KULA REGION MEETING RECAP

Total attendees = 14


### HOSPITAL COMMUNITY HEALTH PRIORITIES

Kula Hospital:
1. Immunization Education
2. Increasing Percentage of Elderly Immunization

Please see Appendix for the following materials:

1. Full meeting agenda.
2. Kula hospital’s one-page summary, which identifies its goals and objectives.
## ATTENDEES

### Kula Region - 9/25/2013

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Job Title</th>
<th>Company</th>
</tr>
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<tbody>
<tr>
<td>Nicole</td>
<td>Apoliona, MD</td>
<td>Medical Director</td>
<td>Kula Hospital</td>
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<tr>
<td>Deborah</td>
<td>Arendale</td>
<td>Director</td>
<td>Maui County Office on Aging</td>
</tr>
<tr>
<td>Irene</td>
<td>Carpenter</td>
<td>CEO</td>
<td>Hamakua Health Center, Inc.</td>
</tr>
<tr>
<td>Carol</td>
<td>Clark</td>
<td>Director of Communications &amp; Community Relations</td>
<td>Maui Memorial Medical Center</td>
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<tr>
<td>Kathleen</td>
<td>Deknis, RN</td>
<td>Home Health Director</td>
<td>Hale Makua Home Health</td>
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<tr>
<td>Jubilee</td>
<td>Ellison</td>
<td>MPH Candidate</td>
<td>Kula Hospital</td>
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<tr>
<td>Kalani</td>
<td>English</td>
<td>Senator</td>
<td>Hawaii State Senate</td>
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<tr>
<td>Julie</td>
<td>Ford</td>
<td>President</td>
<td>Schweitzer Consulting, LLC</td>
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<tr>
<td>Nick</td>
<td>Hughey, RN, MBA, NHA</td>
<td>Regional Administrator, Kula Hospital &amp; Clinic</td>
<td>HHSC Maui Region (MMMC)</td>
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<tr>
<td>Gregg</td>
<td>Kishaba</td>
<td>Rural Health Coordinator</td>
<td>Hawaii State Department of Health (DOH), Office of Primary Care and Rural Health</td>
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<td>Nicole</td>
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<td>Communications Coordinator</td>
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<tr>
<td>Craig</td>
<td>Nolte</td>
<td>Regional Manager, Community Development</td>
<td>Federal Reserve Bank of San Francisco</td>
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<tr>
<td>Anne</td>
<td>Scharnhorst, MN</td>
<td>Allied Health Department Co-Chair</td>
<td>University of Hawaii, Maui Campus</td>
</tr>
<tr>
<td>Rachael</td>
<td>Wong, DrPH</td>
<td>Vice President &amp; COO</td>
<td>Healthcare Association of Hawaii</td>
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MEETING NOTES

(Please note: Every effort was made to properly identify and capture the nature of comments made during this meeting. If you would like to suggest an update, please contact Julie@SchweitzerConsulting.com).

I. Greeting (Healthcare Association of Hawaii Vice President & COO Rachael Wong, DrPH, and Regional Manager, Community Development, FRBSF Craig Nolte)
   A. The meeting was called to order at 9:00 a.m.
   B. Because the group was so small, Rachael Wong invited everyone to personally introduce themselves and talk about their connection to Kula’s community and CHNA.
   C. When this was finished, Craig provided an overview of his role with the Federal Reserve Bank of San Francisco.
   D. He presented a PowerPoint presentation (available at www.HAH.org) to show the overlap of the CRA and the new ACA requirements.
   E. He drew the comparison of the new ACA regulations for hospitals to the Community Reinvestment Act (CRA) for banks.
   F. He showed the link between better health and better economic outcomes in communities.

Q&A with Craig:

Q: Why is the Federal Reserve Bank of San Francisco interested in healthcare?
A: Craig outlined the various places where the interests of healthcare and banking intersect. He said the Fed is focusing more on healthcare since the Great Recession because this, too, put stress onto the economy.

Q: What are local banks doing in this area now?
A: Craig noted that American Savings Bank has already gotten involved in an array of projects in Hawaii and will probably be making a presentation at the statewide CHNA summit on November 20, 2013.

Q: What requirements are the banks under?
A: Craig noted that they must invest in communities in which they do business. He noted that they must find projects that support low- or moderate-income residents.

Q: How can we get support from our local banks?
A: Craig noted that a great place to start is with the banks that are already serving them. He noted that the CRA officer is the gatekeeper and that most, if not all, of them work out of Honolulu. He noted that banks have set-aside budgets for support, but can also offer in-kind services such as printing, financial advice (tax services, etc.), meeting rooms, or other services.

III. Purpose, goals & objectives (Rachael Wong)
   A. Rachael noted that the hospitals already have community benefit programs through
which some distill grants. Now, due to the new ACA/IRS regulations, this process is being formalized and hospitals are required to post their CHNA plans online as well as file them with their IRS 990 forms.

