

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

DRAFT

Meeting Minutes

May 15, 2024 | 12:30 PM Hawaii Time
 Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

MEMBERS: Eric Barsatan Camonia Graham-Tutt, Beverly Inocencio, Paul Roeder, Frederick Shaw
 MEMBERS ABSENT: Mae Patricia La Chica, Jay Raymundo
 GUESTS: None
 SHPDA: Jack Lewin, Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	9/21/22	11/30/22	1/25/23	3/15/23	5/24/23	7/18/23	11/15/23	3/20/24	5/15/24
Eric Barsatan	O	O	X	X	O	X	X	X	X
*Camonia Graham-Tutt	X	X	X	X	X	X	O	X	X
Beverly Inocencio	X	X	X	X	X	X	O	X	X
**Mae Patricia La Chica	X	X	O	O	X	O	X	O	O
Jay Raymundo	O	O	X	O	O	O	O	O	O
Paul Roeder	X	X	X	X	X	X	X	X	X
Frederick Shaw	X	X	X	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 12:32 p.m. with C. Graham-Tutt, Chair, West Oahu Subarea Health Planning Council (WOSAC) presiding.	
Roll Call/Introductions	Member roll call.	
Meeting Minutes	<p>Motion to accept the minutes from the meeting on March 20, 2023.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Public testimony – None.</p>	
Administrator’s Report	The Administrator’s Report was distributed and reviewed.	
State Health Planning and Development Agency (SHPDA) Updates	<p>J. Lewin, SHPDA Administrator, provided the following updates:</p> <p>2024 Legislative Session. Senate Bill 2285. This measure amends the functions and duties of SHPDA. Clarifies the definition of “health care”. Establishes a task force known as Hui Ho’omana. Establishes positions and appropriates funds. Bill was tabled in conference committee; referred to the 2025 Legislative Session.</p> <p>Senate Bill 1035. This measure is a general excise tax exemption for health care providers. If passed, Hawaii will become one of two states with a law exempting medical and dental services provided by health care providers to patients who receive Medicaid, Medicare, or TRICARE benefits from the general excise tax.</p> <p>The States Advancing All-Payer Health Equity Approaches and Development Model (AHEAD) Grant. The Hawaii AHEAD Team (SHPDA and the Department of Human Services-MedQUEST) applied for Cohort 2. Questions were received from CMS; the Hawaii AHEAD Team successfully submitted a response. The award notification is anticipated in mid-June 2024; grant starts on July 1, 2024. The grant’s goal is to increase access across the state and reduce inequities. There will be eight grant awards total – five total for Cohorts 1 and 3, and three for Cohort 3. If Hawaii AHEAD does not receive an award this round, another round of applications for Cohort 3 is due in September 2024.</p> <p>SHPDA is concerned with health care issues in West Oahu and will bring concerns of the WOSAC to the attention of others when necessary.</p> <p>Public testimony – None.</p>	
WOSAC Priorities 2024 and Beyond – Phase I – Prioritization	W. Nihoa, Comprehensive Health Planning Coordinator, SHPDA, provided a presentation of the prioritization process approved by the Plan Development	

<p>Process</p>	<p>Committee of the Statewide Health Coordinating Council. A simplified copy of the presentation is hereby attached to these minutes.</p> <p>Members were tasked with creating Individual Lists of Issues and Challenges over the next couple of weeks; and to be prepared to present their lists at the next meeting.</p> <p>Public testimony – none.</p>	
<p>Statewide Health Coordinating Council (SHCC)</p>	<p>E. Barsatan confirmed as current WOSAC liaison to the SHCC.</p> <p>Public testimony – None.</p>	
<p>Project: Health Care Job Fair</p>	<p>C. Graham-Tutt reported challenges with securing a venue for event and assessing if such an event is necessary. In the immediate future, the WOSAC will focus on determining priorities for West Oahu, which may help to assess the need for this project.</p> <p>A discussion followed.</p> <p>Public testimony – none.</p>	
<p>Announcements</p>	<p>SHPDA. In-Service on the Robert’s Rules of Order has been cancelled and will be rescheduled.</p>	
<p>Next Meeting/Agenda</p>	<p>July 17, 2024, 12:30 p.m.</p>	
<p>Adjournment</p>	<p>The meeting was adjourned at 1:06 p.m.</p>	

