/Challenges.** The purpose of this process is to narrow down (Create “Like” Buckets of Issues/Challenges). This list will be used in the next step to determine the priorities.

- 4. Developing Priorities.** SAC members will determine the Issues/Challenges to determine the SAC Priorities 2024 based on the (buckets) of Issues/Challenges.



MOVING FORWARD

Process Length 2-6 Months
– Depending on meeting
frequency of the Council



Administer Process to all
SACs and SHCC



Timeframe:
November/December 2023
through April/May 2024



Health Services and Facilities Plan 2024/2025



Chapter 3: Statewide and Regional Priorities

SHCC

KCSAC

TISAC

WISAC

WOSAC

HONSAC

HCSAC



QUESTIONS?