

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

Meeting Minutes

April 16, 2024

1:30 PM Hawaii Time

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

MEMBERS: Jamie Cameros, Scott Daniels, Stacy Haumea, Evelyn Kaneshiro, Tamia McKeague, Malia Tallett
MEMBERS ABSENT: Hannah Preston-Pita
GUESTS: None
SHFDA: Jack Lewin, Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

| Date | 3/21/2023 | 4/18/2023 | 7/18/2023 | 8/15/2023 | 9/19/2023 | 10/17/2023 | 12/19/2023 | 2/20/2024 | 4/16/2024 |
|---------------------|-----------|-----------|-----------|-----------|-----------|------------|------------|-----------|-----------|
| Jamie Cameros | X | X | X | X | X | X | X | X | X |
| Scott Daniels** | O | X | O | X | O | X | O | X | X |
| Stacy Haumea | X | X | O | X | X | X | X | O | X |
| Evelyn Kaneshiro | X | O | X | X | X | O | X | X | X |
| Tamia McKeague* | X | O | X | O | X | X | X | X | X |
| Hannah Preston-Pita | / | / | / | / | / | O | X | X | O |
| Malia Tallett | O | O | X | X | X | X | X | O | X |

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

*-Chair, **-Vice Chair

https://www.zoomgov.com/rec/share/6vLOPnspErucL5RT8PqP7RFQpZYrWqDOzsDg8MAjBI5kd_ILK9SvczmzNP9_iaFJ.spKwX7m_fUSJNhck
 Passcode: yr5aLXJ=

| TOPIC | DISCUSSION | ACTION |
|--|--|--------|
| <p>Call to Order</p> <p>Roll Call</p> <p>Meeting Minutes</p> <p>Administrator's Report</p> <p>State Health Planning and Development Agency (SHPDA) Updates</p> | <p>The meeting was called to order at 1:30 p.m. with T. McKeague, Chair, HCSAC presiding.</p> <p>Member and staff introductions.</p> <p>Motion to accept the minutes from the meeting on February 20, 2024. Vote: Unanimous. Motion carried. Public testimony. None.</p> <p>The Administrator's Report was distributed and reviewed.</p> <p>J. Lewin, Administrator, SHPDA reported several hearings on Senate Bill 2285 which amends the functions and duties of the State Health Planning and Development Agency. Clarifies the definition of "health care"; establishes a task force known as the Hui Ho'omana; establishes positions; and appropriates funds. The bill was referred to conference; pending decision. If funded, SHPDA will be producing numerous reports on such topics as Long-Term Care, Health Insurers, Status of Hospitals and Quality of Healthcare. Reports will be produced utilizing existing data sources.</p> <p>The AHEAD (All-Payer Health Equity Approaches and Development) Grant. Awardees will be notified sometime within the next 6-weeks. Grant will start on July 1, 2024. Hawaii applied to the AHEAD, Cohort 2, which includes a 30-month (2.5 years) Pre-Implementation/Planning Period to work with hospital, doctors, communities, critical access hospitals to plan and develop a model that works for Hawaii. It was noted, the original plan, as recommended, was to use the Maryland Model. However, it was discovered this plan would not work for Hawaii and that the Hawaii model must include ways to make the model financially viable for hospitals.</p> | |

| | | |
|---|---|--|
| <p>HCSAC Priorities 2024 and Beyond: Phase I – Prioritization Process</p> | <p>A brief discussion followed. Public testimony. None.</p> <p>W. Nihoa, Comprehensive Health Planning Coordinator, SHPDA. Provided an overview of the Prioritization Process. A simplified copy of the slides presented are included to these minutes.</p> <p>Members will be provided with tools and information to complete their lists at the next meeting.</p> <p>A brief discussion followed. Decision to move the next meeting to the month of June to give members time to complete their lists and to convene in-person. Logistics to be determined.</p> <p>Public testimony. None.</p> | |
| <p>Project: Accessing Healthcare Services on Hawaii Island</p> | <p>M. Tallett, Project Lead provided an update. Five students are working on the project. Currently reviewing and editing recordings. Goal is to complete the editing by end of June 2024, review at the July 2024 HCSAC meeting and finalize the project by August/September 2024.</p> <p>Public testimony. None.</p> | |
| <p>Announcements</p> | <p>SHPDA. Robert’s Rules Short Training by TISAC Chair. May 15, 2024 at 9 a.m. Interested members should contact W. Nihoa, SHPDA.</p> | |
| <p>Next Meeting/Agenda Items</p> | <p>Meeting will be early/mid-June 2024. Exact date/time will be determined via poll to members. Agenda item: Phase I of Priority Selection Process.</p> | <p>W. Nihoa to poll members to determine next meeting date/time.</p> |
| <p>Adjournment</p> | <p>The meeting was adjourned at 2:37 p.m.</p> | |

