



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

Meeting Minutes

June 21, 2024

2:00 PM Hawaii Time

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

https://www.zoomgov.com/rec/share/UY1ncfOi0sv2snRx9ABHY8naw6J5DDAGAUVV2DSa_vVGpFRujVX64y-10Qm2BLWX.Wr65vBpTNKgJ3RNF

Passcode: NL7t&^Nv

MEMBERS: Edeluisa Baguio-Larena, Kathleen Hagan Karen Holt, Francine Johansen, Bob Shroder
 MEMBERS ABSENT: Donna Butterfield
 GUESTS: None
 SHPDA: John Lewin, Wendy Nihoa

ATTENDANCE RECORD OF APPOINTED MEMBERS

Date	11/12/21	2/4/22	5/13/22	8/12/22	12/2/22	2/17/23	6/23/23	11/17/23	3/15/24	6/21/24
Edeluisa Baguio-Larena	X	X	X	X	O	X	X	X	X	X
Donna Butterfield	-	X	X	X	X	O	O	X	O	X
Kathleen Hagan*	X	X	X	X	X	X	X	O	X	X
Karen Holt	X	X	X	X	X	X	X	X	X	X
Francine Johansen	-	-	-	X	X	X	X	X	X	X
Robert "Bob" Shroder**	-	-	-	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 2:00 p.m. with K. Hagan, Chair, TISAC presiding.	
Roll Call	Member roll call.	
Meeting Minutes	Motion to accept the minutes from the March 15, 2023, meeting.	
	Vote: Unanimous. Motion carried.	
	Call for public testimony – none.	
Administrator's Report	The Administrator's Reports for May and June 2024 deferred to the next meeting. All Administrator's may be accessible via the State Health Planning and Development Agency's website at https://health.hawaii.gov/shpda/agency-resources-and-publications/administrators-reports/	
	J. Lewin, Administrator, SHPDA, provided an update on 2024 Legislative Session and the All-Payer Health Equity Approaches and Development Model (AHEAD) Grant.	
State Health Planning and Development Agency (SHPDA) Updates	2024 Legislative Session. Senate Bill 2285 to expand staff, add funding, and create the Hui Ho'omana task force did not pass. Plans to redraft similar legislation for the 2025 Legislative session. Focus will remain – improve population health.	
	AHEAD Grant. Pending notification from the Centers for Medicare and Medicaid. Grant will start on July 1, 2024.	
	J. Lewin announced hiring of new staff. Terry Visperas will join SHPDA as a Comprehensive Health Planning Coordinator. Effective early July 2024.	
	A brief discussion followed.	
	Public testimony – none.	
TISAC Priorities 2024	Council members R. Shroder and K. Hagan presented their lists of issues/challenges. A compilation of members' lists is hereby attached to these minutes. Each presentation was followed by a session for questions-and-answer.	
	The remaining members will present their lists at the next TISAC meeting.	
	Public testimony – none.	

Council Meetings	Deferred to the next TISAC meeting.	
Announcements	Robert's Rules In Service on August 2, 2024 at 12 p.m.	
Next Meeting	W. Nihoa, Comprehensive Health Planning Coordinator, SHPDA will poll members for the next meeting date/time. Members agreed to meet sooner than quarterly. Agenda item: Continue Individual Member Presentations. Public testimony – none.	
Adjourn	The meeting was adjourned at 3:03 p.m.	

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Priorities Selection Process

Individual Issues/Challenges List

Name/Title: Robert Shroder

Organization: Tri-Isle subcommittee

Date Completed: June 5, 2024

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	Lack of accessible care in many parts of Maui County. This includes access to emergency care, primary care, and specialty care.	Without accessible care for all, community mortality and morbidity will rise. People will leave the area to obtain healthcare services.	No doctors on Molokai; lack of primary and specialty care on all 3 islands. Access to emergency care on West Maui is non-existent. Fire has made access even worse. Transportation to and from parts of the county are insufficient and unreliable.
2	Outdated medical facilities.	It will be extremely difficult to recruit new young professional healthcare providers if the facilities they are being recruited to are old and outdated. They will go elsewhere.	Fire destroyed all large medical office buildings on West Maui. Temporary facilities are poor. Kula hospital is a very outdated facility. Recruitment to these facilities will be extremely difficult. I have been serving on this sub area council for 3 years and have never had to review a CON. Healthcare organizations are not investing in our area.
3	Lack of educational programs that can train future healthcare professionals.	There are very few healthcare training programs in our county or even in our state. Professionals are needed in medicine, nursing, lab, radiology, physical therapy, occupational therapy, and so many more. The only educational program on Maui that I know of is the associate nursing program. The UH campus on Maui told me that the other programs are supposed to be taught by the community college on Oahu.	Staffing facilities are already difficult. If you do not start to provide a pipeline for future staffing, it will only get worse.

