



HAWAII STATE HEALTH PLANNING AND DEVELOPMENT AGENCY
 1177 Alakea Street, Suite 402 • Honolulu, HI 96813 • Phone: (808) 587-0788 • www.shpda.org
 Keiki Advisory Council - Plan Development Committee

Meeting Minutes

April 24, 2024 | 11:30 PM Hawaii Time
 Virtually via Zoom and Physical Meeting Location at
 The Keoni Ana Building, 1177 Alakea Street, Suite 402

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

ATTENDANCE RECORD OF MEMBERS

Date	1/18/24	2/28/24	4/24/24	TBD	TBD	TBD	TBD	TBD	TBD	TBD
Lance Collins	X	X	O							
Adrienne Dillard	X	X	X							
Karen Holt	X	X	X							
Jocelyn Howard	O	O	O							
Keiko Nitta	X	X	X							
Vija Sehgal	X	O	X							
Matthew Shim	X	O	X							
Renee Yu	/	X	X							
Deborah Zysman	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 11:32 a.m. by K. Holt, Chairperson, Keiki Advisory Council presiding.	
Roll Call	Member roll call. Member Kelli-Ann Voloch resigned effective April 24, 2024.	
Minutes	<p>Motion to accept the minutes from the January 18, 2024.</p> <p>Vote: Unanimous. Motion carried.</p> <p>Public testimony. None.</p>	
State Health Planning and Development Agency (SHPDA) Updates	<p>W. Nihoa, Comprehensive Health Planning Coordinator, SHPDA, reported on behalf of J. Lewin, Administrator, SHPDA.</p> <p>2024 Legislative updates. Two bills highlighted: Senate Bill (SB) 2285 and SB 3129 (companion House Bill 2728). First hearings completed for both. Both bills have gone through first hearing.</p> <p>SB 2285-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. Appropriates funds.</p> <p>SB 3129 Establishes the Hui Ho’omana Task Force within the State Health Planning and Development Agency to develop a comprehensive plan to provide universal access to equitable and affordable high-quality health care for state residents, including defining action plan items, setting timeline and deadline for each action item, and identifying resources required and funding options. Requires reports to the Legislature.</p> <p>J. Lewin, Administrator, SHPDA, provided an update on the AHEAD (Advancing All-Payer Health Equity Approaches and Development Model) Grant. SHPDA and the Department of Human Services MedQUEST continue to collaborate on the grant application due on March 18, 2024. J. Lewin noted the first 30-months of the project will provide opportunity for input from the Keiki Advisory Council.</p> <p>A brief discussion followed.</p> <p>Public testimony. None.</p>	
Keiki Advisory Council Priorities	Each member presented their Individual List of Issues and Priorities followed by a brief discussion to clarify the issues and priorities presented. Lists were shared with members and are hereby attached to these minutes.	

	<p>A brief discussion followed regarding the type of issues and priorities presented and the need to distinct between Public Health and Healthcare. Guidance pertaining to this matter will be presented at the next meeting.</p> <p>Public testimony. None.</p>	
Announcements	<p>K. Holt announced the resignation of member Kelli-Ann Voloch – effective April 24, 2024.</p>	
Next Meeting	<p>May 22, 2024, 12:30 p.m.</p>	
Adjournment	<p>The meeting was adjourned at 12:38 p.m.</p>	

State Health Planning and Development Agency

Priorities Selection Process

Individual Issues/Challenges List

Name/Title: Adrienne Dillard, Vice Chair
or tap to enter a date.