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY:
 PRIORITIES SELECTION PROCESS

PHASE I: INDIVIDUAL MEMBER SELECTION OF ISSUES & CHALLENGES

WEST OAHU SUBAREA HEALTH PLANNING COUNCIL
 May 15, 2024

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

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GOAL

GOAL: TO IDENTIFY AND PRIORITIZE HEALTHCARE PRIORITIES FOR YOUR REGION

This Process encourages a standardized methodology and process to assure consistent information.

The Priorities identified in this process will be recognized in the State Health Facilities Plan and update.

The Priorities (issues) are specific to this Council's specific region (refer to bylaws)

Priorities are areas of concern for the health and well-being of the citizens within the region.

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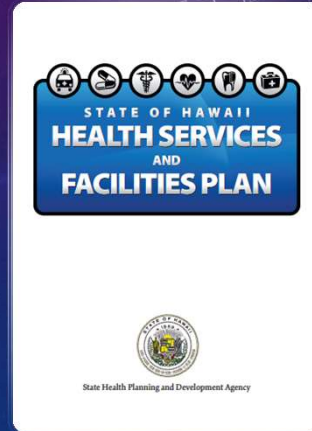
WHY YOU? WHY NOW?

COMING SOON UPDATE

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.



3

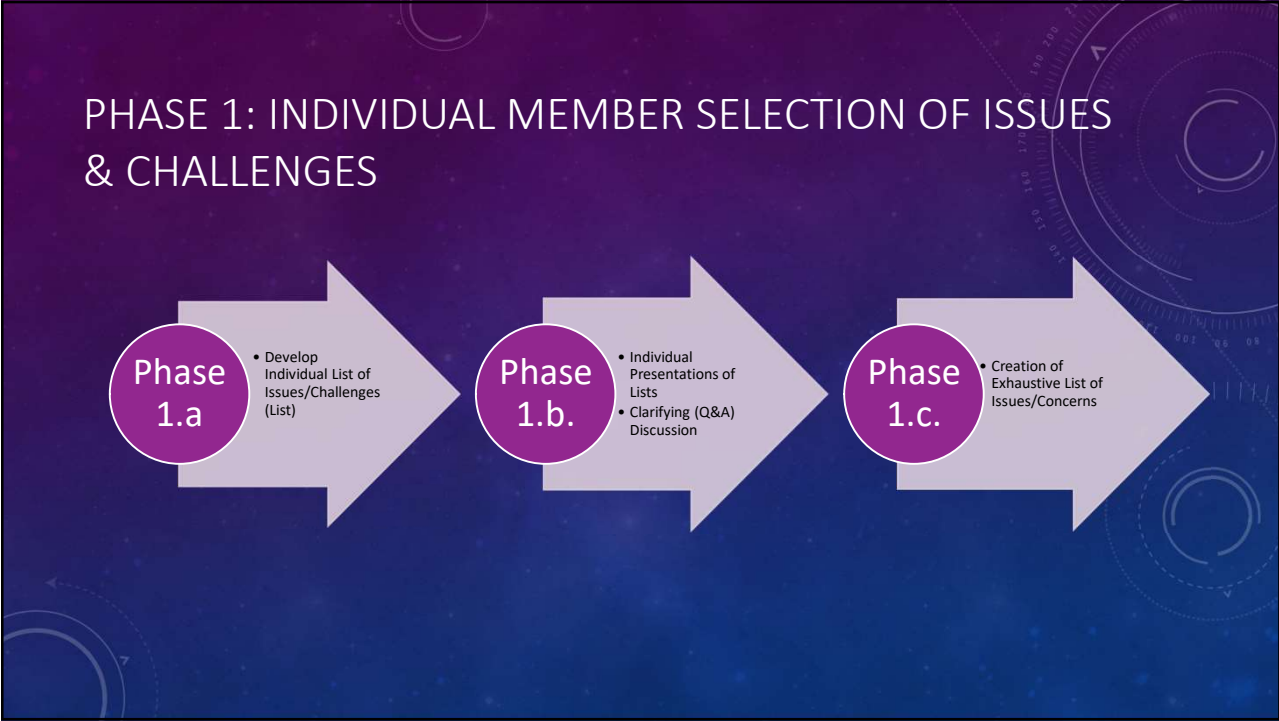
PRIORITY SELECTION-2-PHASE PROCESS

Developed by the HONSAC Plan Development Task Force and approved by the Plan Development Committee, December 2023

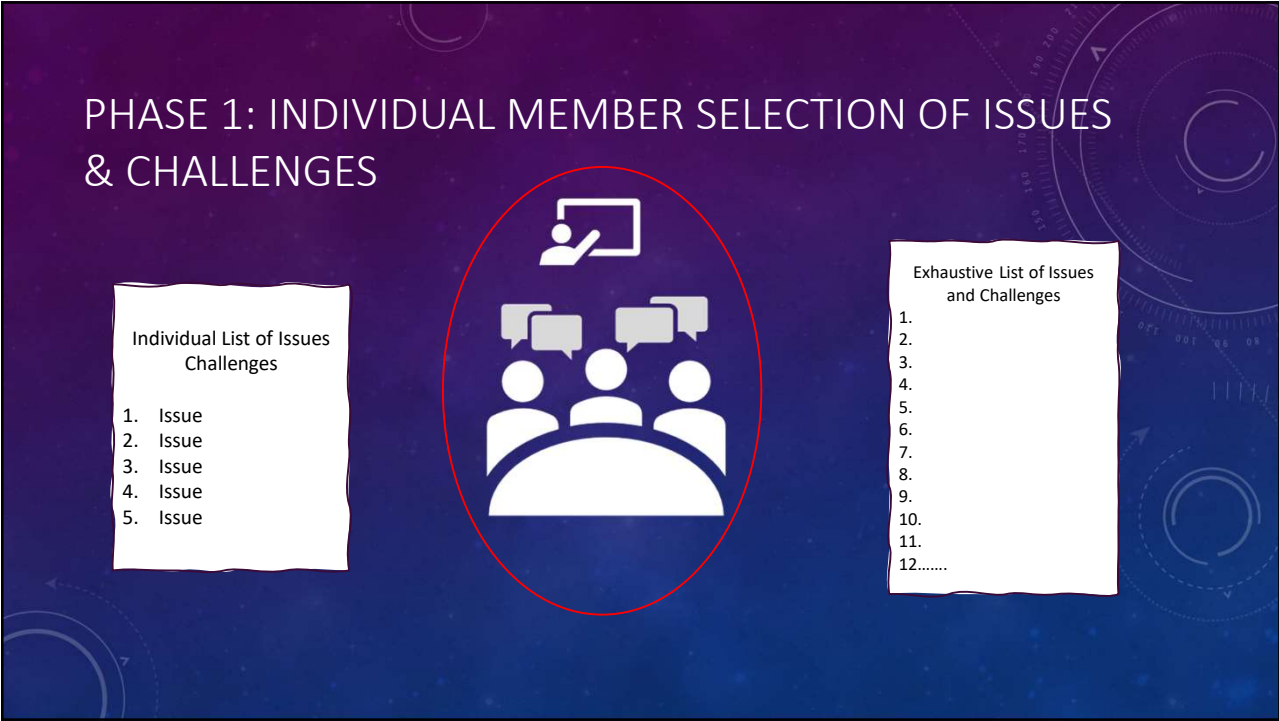
PHASE 1:
Individual Member
Selection of Issues
& Challenges