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4	Disaster Preparedness is not good.	The lessons learned by the West Maui fire showed that the County and the State were not adequately prepared to handle a major disaster.	There was a report completed in 2018 that pointed out short comings in fire prevention, and nothing was done to improve the situation. People have lost faith in local governments.
5	Reimbursement to healthcare providers is very low compared to other markets.	Physicians and nurses can go elsewhere and get paid more and have a lower cost of living.	Insurance plans and governmental payers need to pay providers more and drop the provider tax.

INSTRUCTIONS:

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- 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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 Individual Issues/Challenges List

Name/Title: Kathleen Hagan

Organization: Individual

Date Completed: 06/1/24

	ISSUE/CHALLENGE	WHY SHOULD THIS BE CONSIDERED A PRIORITY ISSUE	COMMENTS
1	insufficient affordable housing	<p>Problem significance: high in magnitude and severity and getting worse</p> <p>the wildfires in 2023 have magnified the problem (not reflected in this data); > 6,000 people still displaced as of February, 2024</p> <p>5,973 people experienced homelessness in the state in 2022; 741 of these in Maui; chronic homelessness has increased by 18% over 2 years (source: HHDW 2022 Point in Time Count)</p> <p>homelessness rate is 43.2 per 10,000 population in HI in 2023, 42.8% for Maui County (compared to 17.5 in the US in 2022) (source: Hawaii Health Matters)</p> <p>residents throughout Hawai'i spend an average of 49-55% on housing and transportation costs combined</p> <p>the housing affordability index shows a downward trend, fluctuating from a rating of 98.5 in Q1 of 2015 to 82.2 in Q4 of 2021 (source: Aloha + Executive Summary 2023)</p> <p>Impact and Consequences: many unintended consequences & is a root problem</p> <p>"Individuals who are unhoused or homeless have higher rates of several negative health outcomes, including mental health, substance abuse, respiratory disease, and injury. Limited access to resources such as employment or health care further exacerbates the problem. Homeless women have a high rate of domestic or sexual violence and homeless children have a high rate of behavioral and emotional problems." (Hawaii Health Matters)</p>	<p>social determinant of health-upstream intervention</p> <p>physical environment- severe housing problems: 26% of households experienced at least one of the following housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities, compared to 17% nationally. By county, Honolulu and Maui had the highest percentages (26%), compared to Kaua'i and Hawai'i (24%). (source: 2024 County Health Rankings and Roadmaps, HH Data Warehouse)</p> <p>financial security a closely related issue: 44% of Hawaii's residents identified as ALICE (Asset Limited, Income Constrained, Employed), 15% live in poverty- up from 9% in 2018 (2022 Alice in Hawaii Report, Aloha United Way) both of these numbers have increased significantly</p> <p>2019-2021 a 3% increase in FPL vs. 18% increase in the household survival budget for a family of 4 in HI, a 26% increase for a single adult</p>

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		<p>“Instability and poor housing conditions lead to greater stress, increased exposure to unhealthy environments, and less access to healthy food options.” Correlation of housing conditions with asthma, diabetes, high blood pressure and stroke, heart disease, and anxiety and depression. (2021 Community Health Needs Assessment, p. 38)</p> <p>Resource Mobilization and Collaboration: resource availability- + local and national support; + stakeholder support</p>	<p>health equity issue: Native Hawaiians, Filipinos and other ethnicities are more likely to be either</p> <p>impacts the ability to recruit and retain healthcare workers (see priority 3 below)</p>
2	<p>insufficient mental health support/services</p>	<p>Problem significance: high in magnitude and severity and getting worse</p> <p>exacerbated by the COVID-19 pandemic and the wildfires in 2023 have magnified the problem (the latter not reflected in this data)</p> <p>adolescents who experience major depressive disorder 19.2% in 2021 up from 14.2%; for adults 6.8% up from 5.8%; only half receive treatment</p> <p>suicide death rate 15.9 per 100,000 population (2022)- higher than the US value (14.2) and up from 12.9 (source: Hawaii Health Matters)</p> <p>30.5% of middle school students in the state have ever felt so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities; 34.7% in the past 12 months (YRBS 2019)</p> <p>68.9% of youth in Hawaii age 12-17 who have depression did not receive any care in the last year (NAMI)</p> <p>Impact and Consequences: unintended consequences</p>	<p>telemedicine has potential to alleviate</p> <p>need for (universal) trauma-informed care</p> <p>In 2023 the Mental health index (a measure of socioeconomic and health factors correlated with self-reported poor mental health) for Maui County is 43.6 (0 is low need to 100 high need)</p>