Organization: State Health Planning Committee - Keiki Advisory Group

Date Completed: [Click](#)

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Issue: lack of connection to the 'aina' and culture. The challenge is reinforcing and nurturing this cultural connection for all keiki.	<p>"The health of the land is the health of the people is the health of the nation" - Ola ka 'āina, ola ke kānaka, ola ka lāhui" — Noa Emmett Aluli</p> <p>Lack of available programs/services to address culturally appropriate social systems.</p> <p>Cultural identity, aina, creating culturally safe spaces, and;—.</p>	<p>NHPI CHWs quoted this from Dr. Aluli at the foundation of what is important for the "health and well-being of each patient needed to be understood in the context of their 'ohana, their genealogy, their lifestyle, and their 'āina."</p> <p>Website:</p> <p>Assimilation reinforces cultural trauma, and legacy colonialism has become a vicious cycle</p>
2	Poverty	<p>Poverty impacts keiki at various levels.</p> <ul style="list-style-type: none"> ~ Hunger ~ Overcrowded households ~ Lack of access to healthy/locally grown foods ~ Increased family friction due to money ~ Limited employment opportunities – lack of salary increases ~ Parents working multiple jobs/keiki left unsupervised ~ Classism ~ Parental/Family stress due to debt ~ The stress of not 'ohana not meeting family and church obligations. ~ Consumption of unhealthy diet choices 	<p>A 2018 state study found that Hawaii families, on average, experienced a 7.7% poverty rate. That rose to 12.6% for Native Hawaiians, 17.9% for Samoans, 21.9% for Tongans, and 46.2% for Marshallese families.</p> <p>Rural underserved communities have these statistics – more than the overall State.</p>

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		<ul style="list-style-type: none"> ~ Literacy is low, which is a correlation to health literacy. ~ Lack of support due to migration ~ Poverty and the impact of our youth interacting with the foster care system. ~ Aging out of foster care often means facing economic challenges. ~ NHPI youth may lack financial literacy skills and struggle to find stable employment. ~ Poverty rates among NHPI youth can be high, making it difficult to secure housing, pay bills, and meet basic needs. 	<p>Financial literacy has still not been institutionalized in our schools despite the constant data supporting financial health as essential to total well-being as one of the SDOHs.</p> <p>Financial literacy – very generous – transitioning and moving to the Continental US –</p>
3	Mental Health	<p>Sexual crimes against children (trafficking, incest, domestic violence)</p> <p>Neglect – The mental health challenges and the failure of various systems were discussed at great length.</p> <p>The truth of youth and social media, bullying</p> <p>Lack of sex education</p> <p>The trauma, loss of loved ones, broken relationships, depression, substance abuse, and economic instability faced by NHPI youth most times go unaddressed and untreated.</p> <p>Transgender and gender-nonconforming (TG/GNC) youth often face social stigma and discrimination. They may encounter bullying, exclusion, and mistreatment due to</p>	<p>According to the NIMHD Report from 2023, “Research to understand and address health disparities in Native Hawaiian and Pacific Islander population,” Suicide is the leading cause of death among NHPIs ages 15-24. Within Hawaii, Native Hawaiian adolescents were reported to have made more suicide attempts compared to non-Hawaiians.</p> <p>Transgender youth may experience various forms of violence, both physical and emotional. This includes hate crimes, harassment, and assault.</p>

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		<p>their gender identity or expression. The lack of acceptance, neglect, or abuse from family members can exacerbate these challenges. Transgender youth face a 2 to 3 times higher risk for depression, anxiety disorders, suicidal ideation, suicide attempts, and self-harm.</p> <p>Gender diversity, acceptance of the multifaceted intersectionality of identity (create space for people to embrace all)</p>	<p>NHPI individuals were three times less likely to receive mental health services or prescription medications for mental health treatment compared to whites.</p> <p>Increase sex education. – understanding cultural norms around sex education, creating cultural spaces, increasing access, and learning sex on TikTok. Teens to access legitimate information</p> <p>DV conversations – trusted community members – organizations delivering resources – to trusted individuals in the community.</p> <p>Holding systems accountable – for fostering children – and the mental well-being of the fostering – protection of children -</p>
	<p>JuvenileTrafficking</p>	<p>NHPI youth are more susceptible to human trafficking due to historical trauma and economic disparities. NHPI</p>	<p>Human trafficking encompasses various exploitative practices</p>