PHASE 2: Council
Selection of
Priorities

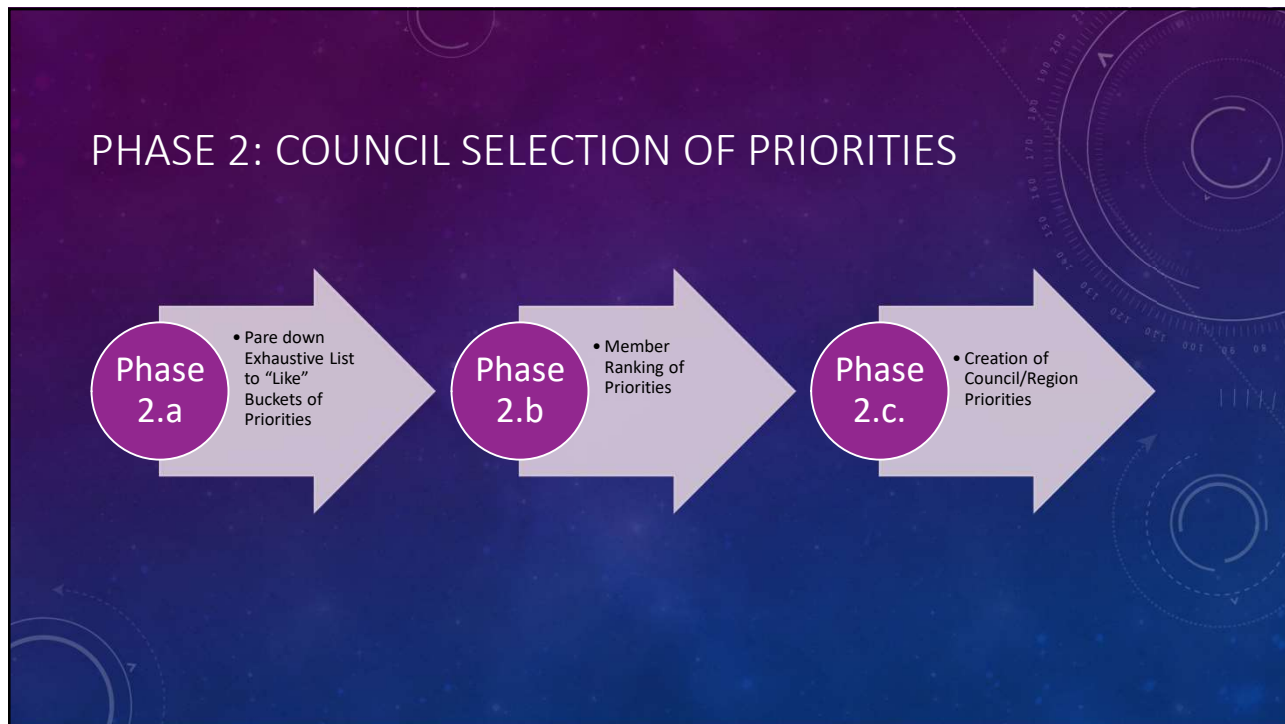
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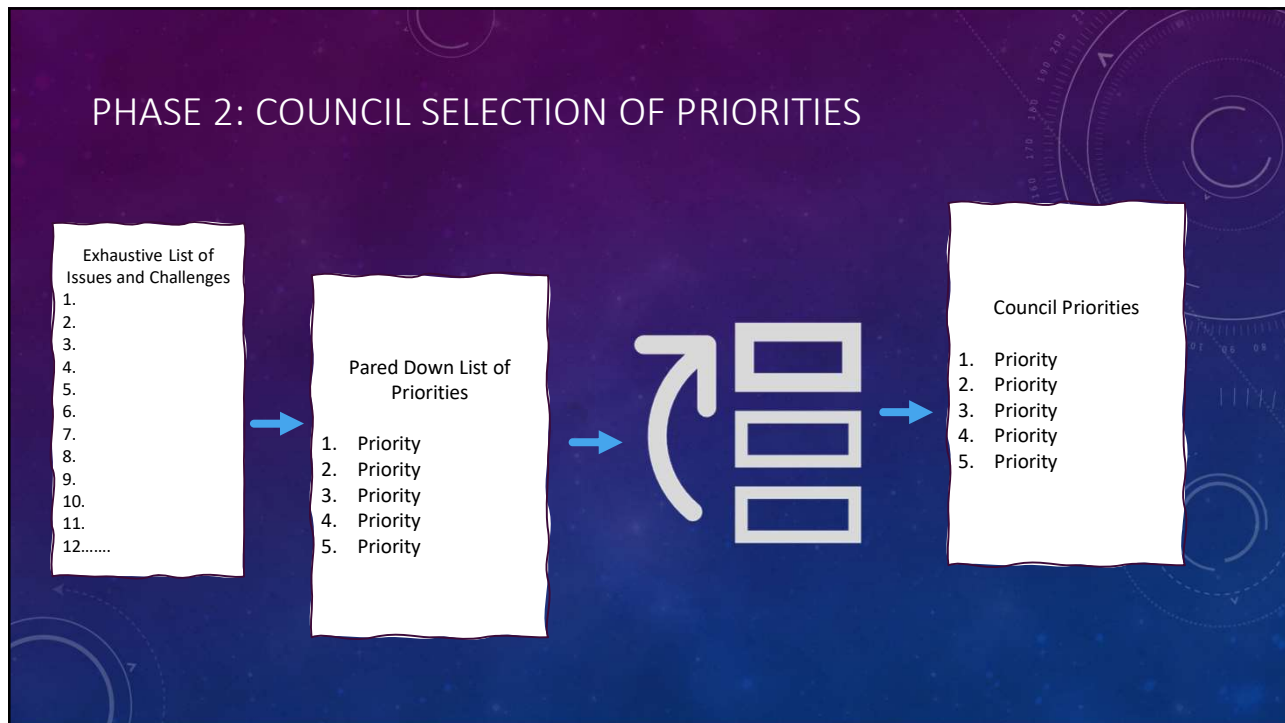
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West Oahu Subarea Health Planning Council