STATE HEALTH PLANNING AND
DEVELOPMENT AGENCY:
PRIORITIES SELECTION PROCESS
PHASE I: INDIVIDUAL MEMBER SELECTION OF ISSUES & CHALLENGES

HAWAII COUNTY SUBAREA HEALTH PLANNING COUNCIL
April 16, 2024

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

1

| | | |
|--|--|---|
| <div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">GOAL</p> </div> | <p>GOAL: TO IDENTIFY AND PRIORITIZE HEALTHCARE PRIORITIES FOR YOUR REGION</p> | <hr/> <p>This Process encourages a standardized methodology and process to assure consistent information.</p> <hr/> <p>The Priorities identified in this process will be recognized in the State Health Facilities Plan and update.</p> <hr/> <p>The Priorities (issues) are specific to this Council's specific region (refer to bylaws)</p> <hr/> <p>Priorities are areas of concern for the health and well-being of the citizens within the region.</p> <hr/> |
|--|--|---|

2

WHY YOU? WHY NOW?

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.

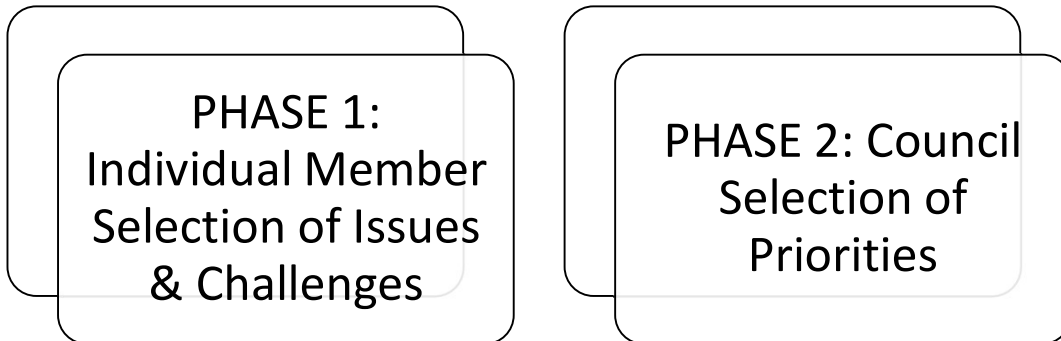
COMING SOON UPDATE



3

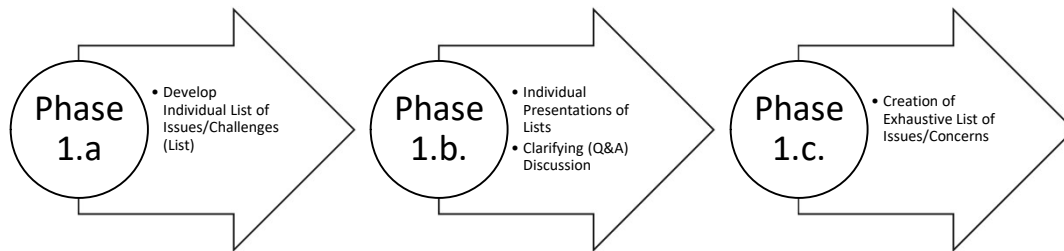
PRIORITY SELECTION-2-PHASE PROCESS

Developed by the HONSAC Plan Development Task Force and approved by the Plan Development Committee



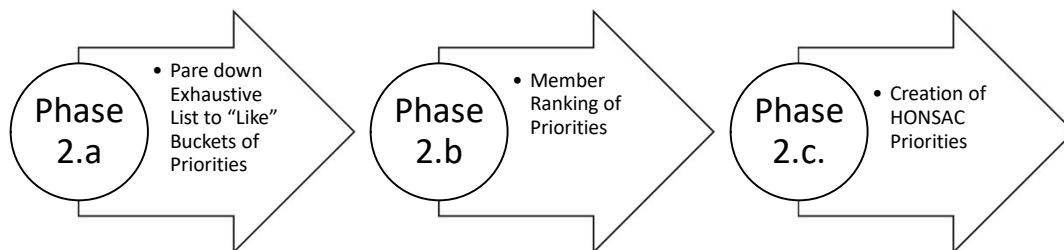
4

PHASE 1: INDIVIDUAL MEMBER SELECTION OF ISSUES & CHALLENGES



5

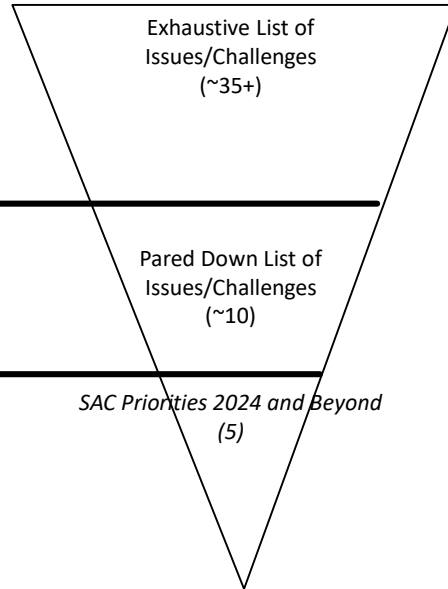
PHASE 2: COUNCIL SELECTION OF PRIORITIES



6

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.