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<p align="center">4</p>		<p>youth, lacking a strong sense of self and place, may turn to the streets to redefine themselves. Substance abuse, trauma, loss of loved ones, broken relationships, depression, and economic instability worsen their vulnerability to exploitation. Human traffickers prey on these vulnerabilities, luring youth into exploitative situations.</p> <p>Lack of education around trafficking – normalized, a family can be part of trafficking, the denial of resources to force an action—trafficking group, Kalei Grant, within the Hawaiian community.</p>	<p>beyond sexual exploitation. Victims can be forced into labor, domestic servitude, or coerced to participate in criminal activities.</p> <p>A study revealed that more than 75% of all sex trafficking victims reported being homeless, which highlights the intersection of homelessness and trafficking among NHPI youth. Additionally, 64% of survivors identified as being part Native Hawaiian, and the average age is just under 12 years old.</p>
<p align="center">5</p>	<p>Health Inequities</p>	<p>Mortality rates for Native Hawaiian babies remain high. The leading causes of infant mortality among Native Hawaiian or Other Pacific Islander (NHPI) infants include:</p> <ol style="list-style-type: none"> 1. Congenital disabilities: These congenital malformations, deformations, and chromosomal abnormalities contribute to infant mortality. 2. Preterm birth and low birth weight: NHPI infants born prematurely or with low birth weight face increased risks. 3. Sudden infant death syndrome (SIDS): SIDS remains a significant concern for NHPI communities. 	<p>Lifestyle change – going to a sedentary way of life – health literacy – routine health care – oral health care.</p> <p>Cultural responsibility to the family – kind of supports and leads to poverty –</p> <p>Teen births – lack or limited prenatal care</p> <p>Sex education is missing in families and schools.</p>

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The leading causes of youth mortality among Native Hawaiian or Other Pacific Islander (NHPI) youth are multifaceted and influenced by various factors.

4. **Health Disparities:** NHPI youth face disparities in access to healthcare, preventive services, and health education, which contribute to adverse health outcomes.
5. **Chronic Conditions:** NHPI youth are at risk for chronic health conditions such as **obesity, diabetes, and hypertension**. These conditions can lead to long-term health complications.
6. **Substance Abuse:** Substance abuse, including **alcohol, tobacco, and illicit drugs**, poses significant risks to NHPI youth.
7. **Accidents and Injuries:** Unintentional injuries, such as **motor vehicle accidents, drownings, and falls**, contribute to youth mortality. Safety education and awareness are crucial.
8. **Violence:** NHPI youth may face violence, including **domestic violence, gang-related violence, and bullying**.
9. **Neglect** –System accountability, city, county, and State.
10. **Cultural and Social Factors:** Cultural identity, language barriers, and acculturation can impact NHPI youth’s well-being.

Disparities are magnified by limitations in access and availability of services, particularly in rural, primarily Native Hawaiian and Pacific Islander communities.

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<p>6</p>	<p>Over-Representation in the Juvenile Justice System</p>	<p>NHPI youth receive harsher sentences for minor offenses, particularly crimes related to poverty. NHPI youth encounter setbacks indicative of systemic failures and generational challenges, including foster care, substance abuse, human trafficking, and loss of loved ones.</p>	<p>Department of Education – sets them up to be incarcerated.</p>
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Name/Title: Deborah Zysman, MPH, Executive Director