The Council will serve the Central and Leeward Oahu communities from Ewa Beach to Waianae and Waimea Bay, then to Haleiwa and Waialua, and along the Ko'olau to Middle Street; or census tracks 67-100.



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CURRENT WOSAC PRIORITIES

Reference: Health Services and Facilities Plan, 2009

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)

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DEVELOPING YOUR LIST INDIVIDUAL ISSUES/CHALLENGES LIST

As one of our valued SAC members, we are relying on your valued expertise, experience and observations to complete this list.
When doing so:

- a. Consider Issues/Challenges in the entire region you represent.
- b. Review Data (Quantitative & Qualitative) if/when possible.
- c. Issues/Challenges can be wide-ranging and broad but should have a direct connection to the health of the community.
- d. You may consult and gather information from your constituents.
- e. Refrain from consulting or having discussions with other SAC members.


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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: Name the issue/challenge.
- Column 3: Include a brief explanation as to why this is an issue in the region. Data may be included but not required.
- Column 4: Include any supporting notes, references, etc.
- Be concise when naming your issue/challenge.
- You will be provided the template shortly after today's meeting.

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SELECTION CRITERIA AND CONSIDERATIONS

#	CRITERIA	CONSIDERATIONS
1	Problem Significance	<ul style="list-style-type: none"> • Magnitude: The prevalence, incidence, and extent of the problem; consider 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.

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State Health Planning and Development Agency
 Priorities Selection Process
 Individual Issues/Challenges List

Name/Title: [REDACTED] Organization: [REDACTED] Date Completed: 1/9/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Public and mental health equity especially for the underserved and the Asian American/Native Hawaiian/Pacific Islander (AANHPI) population	In the United States, 22.4 million people identify as Asian American, Native Hawaiian, or Pacific Islander. Of the Asian Americans reporting mental illness, only 25 percent received mental health care. There are several barriers to mental health care for this population. Access to mental health services is difficult due to language barriers, and there is stigma within this community about seeking mental health care. Asian Americans are three times less likely to seek mental health care than Caucasian Americans. Compounding these difficulties is the perceived lower need for mental health assistance for Asian Americans, and increased mental health needs following the COVID-19 pandemic, due in part to increased anti-Asian discrimination.	It is also a priority of the Biden Administration to provide health equity for the AANHPI communities.
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State Health Planning and Development Agency
 Priorities Selection Process
 Individual Issues/Challenges List