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		<p>“Caring for mental health is crucial to maintain healthy relationships, positive self-image/esteem, and productivity. A person’s mental health can influence their physical health as well. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease. Similarly, the presence of chronic conditions can increase the risk for mental illness.” (Hawaii Health Data Warehouse: Mental Health)</p> <p>high school students with depression are 2x more likely to drop out than their peers [National Alliance on Mental Illness-Hawaii](NAM)]</p> <p>Resource Mobilization and Collaboration: resource availability- + local and national support; + stakeholder support</p>	
3	insufficient local healthcare workforce	<p>Problem significance: high in magnitude and increasing</p> <p>need ways to attract and maintain healthcare workforce</p> <p>17% vacancy rate for non-physician positions in the state in 2022 (up from 10% in 2019)</p> <p><i>physicians are also a big issue- nearly 1,000 doctors short; 40% deficient in primary care physicians on Maui (former DOH Director Jack Lewin, HPR, 5/28/24) although here the focus is on non-physicians</i></p> <p>largest percentage of openings in the hospital setting are in Maui County: Lanai (48%), Maui island (36%) (source: HAH Healthcare Workforce Initiative 2022 Report, p. 2) on average 6-12 months to fill vacancies</p>	<p>increasing healthcare jobs would improve financial security; increased affordability of housing (see #1) would likely alleviate this problem</p> <p>⅓ less paid by Medicare compared to the rest of the country (Jack Lewin, HPR, 5/28/24)</p> <p>According to the 2022 Healthcare Workforce Initiative Report, healthcare professions with 30+ open positions represent a total increase of 1508 or a net increase of 80% from 2019; these include nurses (RN, NP, LPN, care manager, case manager); MAs, NAs, CNA’s,</p>

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		<p>can't recruit or retain nursing faculty due to low wages (especially in comparison to clinical nursing) and high cost of living; makes it hard to train new nurses</p> <p>Impact and Consequences puts a strain on existing workers, leads to turnover and burnout; patient safety risks; access issues, need to travel off-island for care</p> <p>41% of LPNs in Maui report “at least one time in the past 12 months I have felt so stressed at work that I considered leaving the nursing profession.” (p. 31); 49% for RNs (p. 47) (2023 Hawaii Nursing Workforce Supply Report)</p>	<p>and PCAs; technologists (radiologic, surgical, ultrasound); therapy (PT and RT); pharmacy techs, phlebotomists, medical lab scientists, social workers, medical secretary/ward clerk/unit clerk, and patient service representatives</p> <p>adjusted for cost of living, mean pay is the lowest in the 51 states and DOC for 15 needed health professionals although actual mean pay is high (ranking 2-31, average 13) (SB 1580 testimony by HAH p. 44, 2021 data)</p> <p>although the number of people licensed to practice nursing in Hawai'i has increased, the share of nurses who reside in Hawai'i has decreased over time. in 2013, 67% of RNs with a Hawai'i license were residents of the state vs, 56% in 2023; same trend is true for LPNs and APRNs (source: 2023 Hawaii Nursing Workforce Supply, p. 12)</p> <p>even at the first and only hospital in Hawaii to receive Magnet Status, Queen's Medical Center (on Oahu; some nurses commute from Maui) nurses demanding better working conditions in union contract negotiations (as of 6/1/24)</p>
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			<p>within the next 5 years 14% of RNs expect to leave HI d/t retirement</p> <p>projects like GoodJobs and legislative funding are helping</p>
4	<p>behavioral health: insufficient healthy eating & <u>active living</u></p>	<p>Problem significance: high in magnitude and severity and getting worse physical inactivity and poor nutrition are the 2nd most preventable cause of death and disease in the state</p> <p><i>food insecurity and access to healthy foods is deservedly getting a lot of attention, going to focus on active living here</i></p> <p>more needs to be done to create an environment conducive to active living</p> <p>obesity epidemic: in 2 decades % of obese adults in HI has doubled; over half (59%) of adults exceed BMI (overweight or obese) 26.4% obesity for adults in Maui 14.7% obesity for high school students in Maui</p> <p>Impact and Consequences: many unintended consequences & is a root problem chronic disease in HI costs (ave per yr 2016-2030) \$9 billion direct medical costs \$3.2 billion d/t lost employee productivity</p> <p>obesity increases risk for</p> <ul style="list-style-type: none"> A. diabetes- data for adults in Maui: 8.4%, 14.7% prediabetes B. high blood pressure - data for adults in Maui: 24.9% C. high cholesterol- data for adults in Maui: 24.8% D. heart disease E. some cancers 	<p>social determinant of health-upstream intervention</p> <p>drivers in the environment discourage energy expenditure and encourage overconsumption (HHSP, p. 35)</p> <p>limited access to public spaces and public transportation lack of safe routes to walk, bike, or wheel clean transportation- needs improvement (source: <u>Aloha + Executive Summary 2023</u>), not currently on track to meet the 2030 clean transportation goal to reduce petroleum usage to 165 million gallons per year, and used approximately 472 million gallons per year as of 2022 (state data)</p> <p>improvements in active living not only support physical health but also support mental health and climate health</p> <p>health equity issue Native Hawaiian/Pacific Islanders and multiracial children report</p>