Organization: Hawai'i Children's Action Network

Date Completed: 4/11/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	<p>Need for access to early and adequate prenatal care. Barriers to prenatal care include the high cost of services, insurance barriers or not having insurance, unavailability of services in specific communities including rural areas, transportation access issues, long wait times, distrust and fear of medical institutions, and/or lack of awareness of early prenatal care.</p>	<p>Access to prenatal health is critical because opportunities for screening, prevention, and management of health during pregnancy lead to better maternal health and positive birth outcomes. Access to prenatal care, particularly initiation of and access to early and adequate prenatal care, is associated with improved outcomes such as decreased rate of babies born with low birth weight and reduced infant mortality. Bias and discrimination, as well as lack of access to providers in lower-income communities and communities of color are root causes of lower rates of prenatal care access among women from marginalized communities, including those with lower socioeconomic status.</p> <p>Statewide, just 62% of women received adequate or better prenatal care in HI (Source: PRAMS). In 2020, 11.3% of births received late (3rd trimester) or no prenatal care. Late or no prenatal care varied significantly by county from 4.4% in Maui and 6.6% in Kauai to 10.4% in Hawai'i and 12.6% in Honolulu Counties (2020 Birth Record data in HI IBIS). Among pregnant women who did not get prenatal care in HI, not being able to get an appointment when they wanted, not having enough money, being too busy, and wanting to keep the pregnancy a secret have been commonly reported barriers (source here).</p>	<p>Existing efforts and potential solutions include mobile prenatal health clinics, telehealth, universal home visiting services.</p>
2	<p>Need for access to preventative approaches supporting mental health among families with young children, with emphasis on families with special needs. Preventative approaches include:</p> <ul style="list-style-type: none"> • Trauma-informed and culturally or place-based 	<p>Families with young children need access to preventative strategies that are trauma-informed and support mental health and wellbeing. Systemic barriers make it more difficult for children with disabilities, children in families with low socioeconomic resources, and children in families of color to access preventative mental health services and supports such as early intervention, screening and referral services. When families have access to affordable (if not free/ zero cost) and</p>	<p>Access to mental health screenings, concrete and economic supports, and mental health consultation are related issues. Eligibility criteria for early intervention and screening and referral services pose related issues that current efforts are working to address.</p>

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	<p>programming for children and families experiencing challenging situations due to systemic inequities (e.g., unstable housing, food insecurity) that are linked with mental health;</p> <ul style="list-style-type: none"> • Peer supports and/or system navigation for families; • Early intervention; and • Prevention approaches such as home visiting, screening and referral, and mental health consultation in ECE. <p>Barriers include provider shortages and workforce barriers, severely limited infrastructure, high out-of-pocket costs, insurance barriers and eligibility restrictions that prevent young children without mental health diagnoses from accessing preventative care. There is need for sustainable funding and dedication of resources to existing community supports that provide resources for families. Coordination between DOH, DHS, and DOE are necessary to improve this access issue.</p>	<p>quality mental supports and services during times of crisis, children can receive support needed to cope with challenging situations and meet developmental milestones, amongst other positive outcomes. Furthermore, early identification and access to support is associated with improved outcomes for families with children with special needs.</p>	<p>Existing efforts and potential solutions to which investments should be made include pediatric mental health care access line, infant early childhood mental health consultation and training in ECE, peer-to-peer supports, culturally-based resources and practices, telepsychiatry, workforce incentives to address the provider shortage (i.e., loan forgiveness) .</p>
<p align="center">3</p>	<p>Need for access to pediatric mental health specialty care and telehealth. Lacking access is due to provider shortages and workforce</p>	<p>Families with children experiencing mental health issues report long wait times—from one-two months and sometimes longer than one year—between when they are referred and receive care, if they access care at all. This represents a severe</p>	

