



**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)  
 Keiki Advisory Council - Plan Development Committee

**DRAFT**

**Meeting Minutes**

November 1, 2024 | 1:00 PM Hawaii Time  
 Virtually via Zoom and Physical Meeting Location at  
 The Keoni Ana Building, 1177 Alakea Street, Suite 402  
*The recording of this meeting is unavailable due to technical issues.*

- MEMBERS: Lance Collins, Adrienne Dillard, Karen Holt, Keiko Nitta, Vija Sehgal, Renee Yu, Deborah Zysman  
 MEMBERS ABSENT: Matthew Shim  
 GUESTS: Tosa Lobendahn  
 SHPDA: John Lewin, Wendy Nihoa, Terry Visperas

**ATTENDANCE RECORD OF MEMBERS**

<b>Date</b>	1/18/24	2/28/24	4/24/24	11/1/24	TBD	TBD	TBD	TBD	TBD	TBD
Lance Collins	X	X	O	X						
Adrienne Dillard	X	X	X	X						
Karen Holt	X	X	X	X						
Keiko Nitta	X	X	X	X						
Vija Sehgal	X	O	X	X						
Matthew Shim	X	O	X	O						
Renee Yu	/	X	X	X						
Deborah Zysman	X	X	X	X						

Legend: X=Present | O=Absent | /=No Meeting/Not a member | \*-Chair | \*\*-Vice Chair

TOPIC	DISCUSSION	ACTION
Call to Order	A quorum was established. The meeting was called to order at 1:00 p.m. by K. Holt, Chairperson, Keiki Advisory Council presiding.	
Roll Call	<p>The roll call of members was conducted, after which K. Holt welcomed both members and guests and provided an update on the progress made by the Keiki Advisory Council (KAC) so far. The KAC was convened to discuss two main topics: 1) Establishing priorities for keiki to be included in the Health Services and Facilities Plan Update, and 2) Supporting the All-Payer Health Equity Approaches and Development (AHEAD) Grant. K. Holt also recognized the awardees of the AHEAD Grant:</p> <ul style="list-style-type: none"> <li>• Cohort 1: Maryland and Vermont</li> <li>• Cohort 2: Connecticut and Hawaii</li> <li>• Cohort 3: Rhode Island and New York (covering five downstate counties: Bronx, Kings, Queens, Richmond, and Westchester).</li> </ul>	
Minutes	<p>Motion to accept the minutes from the April 24, 2024 meeting.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Public testimony. None.</p>	
State Health Planning and Development Agency (SHPDA) Updates	<p>J. Lewin, Administrator, SHPDA, provided the following updates:</p> <p>AHEAD Grant. The SHPDA (subrecipient) and MedQUEST (primary recipient) partnering to manage the grant, currently undergoing the onboarding process. Hawaii has 2 years and 2 months of pre-implementation planning until implementation in year 3. The Hawaii AHEAD Grant is a significant achievement for the state promoting advancements in primary care and expanding primary care access; changed the way hospitals are financed via the Hospital Global Budget Model; develop a Statewide equity plans to address county by county to address inequities (including keiki and kupuna in rural communities); resources to begin to measure accurately how much we spend as a state in healthcare.</p> <p>SHPDA's Priorities:</p> <ul style="list-style-type: none"> <li>• Increase Hawaii's Medicare reimbursement rate to the national average; currently lowest in the nation per capita by \$3,000-4,000.</li> <li>• Address the 4-5% uninsured.</li> <li>• Prior Authorization and shortening the process</li> </ul>	

<p>Keiki Advisory Council Priorities</p>	<ul style="list-style-type: none"> <li>• Healthcare Workforce Shortage - address the delays in credentialing of doctors and nurses and explore innovative ways to deal with the shortages such as license reciprocity with other states</li> <li>• New ways of organizing home and community healthcare</li> </ul> <p>A brief discussion followed, emphasizing the crucial role of the Keiki Advisory Council in advising SHPDA on the redesign of Medicaid services and addressing access issues. Currently, 50% of children in Hawaii are enrolled in Medicaid.</p> <p>Public testimony. None.</p>	
<p>Announcements</p>	<p>K. Holt presented her list of issues/challenges, a copy is hereby attached to these minutes.</p> <p>A brief discussion followed. V. Sehgal emphasized focusing on achievable priorities for keiki that align with the governor’s goal of universal access to care and coverage, addressing social determinants of health, access, and equity. The solution proposed is Community Health Centers. R. Yu added the importance of caring for providers, families, and caregivers.</p> <p>Public testimony. None.</p>	
<p>Next Meeting</p>	<p>W. Nihoa, Comprehensive Health Planning Coordinator (CHPC), SHPDA, introduced SHPDA’s new staff T. Visperas, CHPC.</p> <p>J. Lewin noted that the Legislature starts in mid-January 2025 and encouraged members to share any legislative priorities with SHPDA that they can support.</p>	
<p>Adjournment</p>	<p>The next meeting will be determined via poll by W. Nihoa.</p>	<p>W. Nihoa to poll members to determine the next meeting date/time.</p>
	<p>The meeting was adjourned at 12:38 p.m.</p>	

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Priorities Selection Process  
Individual Issues/Challenges List