7

Hawaii County Subarea Health Planning Council

Serves the entire
County of Hawaii –
Census Tracts 201-219.



8

CURRENT HCSAC 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.

Reference: Health Services and Facilities Plan, 2009

9

PHASE 1

INDIVIDUAL MEMBER
SELECTION OF
ISSUES/CHALLENGES

10

DEVELOPING YOUR LIST

1. [Phase 1.a] As “Homework” and prior to the next HCSAC meeting, complete the INDIVIDUAL ISSUES/CHALLENGES LIST document. When doing so:
 - a. Consider Issues/Challenges you are aware or have encountered in your region/the 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. You may not consult or have discussions with other members of the HONSAC.
 - f. Members are urged to complete and submit your list. The list will assure details are captured.
 - g. Utilize the “Selection Criteria and Considerations” when defining your issues/challenges.

11

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, references, etc.
- Be concise when naming your issue/challenge.

12



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. |

13

INDIVIDUAL ISSUES/CHALLENGES LIST

=== SAMPLES ===

14

Name/Title: Organization: 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 |

15

Name/Title: Organization: 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. |

16

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.



17

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, Socioneds Index Suite, Comparison Indicators, Local Reports, Demographic Data
 7. Hawaii Data and Resources (2010-2023) @ <https://www.countyhealthrankings.org/explore-health-rankings/hawaii/data-and-resources> *
 - Provides Hawaii Data (spreadsheet), Hawaii Health Outcomes Map, and Hawaii Health Factors Map
- *- Link provides additional sources of data

18

DATA RESOURCES (CONTINUED)

8. 2022 Point in Time Count (Homelessness) Hawaii Health Data Warehouse @ <https://hhdw.org/2022-point-in-time-count/>
 - Annual Census of street and sheltered people experiencing homelessness.
9. Alcohol and other Drug Use In Hawaii @ <https://health.hawaii.gov/substance-abuse/survey/> *
 - Various reports related to alcohol and substance use disorder in Hawaii including Emerging Adults Needs Assessment and the Student Alcohol, Tobacco and other Drugs Surveys
10. Hawaii Health Matters, Homelessness Rate @ <https://www.hawaiihealthmatters.org/indicators/index/view?indicatorId=5223&localeId=14>
 - Report card and Related Content for Homelessness Rate.
 - Features links to Fact Sheets, Websites, Plans, and other Data Resources.
11. Hawaii Community Foundation @ <https://www.hawaiicommunityfoundation.org/learning/research-reports> *
 - Reports on various topics: Civic Health Engagement, Economy, Education, Health and Human Services, etc.
12. Healthcare Facilities Inspection Reports @ <https://health.hawaii.gov/ohca/inspection-reports/>
 - Features reports on various types of health care facilities such as Adult Day Health, Adult Day Care Center, Long Term Care Facilities (Adult Residential, Assisted Living, Intermediate Care, Nursing Facilities, Skilled Nursing Facilities)
13. U.S. Census Bureau @ <https://www.census.gov/>
 - Provides data and maps; reports by Health Insurance, Poverty, Income, Education, Employment, etc.
14. HRSA UDS Mapper @ <https://udsmapper.org/>
 - Designed to help inform users about the current geographic extent of U.S. federal (Section 330) Health Center Program awardees and look

*- Link provides additional sources of data

19

WHAT'S NEXT

[PHASE 1.b]

- Be prepared to share your Issues/Challenges List at the next Council Meeting.
- A discussion/Q&A will follow each presentation to assure each member understands the context of each Issue/Challenge proposed.

[Phase 1.c]

The result of the member presentations will be an Exhaustive List of Issues/Challenges.

- Phase 2:
 - [Phase 2.a.] Paring down of the Exhaustive List of Issues/Challenges (Create "Like" Buckets of Issues/Challenges) to create the HCSAC Issues/Challenges List.
 - [Phase 2.b] Members will then rank the HCSAC Issues/Challenges.
 - [Phase 2.c] The ranked Issues/Challenges will reveal the HCSAC Priorities.

20

YOU WILL BE EQUIPPED WITH

1. Individual Issues/Challenges List Fillable
2. Selection Criteria and Consideration
3. Data Resource List
4. Examples

These items will be emailed to you.

