Hawaii Health Care Forums: Building Bridges to Better Health

MEETING RECAP
October 16, 2013
Dole Cannery Ballrooms - Honolulu, HI

Total attendees = 47


HOSPITALS’ PRIORITIES

Kaiser Permanente:
1. Exercise, Nutrition, Weight, Diabetes
2. Equitable Access to Health Services
3. 10 additional areas, ranging from oral health and cancer to mental health

Leahi Hospital
1. Older Adults & Aging

Straub Clinic & Hospital
1. Access to Healthcare
2. Heart Disease & Stroke

Shriners Hospitals for Children® Honolulu
1. Children with Developmental Delay
2. Effective transitions for patients who need ongoing care as adults

Kapiolani Medical Center for Women and Children
1. Access to Healthcare
2. Maternal, Fetal and Infant Health

Please see Appendix for the following materials:
1. Full meeting agenda.
2. Hospitals’ “one-pagers,” which identify their goals and objectives.
## ATTENDEES

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Job Title</th>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valerie</td>
<td>Ah Cook</td>
<td>Diabetes Coordinator</td>
<td>Hawaii State Department of Health (DOH), Diabetes Prevention &amp; Control</td>
</tr>
<tr>
<td>Derek</td>
<td>Akiyoshi, MBA, MHRM</td>
<td>Administrator</td>
<td>Maluhia</td>
</tr>
<tr>
<td>Della</td>
<td>Au Belatti, JD</td>
<td>State Representative, District 24</td>
<td>Hawaii State House of Representatives</td>
</tr>
<tr>
<td>Jo</td>
<td>Ayers</td>
<td>Chief Operations Officer</td>
<td>Kokua Kalihi Valley</td>
</tr>
<tr>
<td>Beau Lani</td>
<td>Barker</td>
<td>Account Representative, Hospital Systems</td>
<td>American Cancer Society-High Plains Division</td>
</tr>
<tr>
<td>Sheila</td>
<td>Beckham, RD, MPH</td>
<td>Executive Director</td>
<td>Waikiki Health Center</td>
</tr>
<tr>
<td>Laura</td>
<td>Bonilla</td>
<td>Executive Director, Pediatric Services</td>
<td>Kapiolani Med Center for Women &amp; Children</td>
</tr>
<tr>
<td>Julia</td>
<td>Chosy</td>
<td>Public Health Epidemiologist</td>
<td>Hawaii Health Data Warehouse</td>
</tr>
<tr>
<td>Mona</td>
<td>Choy-Beddow</td>
<td>VP &amp; Regional Manager</td>
<td>HomeStreet Bank</td>
</tr>
<tr>
<td>Julie</td>
<td>Ford</td>
<td>President</td>
<td>Schweitzer Consulting, LLC</td>
</tr>
<tr>
<td>Mark</td>
<td>Forman</td>
<td>Executive Administrator</td>
<td>HMSA Foundation</td>
</tr>
<tr>
<td>Scott</td>
<td>Fuji</td>
<td>CRA Officer</td>
<td>Bank of Hawaii</td>
</tr>
<tr>
<td>Linda</td>
<td>Green</td>
<td>Heart Disease &amp; Stroke Coordinator</td>
<td>Hawaii State Department of Health (DOH)</td>
</tr>
<tr>
<td>Heidi</td>
<td>Hansen Smith</td>
<td>Community Programs Coordinator</td>
<td>Hawaii State Department of Health (DOH), Healthy Hawaii Initiative</td>
</tr>
<tr>
<td>Glen</td>
<td>Hayashida</td>
<td>CEO</td>
<td>National Kidney Foundation of Hawaii</td>
</tr>
<tr>
<td>Robert</td>
<td>Hirokawa, DrPH</td>
<td>CEO</td>
<td>Hawaii Primary Care Association (HPCA)</td>
</tr>
<tr>
<td>Karen</td>
<td>Ho</td>
<td>Comprehensive Health Planning Coordinator</td>
<td>SHPDA</td>
</tr>
<tr>
<td>Darryl</td>
<td>Huff</td>
<td>Senior Director Community Relations</td>
<td>AlohaCare</td>
</tr>
<tr>
<td>Lola H.</td>
<td>Irvin, MEd</td>
<td>TSP Manager</td>
<td>Hawaii State Department of Health (DOH), Healthy Hawaii Initiative</td>
</tr>
<tr>
<td>Louise</td>
<td>Iwaishi, MD</td>
<td>Chief of Pediatrics</td>
<td>Shriners Hospitals for Children Honolulu</td>
</tr>
<tr>
<td>Emmanuel</td>
<td>Kintu, PhD</td>
<td>CEO/Executive Director</td>
<td>Kalihi Palama Health Center</td>