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	<p>barriers, limited infrastructure, low reimbursement rates for mental health services, lack of culturally appropriate services, lack of language access, and failure to prioritize resources for mental health at the state level. Severe workforce shortages, including pediatric psychiatrists, pose a significant problem and access issue, particularly in rural areas.</p>	<p>issue with consequences for individuals whose needs require care in a timely manner, especially those in crisis, individuals struggling with severe mental health issues, and individuals needing social and economic supports.</p> <p>Unmet need for access to mental healthcare adversely affects children’s overall health, development, and emotional wellbeing. Underlying social determinants of mental health, including adverse childhood experiences and unmet basic needs, and the mental health implications are exacerbated when children have to wait to receive care.</p> <p>Providers report the need to address mental health needs creates the greatest demand for patient referrals in Hawai‘i. Among providers, 78% indicate mental health/counseling is most needed and 73% report psychiatry is the greatest need (source here).</p> <p>A Hawai‘i Department of Health report using 2020 data estimates that 11,000 of Hawai‘i’s youth experienced at least one major depressive episode in the prior year. Of those who experienced a major depressive episode, approximately 6,000 did not receive mental health services in the prior year.</p>	
4	<p>Need for access to oral health care. Children need access to regular dental care and other aspects of oral healthcare including community water fluoridation, sealants and fluoride varnish. Community based prevention programs, screening and referral services, and restorative dental care access are needed.</p>	<p>Hawaii has the highest prevalence of tooth decay among third graders in the United States. More than 7 out of 10 third graders (71%) are affected by tooth decay; substantially higher than the national average of 52%. Almost 1 out of 4 third graders (22%) in Hawaii has untreated tooth decay demonstrating that many children are not getting the dental care they need. About 7% of Hawaii’s third grade children are in need of urgent dental care because of pain or infection. If applied to all children in kindergarten to sixth grade, more than 6,600 children in Hawaii’s public elementary schools experience pain or infection due to dental disease on any given day. There are significant oral health disparities by</p>	<p>Potential solutions include school-based access to oral health care and dentistry, teledentistry. Dental sealants are a safe, simple, cost-effective clinical intervention to prevent tooth decay in molar teeth</p>

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		income, as well as by race/ethnicity, among third graders in Hawaii. (Source here).	
		Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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.

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Name/Title: Keiko Nitta/Early Childhood Coordinator Organization: DOH, Children with Special Health Needs Branch Date Completed: 4/10/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Support the Mental Health Needs of children and youth thru use of various evidence based and promising strategies: pediatric mental health care access line, infant early childhood mental health consultation and training, peer-to-peer supports, culturally-based resources and practices, and telepsychiatry.	Hawaii ranks 43 rd in the nation for Youth Mental Health showing that Hawaii’s youth have a higher prevalence of mental illness and lower rates of access to care (State of Mental Health in America Youth Data 2023, Mental Health America). The National Survey of Children’s Health reports that 30.4% of children 3-17 experienced two or more Adverse Childhood Experiences (ACEs) (2020-2021). While young teens (grades 9-12) report that they have an adult they can talk to (73.5%), the number drops for teens identified as Gay, Lesbian, Bisexual or Other (64.6%). Only 20.1% of Young Teens report they get mental health help when needed (2021) but drops to 14% for Filipinos who are significantly worse than the overall value).	Click or tap here to enter text.
9	Promote oral health care of children thru use of tele-dentistry, promoting use of sealants and fluoride varnish, and working thru coalitions to direct change.	A 2016 Hawaii Smiles Report by the DOH/FHSD finds that Hawaii has the highest prevalence of tooth decay among third graders in the United States. More than 7 out of 10 third graders (71%) are affected by tooth decay; substantially higher than the national average of 52%. Almost 1 out of 4 third graders in Hawaii has untreated tooth decay demonstrating that many children are not getting the dental care they need.	Click or tap here to enter text.
2 tie	Support prenatal and post-partum care of birthing people and infants thru universal access to home visiting services.	The 2023 March of Dimes Report Card shows that Hawaii has an overall grade C for preterm birth rate (9.8% in Hawaii vs. 10.4% in the US). The preterm birth rate among babies born to Asian birthing people is 1.2 times higher than the rate among all other babies. There are many factors which make birthing people more likely to have a preterm birth (smoking, hypertension, unhealthy weight, diabetes, previous term, carrying multiples).	Click or tap here to enter text.
	Support children and youth with special health care needs by promoting use of screenings and	Due to the complexity of their health needs and the need to assure access to comprehensive, coordinated, community-based services, increasing attention has been focusing on	Click or tap here to enter text.