Name/Title: [REDACTED] Organization: [REDACTED] Date Completed: 1/7/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	ACCESS TO HEALTHCARE	<p>Shortages of healthcare professionals, including physicians and nurses, impact the ability to provide timely and adequate healthcare services.</p> <p>This scarcity contributes to a strain on healthcare resources, limiting the capacity to meet the growing and aging population's healthcare needs.</p> <p>Long wait times and healthcare services are driven by workforce shortages and infrastructure strain, resulting in delayed diagnosis and treatment heightening the potential for complications, emphasizing the urgent need for interventions.</p> <p>Investing in expanding the healthcare infrastructure to reduce wait times and utilize technology and process improvements will enhance overall efficiency.</p> <p>It's crucial to recognize that access challenges disproportionately affect vulnerable populations, intensifying health disparities across socioeconomic groups. Gaps in telehealth accessibility limit the reach and effectiveness of virtual care options such as broader accessibility and barriers such as technological literacy.</p> <p>Additionally, financial barriers create a significant health divide, preventing individuals with limited resources from accessing essential healthcare. This disparity may lead to potential long-term health issues, emphasizing the need</p>	<p>Addressing workforce shortages is a root problem, but until that can be resolved alternatives need to be considered to accommodate the growing population.</p> <p>Look at optimizing patient flow to eliminate bottlenecks and maximize efficiency.</p> <p>Preventative programs can allow for routine checks/monitoring to prevent crises from happening that clog the system.</p> <p>Reduce barriers for vulnerable populations that might prevent them from seeking help due to the difficulty in acquiring insurance, utilizing technology, etc.</p>

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Name/Title: [REDACTED] Organization: [REDACTED] Date Completed: 12/7/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Need more family/ caregiver support . Need more care options including Adult Day Care, increased access to home health and care in the home, respite care for families	<p>Families and loved ones are overwhelmed. They cannot manage care of kupuna alone. This also can impact the safety of the senior and the caregivers. Burden on family with time, money., guilt and their own health . People may be forced to quit working or cut back on hours.</p> <p>We need expanded options and expanded personnel who can help including CHW and PHN.</p>	<p>E.g. Increase current family caregiver payment program through EOA, Respite programs for families need to be greatly expanded. (See #3 below)</p> <p>50% of Caregivers for dementia patients end up in the hospitals for themselves!!</p> <p>For most people who fall into the middle income group, those who don't qualify for Medicaid but are not super wealthy, we need options to fill in the gaps.</p>
2	Need more Palliative Care and models of care for the seriously ill especially outside of institutions	We do not currently have comprehensive services before people reach hospice. We need to have holistic, supportive services as people age that correspond to their needs. This needs to be preventative – think ahead to prevent the crisis.	This must include navigation and case management. Hopefully the new MedQuest Palliative care benefit will pass and offer a robust option for Medicaid members.
3	Affordable housing	Kupuna need affordable housing as do those who will be caring for them.	We see the increase of homeless seniors. We know that health workers are unable to find affordable housing so who will care for the kupuna?
4	Lack of health and healthcare literacy for patients, families and caregivers.	Lots of time is wasted as people try to figure out what is available, where to find care, what the options are. People need to know where to go for Information and Assistance.	People don't know what they don't know . Fits in with good navigation and case management.