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		<p>unhealthy eating & physical inactivity are root causes; for physical activity: only 20.5% middle school students met federal guidelines only 16.4% high school students met federal guidelines only 26.6% adults met federal guidelines</p> <p>source: HHDW Maui County Community Report</p>	<p>higher obesity rates compared to other racial groups (Health Status of Children in Hawaii, 2014)</p>
5	<p>behavioral health: substance use/abuse (cigarettes, nicotine vaping, drugs)- prevention and treatment</p>	<p>Problem significance: high in magnitude</p> <p>tobacco use is still the leading cause of preventable death and disease in the state</p> <p>annual healthcare costs in HI \$526 million directly attributed to smoking \$142 million Medicaid costs r/t smoking \$835- resident's state & federal tax burden from smoking-caused government expenditures \$387 million smoking-caused productivity losses (source: HHSP 2030, p. 51)</p> <p>e-cigarettes are particularly a concern for youth in Maui some of the highest rates in the country middle school- current smoking: 14.9% (13.4% in the state) high school- current smoking: 28.6% (23.4% in the state) adults- current smoking: 7.7% (8.5% in the state) source: HHDW Maui County Community Report</p> <p>Alcohol Adults who drink excessively at 19.9% in 2022 (up from 8.2%) Adults who drink heavily at 8.1% in 2022 (up from 7.0%) Alcohol use is also common among students</p> <p>Drugs</p>	<p>relates to mental health</p> <p>health equity issue -higher rates for Native Hawaiians, those with depression, those who drink heavily, LGBT community, unemployed, lower SES, those with only a high school education (p. 14) (source: Hawaii Tobacco Prevention and Control Plan 2030)</p> <p>state preemption law prevents counties from being able to pass legislation to curtail vaping epidemic</p>

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17,600 high school (HS) students have ever used an illicit drug (marijuana, cocaine, ecstasy, methamphetamines, illegal drugs injected by needle, or prescription pain medicine without a prescription) – 39.0% of HS students. (2019, [HI Health Data Warehouse: Drugs](#))

Impact and Consequences: unintended consequences

tobacco: detrimental impact of nicotine on the developing brain (attention, memory, learning); impaired decision-making and increased risk for addiction to other substances (HTPCP p. 14)

Excessive **alcohol** consumption incurs various costs due to decreased workplace productivity, health care expenses, legal expenses and expenses related to motor vehicle crashes and property damage. Nationally, excessive alcohol use is responsible for \$250 billion in **economic costs** per year or about \$2.05 per drink and \$807 per person. The estimated cost of excessive alcohol use in Hawai'i was \$937.4 million per year or about \$1.58 per drink or \$689 per capita.²

“In addition to alcohol use disorders, excessive alcohol is associated with many health problems including:

- Chronic diseases like cirrhosis, pancreatitis, high blood pressure, various cancers and psychological disorders
- Unintentional injuries like motor vehicle crashes, falls, drownings, firearm injuries and burns
- Violence such as child maltreatment, homicide and suicide
- Unintended pregnancy and sexually transmitted infections

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		<p>Poor pregnancy outcomes—fetal alcohol spectrum disorders, increased risk of miscarriage, premature birth, stillbirth, and sudden infant death syndrome” (HI Health Data Warehouse: Alcohol)</p> <p>Health impacts of drug addiction include weakened immune system, cardiovascular disease, cancer, mental disorders, and stroke. The economic impact of opioid use disorder and fatal opioid overdose combined was \$1.021 trillion in 2017, of which cost the state of Hawai’i \$1.718 billion. (HI Health Data Warehouse: Drugs)</p>	
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