B. She noted that it’s believed that non-profit long term care facilities and other healthcare providers may one day have similar requirements.

C. She reviewed a PowerPoint presentation about the genesis of the CHNA initiative and the data from which the initial report was created.

D. She reviewed the word clouds from the key informant interviews (and compared them to State priorities).

E. Rachael gave an overview of the 2013 Hawaii Hospitals Community Health Needs Assessment (CHNA) project from a statewide perspective.

F. She reviewed the overall CHNA process, including the way the initial data was collected (mentioning the Hawaii Department of Health and many other collaborators), to arrive at our current stage.

IV. Group Exercise/Brainstorm

A. Nick Hughey, RN, MBA, NHA, Regional Administrator of Critical Access Hospitals and Long Term Care, HHSC Maui Region, thanked everyone for participating. He indicated he wanted to operationalize the focus areas for Kula Hospital – inoculation rates for flu and pneumonia among the area’s elderly shut-ins.

B. Discussion about who the target market was. Suggestions included the following:
   - Adults over age 65
   - Low-income residents in certain key areas
   - Homebound patients (of any age)
   - It was estimated that the target group was somewhat small – perhaps 37-40 people who need the flu vaccine

C. Nick Hughey called attention to the idea of having nursing students ride along with Meals on Wheels volunteers to inoculate senior citizens who are traditionally difficult to inoculate.

D. Bobbie Patnode, volunteer with the Kula Community Association, asked why the inoculations were low among this group. She asked whether it was because they didn’t want them (vs. not being able to get to the doctor). The group indicated that they believed the primary reason was accessibility.

E. The idea of administering shots in other venues ensued. Ideas discussed included the following:
   - Area churches
   - Working with local paramedics for assistance
   - Shot clinics at other venues (in stores, farmers’ markets, etc.)

F. These and other models were discussed briefly and discussion turned back to visiting the homes.

V. Identifying hurdles to overcome

A. Hurdles, such as liability insurance, supervision, and state laws were discussed.

B. Dr. Nicole Apoliona said the primary Meals on Wheels’ concern is they won’t have
enough time to conduct their regular visit together since they are already under such a tight timeframe to deliver meals—and the meals must be a certain temperature when delivered.

C. Discussion turned to the ability for the recipients to give consent, noting that some of them were under mental constraints.

D. HIPAA compliance was discussed. Director of Maui County Office on Aging, Deborah Arendale, said she would investigate whether the complete medical assessment and flu shot status of Meals on Wheels clients could be shared in compliance with HIPAA. She noted that Meals on Wheels also has data about caregivers and would explore whether those records could be referenced.

E. The suggestion of visiting the clients in advance of the inoculation (and doing a ride-along visit) could be used to facilitate the consent and education portion. A separate visit for the inoculation could occur afterwards. Dr. Nicole Apoliona indicated that dual visit would help build relationships and invite the caregiver into the conversation for support/consent.

F. Kathleen Deknis, RN, Director, Hale Makua Home Health, said they administer flu shot with doctor’s orders, but they do not stock pneumonia vaccine. They’re strictly regulated which requires a doctor’s orders.

G. Discussion about costs arose. The group noted that patients over 60 years have their shingles vaccines covered by insurance. For those over the age of 65, when the patient has Medicare, the insurance coverage is better if the patient receives the vaccine at the pharmacy, not at a doctor’s office.

H. Rachael Wong asked how the word would spread to alert people of the new program. She asked whether there were certain champions that should be identified in the community that would spread the word.

I. Hawaii State Senator Kalani English said specific groups talk among themselves. He noted that if we determine the specific group to target—finding the right people to enlist for support within those groups.

J. He also noted that there are generational issues to consider (e.g., baby boomers, generation X, the elderly, etc.). He suggested that very large families with multi-generations in the area can reach all generations.

K. The question was asked whether there was a store in Kula that could post fliers/advertiser that the vaccines could be given in this new program.

L. Volunteer power was discussed—perhaps gleaning from AARP, Rotary clubs, etc.

VI. Assigning tasks

A. Nick Hughey asked whether the group could start taking action. He said that Kula Hospital could handle the standard information sheet to include the CDC facts, permission/consent, and the flyer.

B. He stated that the vaccine should be administered by the UH nursing students, noting that Deborah Arendale would need to facilitate Meals on Wheels’ participation.

C. Congregant lunch sites were also identified as possible future venues for educating
seniors about and administering shots.

D. Jubilee Ellison and Dr. Apoliona offered to create the intro sheet and suggested that Meals on Wheels could distribute the info/consent sheets. The pilot program would come out of Kula. In addition to the people at the table, the Department of Health would be credited with directly contributing to the program.