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<p align="center">5</p>	<p>referrals to identify young children who may need supports to optimize their development.</p>	<p>children and youth with special health needs. In Hawaii, there are an estimated 35,022 CSHNB representing 12.3% of all children ages 0-17 years old. 6.4% of the population of infants and toddlers are receiving Individuals with Disabilities Education Act Part C services (IDEA Part C). The earlier children are identified, the sooner family-centered health care services can improve outcomes for children and families.</p>	
<p align="center">6</p>	<p>Address access to care for neighbor island and rural communities by regularly analyzing data on access to services by gender, age, income, geography and developing and supporting health programs that address gaps in access or utilization of services.</p>	<p>A report on “Access to Health Services: Healthy Hawaii 2020 A Community Health Plan” defines access to care, which includes insurance status, an adequate supply of providers, and having a usual source of care, significantly impacts health and well-being. Hawaii has had low uninsured rates since 1971 when the Prepaid Health Care Act required insurers to offer health insurance benefits to any employee working at least 20 hours per week. However, certain age, race, and geographic groups are less likely to have health insurance or a usual source of care. Birthing people in Hawaii are most vulnerable due to reproductive healthcare access at 82% of the Maternity Vulnerability Index (2023 March of Dimes Report Card).</p>	<p>Click or tap here to enter text.</p>
<p align="center">2 tie</p>	<p>Address health disparities by disaggregating data about Native Hawaiian and Other Pacific Islander families and working with community partners to co-develop a comprehensive plan to address children’s health (nearly twice the infant mortality rates, three times more likely to be obese compared with the overall Asian American population, etc.</p>	<p>Although Hawaii has consistently placed a high value on providing accessible, top quality health care for all, health disparities between population groups exist. Statistics from the Office of Minority Health (OMH), an agency of the U.S. Department of Health and Human Services (HHS), illuminate the health care needs of Native Hawaiians and Pacific Islanders, who make up about 0.4% of the U.S. population (roughly 1.4 million people). According to 2019 data from the U.S. Census Bureau, the health care needs of Hawaiians have historically gone unmet compared with non-Hispanic white populations. It’s important to note that data isn’t collected and published in ways that specifically target the Hawaiian populations, but rather is typically included in a larger group known as Asian American and Native Hawaiian and Other Pacific Islander (AANHPI). By disaggregating data about</p>	<p>Click or tap here to enter text.</p>

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		Hawaiian populations, researchers can improve data accuracy about Hawaiian health inequities, potentially helping them find ways to eliminate Hawaiian health disparities.	
3	Focus on social determinants of health to create more equitable health policies and programs	The Healthy Hawaii Strategic Plan finds, “Social determinants of health are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life—risks and outcomes. Numerous social, economic, and environmental factors influence the health of individuals and populations. For example, people with a quality education, stable employment, safe homes and neighborhoods, and access to high-quality, preventive health services tend to be healthier throughout their lives and live longer. Where you live directly affects your health in a number of ways, from the accessibility of healthy food, to the availability of green space to be physically active, to access to primary health care. ¹² In Hawaii, life expectancy ranges by zip code from 73 years to 87 years, a 14 year difference.) https://hhsp.hawaii.gov/about/priority_populations	Click or tap here to enter text.
8	Address food insecurity by advancing public awareness of available services and resources, developing a coordinated statewide plan for addressing food insecurity, promoting policies to increase access to community-based food systems (eg. Double Up Food Bucks).	A 2021 study by the University of Hawaii found that 48% of Hawaii families with children are experiencing food insecurity with 15% reporting they did not have enough food in the past week. Many families may be prevented from receiving services due to stigma, have housing insecurity and transportation barriers, and those living in unsheltered or in unstable housing.	Click or tap here to enter text.
4	Address physician workforce shortages and professional development through supporting healthcare transformation using the Pay for Performance measures to better support quality care.	Greatest shortage statewide remains in primary care with 162 FTEs needed across all islands. Physician supply continues to decline with COVID affecting burn out, moral distress, compassion fatigue, and retirement.	Click or tap here to enter text.