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Name/Title: [REDACTED] Organization: [REDACTED] Date Completed: 12/6/2023

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Establish a progressively affordable, solvent, reliable, equitable, universal funding mechanism for long-term institutional and home & community-based care	<p>Financing has implications for and touches EVERY aspect of long-term institutional and home & community-based care services, including:</p> <ul style="list-style-type: none"> Expansion of existing services and the development of new innovation service delivery modalities Development of critically needed caregiver workforce Quality assurance regulation (single source point for all payments) Equitable and progressively affordable payments Universal access <p>Absent sound financing every other Kupuna care initiative is limited to band aid solutions with limited reach, compromised effectiveness, and siloed fragmentation.</p>	<p>The current long-term care (LTC) funding system is unsustainable for both individuals and the government. It leaves many individuals with inadequate care and the government struggling to meet the growing needs of its aging population as a function of:</p> <ul style="list-style-type: none"> Aging population: The number proportional share of older adults needing long-term care is increasing. Rising healthcare costs. Limited resources: Available financial resources to support long-term care are often restricted for both individuals and government. <p>Institutional care, such as nursing homes and assisted living facilities, are expensive in Hawaii, often exceeding \$10,000 per month. This can quickly deplete personal savings and force individuals to rely on Medicaid or other assistance programs.</p> <ul style="list-style-type: none"> Nursing homes: Average monthly cost in Hawaii: \$12,644 (Genworth 2023 Cost of Care Survey) Assisted living: Average monthly cost in

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DATA

We are relying on your experience and expertise to identify the healthcare issues/priorities in your region.

You may use both quantitative and qualitative data:

Qualitative Data. Data describes qualities or characteristics. It is collected using questionnaires, interviews, or observation, and frequently appears in narrative form. For example, it could be notes taken during a focus group on the quality of the food at a restaurant, or responses from an open-ended questionnaire. Qualitative data may be difficult to precisely measure and analyze. The data may be in the form of descriptive words that can be examined for patterns or meaning.

Quantitative Data. Used when a researcher is trying to quantify a problem or address the "what" or "how many" aspects of a research question. It is data that can either be counted or compared on a numeric scale. This data are usually gathered using instruments, such as a questionnaire which includes a ratings scale or a thermometer to collect weather data.



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DATA RESOURCES

1. Health Care Utilization Reports 2004-2022, SHPDA @ <https://health.hawaii.gov/shpda/agency-resources-and-publications/health-care-utilization-reports-and-survey-instructions/>
 - Provides counts of various levels of care (acute-LTC); average daily census; ALOS; etc.
2. Hawaii Health Data Warehouse @ <https://hhdw.org/> *
 - Provides a summary of measures of demographics, population and community health; features build your own reports and Health People 2030 Tracker Expansion
3. Community Reports, Hawaii Health Data Warehouse @ <https://hhdw.org/report/community/indicators/ChronicDisease/RacEthDOH/2.html>
 - Provides reports of various chronic diseases; features build your own reports (Indicators: Chronic Disease or Health Risk)
4. 2022 Healthcare Workforce Initiative Report, Healthcare Association of Hawaii @ <https://www.hah.org/reports-and-data> *
 - Provides data related to the healthcare workforce such as vacancies by positions; data is broken down by LOC, island, etc.; identifies needs and barriers.
5. Med-QUEST Division, Hawaii Department of Human Services @ <https://medquest.hawaii.gov/en/resources/reports.html> *
 - Reports on Enrollment, Mental Health and Substance Use Disorder, Fiscal Reports, etc.
6. Hawaii Health Matters @ <https://www.hawaiihealthmatters.org/> *
 - Provides essential information for researchers, planners, policy makers, community members and students.
 - Includes links to other data sources: Healthy People 2030 Tracker, Hawaii Health Data Warehouse, Socionees Index Suite, Comparison Indicators, Local Reports, Demographic Data

*- Link provides additional sources of data

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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 rank the Issues/Challenges to determine the SAC Priorities 2024.

Exhaustive List of
Issues/Challenges
(~35+)

Pared Down List of
Issues/Challenges
(~10)

SAC Priorities 2024 and Beyond
(5)

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NEXT STEPS

1. You will be provided:
 - a. Individual Issues/Challenges List (fillable)
 - b. Selection Criteria and Considerations
 - c. Data Resource List
 - d. Examples of completed Individual Issues/Challenges Lists
2. Complete your Individual Issues/Challenges List
3. At the next SAC meeting:
 - a. Be prepared to share your List
 - b. Participate in the discussion following each presentation