Name/Title: Karen Holt

Organization: Moloka'i Community Service Council

Date Completed: 6/23/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
<b>1</b>	<b>Isolation, Loneliness</b>	Loneliness is an underlying cause for many mental and physical health problems. Consequences include diagnosed mental illnesses like anxiety and depression, as well as physical consequences like eating disorders, substance abuse, and suicide.	Social media, COVID restrictions, the loss of communal gatherings like churches, shopping malls, theaters, etc. have exacerbated this problem exponentially. <a href="https://www.hhs.gov/about/news/2023/05/23/surgeon-general-issues-new-advisory-about-effects-social-media-use-has-youth-mental-health.html">Surgeon General's warning about social media &amp; kids: https://www.hhs.gov/about/news/2023/05/23/surgeon-general-issues-new-advisory-about-effects-social-media-use-has-youth-mental-health.html</a> <a href="https://www.cdc.gov/social-connectedness/data-research/promising-approaches/index.html">Methods to Promote Social Connections: https://www.cdc.gov/social-connectedness/data-research/promising-approaches/index.html</a>
<b>2</b>	<b>Childhood Trauma</b>	Childhood trauma has become the touchstone for treating many adult disorders. Governor Green recently issued an executive order requiring trauma-informed care for human service providers. The A.C.E. test lists 10 possible traumas and a score of at least 4 "yes" answers predicts numerous negative physical, mental and social consequences. Treating and better yet, preventing childhood trauma would help to minimize these consequences.	The A.C.E. test and consequences of childhood trauma are described here: <a href="https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean">https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean</a> According to this article, "Reactions to trauma are sometimes misdiagnosed as symptoms of attention deficit hyperactivity disorder, because kids dealing with adverse experiences may be impulsive — acting out with anger or other strong emotions." Substance abuse and self-harm are also consequences for youths who are experiencing traumas at home.
<b>3</b>	<b>Intergenerational Trauma</b>	Native Hawaiians, like most indigenous cultures, have a history of trauma dating back to the initial "discovery" of their homelands. Research on the physical and mental health effects of this intergenerational trauma shows that it results in dysfunctional behavior that is passed down through generations, and even "hard-wired" into genes epigenetically. Domestic violence was unknown when Captain Cook documented his visits to Hawai'i	Health and social consequences of historical trauma include: "According to ADAD, Native Hawaiians were admitted to treatment 1358 times in 2017, which is 42.3% of the state total and the most of any ethnic group. <sup>15</sup> This overrepresentation has been reflected throughout the past decade. <sup>6</sup> In that same year, over 30% of Native Hawaiian admissions to ADAD treatment were referred via the criminal justice system, increasing to over 40% in 2020. <sup>16</sup> Of those Native Hawaiians accessing services, over 40% indicated methamphetamine addiction as their

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		<p>in the last 1700's. All adults were responsible for taking care of all children in their home districts. Substance abuse was limited to use of the 'awa root. After Westerners introduced new diseases and alcohol, natives died and survivors began to cope by abusing each other, and abusing alcohol. Because of this damage, many modern Hawaiian families lack the guidance of their elders on</p>	<p>primary substance of issue.<sup>16</sup> This consistent overrepresentation further illustrates the ineffective nature of the Western treatment of Native peoples.” <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9783813/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9783813/</a> Our immigrant populations can also be victims of intergenerational trauma. Many Micronesians, for example, have been driven from their homelands by military operations that devastated their islands.</p>
<p align="center"><b>4</b></p>	<p align="center"><b>Inadequate or Ineffective Governmental Programs</b></p>	<p>The three main governmental agencies tasked with addressing youth directly are the Department of Education, the Department of Health, and the Department of Human Services. DHS's Child Welfare Services has been the subject of numerous complaints, including cases involving the deaths of children in their guardianship. The Department of Health's Child &amp; Adolescent Mental Health division has minimal resources to address the many issues presented by our youths. And many public schools have become war zones rife with campus violence and substance abuse.</p>	<p>It does not appear that these agencies work together, even though they serve the same population. Systemic change is needed if our keiki are going to grow into healthy and happy adults. The integration of these governmental services would be challenging, but it has been done in other states. “Integration is not easy work, but it is possible — and offers potentially great rewards for children, youth, and their families as well as the health care system. ” <a href="https://www.chcs.org/integrating-services-for-children-youth-and-their-families-considerations-and-new-opportunities/">https://www.chcs.org/integrating-services-for-children-youth-and-their-families-considerations-and-new-opportunities/</a></p>
<p align="center"><b>5</b></p>	<p align="center"><b>Access to Preventive Care</b></p>	<p>In many low-income and rural communities in Hawai'i, access to preventive medical, dental and mental health care is limited or unaffordable. Children who can't get timely medical attention for injuries or illnesses may end up with permanent disabilities. Children who do not receive early dental care, including dental sealants, risk developing cavities in childhood and serious illnesses in adulthood. Children who have learning disabilities are not assessed early, and suffer the poor academic consequences.</p>	<p>The shortage of licensed professionals is a major problem, especially for rural communities. Moloka'i, for example, has a revolving door for physicians, and there are often lengthy waits just to get appointments. The majority of dentists on this island will not accept Medicare or private insurance payments, so patients must pay their bills in cash and try themselves to get reimbursement from insurers. And the DOE has no one on-island to diagnose learning disabilities. Nor do the schools have in-house nurses now. Those nurses were invaluable in times past because they were immediately accessible for free when a student needed medical attention.</p>

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**INSTRUCTIONS:**

- 1) Top of Form. Enter your name and title, the organization\* you represent and date you completed the table. If you do not represent an organization, indicate "Individual" here.
- 2) Issue/Challenge Column. List your issue/challenge. Be clear and concise.
- 3) Why Should this be considered a priority issue Column. Include a brief explanation as to why this is an issue for Kupuna. When available, include quantitative data here.
- 4) Comments Column. Include any supporting notes, references, and qualitative data here.
- 5) Take time to review your list.
- 6) Combine any similar issue/challenge when possible.