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7	Address environmental health concerns as it affects children's healthy development by studying effects of Lahaina fires and long-term impacts on children's development (eg. air and water quality, respiratory health, exposure to lead) through monitoring data systems such as the Birth Defects program and other surveillance systems.	According to a presentation by Catherine Pirkle and Rosana Hernandez Weldon of the Thompson School of Social Work and Public Health, they provided an overview of basic environmental health topics, including how people are exposed to contaminants resulting from wildfires, populations who may be sensitive to health effects, and health concerns resulting from smoke, ash, and water. They include human exposures to high levels of particulate matter and to natural and manmade compounds such as heavy metals and volatile organic compounds. Researchers showed that populations at risk include pregnant women, children, older people, low-income people, people with existing health conditions, and those who are occupationally exposed.	Click or tap here to enter text.
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Instruction for Partners:

1. Please add any Comments or Suggestions in the last column if you have any.
2. Please change the letters to your ranking (1-10) based on criteria below or on your gut feeling.
 - a. Problem Significance
 - 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.
 - b. Feasibility and Capacity
 - 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.
 - c. Impact and Consequences
 - Unintended Consequences. Potential negative outcomes caused by the problem.
 - Root Problem. Is the problem a fundamental cause of other related issues.
 - d. Existing Efforts and Potential Solutions
 - 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.
 - e. Resource Mobilization and Collaboration
 - 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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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.

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Name/Title: Matt Shim/FHSD Chief

Organization: DOH/FHSD

Date Completed: Click or tap to enter a date.

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Promote reproductive life planning	The FY 2022 data (2021 data) indicates that 69.5% of women in Hawaii received a preventive medical visit, which was significantly lower than the previous year (78%). This is likely due to COVID isolation, shutdowns, and healthcare service disruptions during 2020-22. Hawaii's rate was similar to the national estimate of 69.7%. There were no significant differences in reported subgroups by race/ethnicity, maternal age, household income, health insurance, or marital status based on 2021 data. More research needs to be done to see if the percentage has decreased due to the loss of the Title X Family Planning grant.	Click or tap here to enter text.
2	Increase the rate of infants sleeping in safe conditions.	Department of Health data shows that nearly two of every three infants are not sleeping in a safe environment and nearly one in every three are not sleeping in a crib (between two and six months of age) (2018). On average, 14 infants die each year in Hawaii from Sudden Unexpected Infant Death (SUID)	Click or tap here to enter text.
3	Reduce food insecurity for pregnant people and infants through WIC program promotion and partnerships.	FY 2022 saw the normalization of general life with rescinding of the last COVID-related emergency orders. Substantial federal relief funding and tourism's quick rebound helped to offset some of the community and financial hardships created by COVID. However, economic recovery remains challenging for many under-resourced WIC families and their communities with an unexpected rise in inflation and an exorbitant increase in housing/rental costs. Hawaii surveys and local service providers confirmed that many Hawaii families continue to suffer from housing and food insecurity	Click or tap here to enter text.
4	Improve percentage of children screened early and continuously ages 0-5 for developmental delay	The National Survey of Children's Health indicates that only 34.4% of Hawaii parents said they completed a developmental screening of their child 9 through 35 months using a parent-completed questionnaire (2022). This data needs to be compared to the claims report for Medicaid children and the All Payers Claims Database once it is developed as the NSCH is	Click or tap here to enter text.