E. Craig Nolte noted that since the banks were not yet involved in the pilot program, perhaps they could offset the cost of gas from the home visits with gas cards.

F. Discussion about a brochure ensued. All collaborating groups would be mentioned.

G. The goal would be to introduce this in Kula first and then move to upcountry.

VII. Next steps

A. Anne Scharnhorst, MN, Allied Health Department Co-Chair, University of Hawaii, Maui Campus, said that Denise Kowan could obtain the actual vaccine doses. She noted that the flu shots are annual, but pneumonia shots are only needed every five years. The group estimated that the need was 40 for the flu and 40 for pneumonia.

B. Discussion about whether the DOH could provide the vaccines ensued. Additional discussion about proper storage, housing, and handling of the vaccine occurred. Proper refrigeration would be needed.

C. Director of Maui County Office on Aging, Deborah Arendale, said that Meals on Wheels is funded through her department. She promised to provide ongoing assistance/support to the program.

D. Craig Nolte suggested that one measurement of the program’s success might be to target a specific number of hospital flu admission reduction among a certain age group and then evaluate it based upon that information.

E. Dr. Apoliona lined up the items that had to be in place before the first visit could occur:
   1. She said the group needs help to get physicians’ orders.
   2. She suggested that maybe Kathy Deknis’ office (or, a nursing student, perhaps) could send out a direct mailer to offer free vaccines within specific zip codes.
   3. She said they need an info sheet, consent form, and route analysis.

F. Deborah Arendale said a review of the Meals on Wheels routes could be done and she suggested that they start with one route only. The timing was discussed (whether students could/should go out at night) as well as focusing on shot clinics.

G. The group discussed creating a portable, on-site presentation that could be used when making educational visit to homes and/or to use at shot clinics. This could include a myth-buster to address the fears that stop people from getting vaccinated.
   1. They discussed the Kula Community Center, where elderly vaccinations could also happen.
   2. It was noted that the big heads of the families go there and if the group got their permission and took their pictures, this could help get the word out.

H. They looked at both the Kula home visits and the clinic approach, noting that reaching individuals in the house is much harder, but that shot clinics could occur more easily.
H. **Craig Nolte** offered to send an email to all the banks to request the donation of $20 gas card for the nursing students. He noted that he would ask the banks to send the gas cards to Kula Hospital and perhaps they could be included in the written brochure. He noted that perhaps the brochures could also be distributed through the banks.

I. The group set their next meeting to move the project forward and suggested that they could invite the **Kula Chapter of AARP** to future meetings.

*The meeting adjourned at 12:20 p.m. A number of photos and video were taken while the participants talked among themselves.*

Respectfully submitted,

Schweitzer Consulting, LLC

*See following pages for the meeting agenda and hospital one-page summary.*
Kula Region Meeting Agenda
September 25, 2013
Courtyard by Marriott - Kahului, HI

8:30 AM Registration and continental breakfast

9:00 AM Welcome

9:05 AM Purpose, goals & objectives, agenda
Ice breaker and introductions around the room
Review of sent material (hospital’s priorities and plans)

10:00 AM Background
- “Intersection of community development and health”
  
  Craig Nolte
  Regional Manager, Community Development, FRBSF

- “Hawaii Hospitals CHNA and next steps”
  Rachael Wong, DrPH,
  VP & COO, Healthcare Association of Hawaii

10:10 AM Let’s get busy building bridges!
Group exercise: brainstorming out loud within framework
- Hospitals identify needs and call for support
- Open discussion
- Participants offer how they might support and ideas for moving the community forward together

11:10 AM Break

11:20 AM Recharged: Recap and moving forward
- Making commitments
- Recap of Forum
11:45 AM  Next steps

November 20 Summit
Kula Hospital

Kula Hospital & Clinic was founded in 1910 as a tuberculosis treatment center on the slopes of Haleakala. It now has a 24-hour emergency room, outpatient clinic, and long term care services in Kula on the island of Maui.

Beds: 5 acute, 99 SNF/ICF, and 9 ICF/MR beds

Services: Urgent care, limited rural emergency care, long term care, physical and occupational therapy, and outpatient family practice, pediatric neurology, laboratory, x-ray, acupuncture, and Chinese medicine.

Community: Maui

Mission: The Maui Region provides quality healthcare services incorporating caring and contemporary practices while being sensitive to the core values and unique spirit of the Maui community.

Priorities and Plans

1. Immunizations & Infectious Diseases
   - Provide immunization education: create outreach program focused on the importance of immunization of elderly
   - Increase percentage of elderly immunization: partner with other community organizations to implement outreach program

Contact: Nick Hughey, RN, MBA, NHA – Regional Chief Business Officer/Administrator of Critical Access Hospitals for HHSC-Maui Region
nhughey@hhsc.org