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		a parent questionnaire and percentages and population estimates are weighted to represent child population.	
5	Reduce the rate of confirmed child abuse and neglect with special attention to children ages 0-5 years	<p>Child maltreatment continues to be a foremost concern for the state. Community needs span the spectrum, from primary prevention services to support families and improvements to the Child Welfare Service system to promote family unity and prevent children from unnecessarily entering foster care. The latest data is for confirmed child abuse cases from the 2021 DHS State Child Abuse and Neglect Report, which showed increases in confirmed cases in 2021 over the previous year. The increases may not reflect a worsening trend but rather a return to pre-COVID case levels. The number of confirmed duplicative cases for children ages 0-5 increased from 1,276 in 2020 to 1,495 in 2021. Infants under one year of age continued to account for the highest percentage of abuse (15.7% of total confirmed cases). Children five and under accounted for 41.9% of all confirmed cases, a slight decrease from 2020.</p> <p>Geographic and ethnic disparities remained: Hawaii, Honolulu, and Kauai counties experienced increases in the number of confirmed cases in 2021, with Maui County indicating a decrease in confirmed cases. Hawaiian/Part Hawaiian children continued to be overrepresented among confirmed CAN cases for all age groups, largely due to historical, systemic racism, social factors, historical discrimination policies and practices, and poverty.</p>	Click or tap here to enter text.
6	Promote child wellness visits and immunizations among young children ages 0-5	The priority is a result of ongoing assessment and concerns raised during COVID that many families were postponing or delaying care due to provider office closures, lockdowns, and safety concerns. Initially, the effort was to ensure that families continued with well-child inperson or telehealth visits to ensure medical providers could complete their developmental surveillance of children. The effort continued to focus on well-child visits and ensuring that comprehensive screenings for development, behavior, hearing, vision, obesity, mental health, and oral health were being conducted to identify children in need of more intensive follow-up and services.	The data for this measure is from the annual state CMS Medicaid Core quality assurance measure: Children receiving six or more well-child visits in the first 15 months of life. The 2022 data shows child wellness visits remained stable over 2021-2022 (63.8%) but did drop somewhat from 73.2% in 2019. Using 2019 data (latest available national data), Hawaii

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			ranked ninth highest among states for CWV, exceeding the national average of 65.6%
7	Improve the healthy development, health, safety, and well-being adolescents	The 2021 Hawaii Youth Risk Behavior Survey (YRBS) indicated a 1.0% decrease in preventive visits for high school teens. For teens in 2019 who reported seeing a doctor for a check-up or preventive physical exam, visits declined slightly from 64.0% in 2019 to 63.0% in 2021. These numbers may be inflated if adolescent respondent defined sports physicals as a wellness visit. Neighbor island disparities remain, with Kauai County high school youth reporting the lowest percentages of adolescent wellness visits, followed by Hawaii County and Maui County youth. Other Pacific Islander high school students had the lowest percentage of preventive visits, followed by Filipino and Native Hawaiian students.	Click or tap here to enter text.
8	Improve the percentage of youth with special health care needs (ages 12-21) who receive services necessary to make transitions to adult health care	The aggregated 2020-2021 data indicates that the estimate for Hawaii (21.9%) is not significantly different from the national estimate of 20.5% for youth with special health care needs. The increase from 2019-2020 (15.9%) was not statistically significant although it shows that Hawaii is moving in the right direction. For adolescents with no special health care needs, aggregated 2019-2020 data indicates that the estimate for Hawaii (18.8%) was not statistically different from the nation (17.6%); however, the increase from 2017 (10.4%) was statistically significant. There were no significant differences in reported subgroups by household income poverty level, nativity, sex, and household structure, based on the 2019-2020 data provided.	Click or tap here to enter text.

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Name/Title: Zerui Renee Yu, Suicide Prevention Coordinator

Organization: DOH, EMSIPSB

Date Completed: 4/23/2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Need additional funding, resources, and recognition for suicide prevention.	Suicide is the second leading cause of fatal injury in the state of Hawaii. Based on data analysis completed by Dr. Dan Galanis (Hawaii State Department of Health, EMS & Injury Prevention System Branch), for every child who dies from suicide in Hawaii, there are an estimated 6 (56 per year) who are hospitalized, and another 20 (184 per year) who are treated in emergency department for nonfatal self-inflicted injuries each year.	According to CDC, suicide is a public health problem that can have long-lasting effects on individuals, families, and communities. To prevent suicide requires all levels of society. For example, financial security, housing, protective environments, access to health care, connectedness, responsible reporting of suicide by the media, and so much more. It needs to be a statewide effort and that requires funding, resources, and recognition to adequately support the people in the community doing the work, the community after a suicide event, and overburdened healthcare and public health system.
2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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4	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
5	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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.