</tr>
<tr>
<td>Reid</td>
<td>Kondo</td>
<td>Assistant Hospital Administrator</td>
<td>HHSC Oahu Region, Leahi Hospital</td>
</tr>
<tr>
<td>Julian D.</td>
<td>Lipsher</td>
<td>Chief, Chronic Disease Management &amp; Control Branch</td>
<td>Hawaii State Department of Health (DOH)</td>
</tr>
<tr>
<td>Peter</td>
<td>Makowski</td>
<td>Hospital Administrator</td>
<td>Kaiser Moanalua Center</td>
</tr>
<tr>
<td>Stephanie</td>
<td>Marshall</td>
<td>Director for Community Partnerships</td>
<td>University of Hawaii at Manoa School of Nursing</td>
</tr>
<tr>
<td>Michelle</td>
<td>Meredith</td>
<td>Director, Business Operations</td>
<td>Straub Hospital &amp; Clinic</td>
</tr>
<tr>
<td>First Name</td>
<td>Last Name</td>
<td>Job Title</td>
<td>Company</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------</td>
<td>---------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Stanton</td>
<td>Michels</td>
<td>CAMHD Administrator</td>
<td>Hawaii State Department of Health (DOH), Child and Adolescent Mental Health Division</td>
</tr>
<tr>
<td>Nicole</td>
<td>Nako</td>
<td>Communications Coordinator</td>
<td>Schweitzer Consulting, LLC</td>
</tr>
<tr>
<td>Blyth</td>
<td>Nett</td>
<td>Asthma Control Program Manager</td>
<td>Hawaii State Department of Health (DOH)</td>
</tr>
<tr>
<td>Craig</td>
<td>Nolte</td>
<td>Regional Manager, Community Development</td>
<td>Federal Reserve Bank of San Francisco</td>
</tr>
<tr>
<td>Wanya</td>
<td>Ogata, MPH</td>
<td>Director of Corporate Health and Wellness</td>
<td>HECO</td>
</tr>
<tr>
<td>Victoria</td>
<td>Page, RN</td>
<td>Director of Community Health Initiatives</td>
<td>National Kidney Foundation of Hawaii</td>
</tr>
<tr>
<td>Ginny</td>
<td>Pressler, MD</td>
<td>Executive Vice President Strategic Business Development</td>
<td>Hawaii Pacific Health</td>
</tr>
<tr>
<td>Katherine</td>
<td>Richards</td>
<td>Physical Activity Coordinator</td>
<td>Hawaii State Department of Health Healthy (DOH), Healthy Hawaii Initiative</td>
</tr>
<tr>
<td>Michael</td>
<td>Robinson</td>
<td>Executive Director - Philanthropy &amp; Government Relations</td>
<td>Hawaii Pacific Health</td>
</tr>
<tr>
<td>Gidget</td>
<td>Ruscetta</td>
<td>Vice President, Hospital Operations</td>
<td>Kapiolani Med Center for Women &amp; Children</td>
</tr>
<tr>
<td>Jennifer</td>
<td>Ryan</td>
<td>School Health Coordinator</td>
<td>Hawaii State Department of Health (DOH), Healthy Hawaii Initiative, School Health</td>
</tr>
<tr>
<td>David</td>
<td>Sakamoto, MD, MBA</td>
<td>Deputy Director of Health</td>
<td>Hawaii State Department of Health (DOH)</td>
</tr>
<tr>
<td>Catherine</td>
<td>Sorensen, DrPH</td>
<td>Primary Care Office Program Manager</td>
<td>Hawaii State Department of Health (DOH), Office of Primary Care and Rural Health</td>
</tr>
<tr>
<td>Edwina</td>
<td>Suzuki</td>
<td>President/CEO</td>
<td>The Queen's Federal Credit Union</td>
</tr>
<tr>
<td>Florinda</td>
<td>Tafflinger</td>
<td>Hawaii State Department of Health (DOH)</td>
<td>Hawaii State Department of Health (DOH)</td>
</tr>
<tr>
<td>Tina</td>
<td>Tamai</td>
<td>Nutrition Education Network Coordinator</td>
<td>Hawaii State Department of Health (DOH), Healthy Hawaii Initiative Nutrition Education Network</td>
</tr>
<tr>
<td>Cristina</td>
<td>Vocalan</td>
<td>QI Director</td>
<td>Hawaii Primary Care Association</td>
</tr>
<tr>
<td>Cathy</td>
<td>Wasman</td>
<td>Senior Public Health Advisor</td>
<td>US Dept of Health &amp; Human Services, Office of Pacific Health-Region IX</td>
</tr>
<tr>
<td>Kristin</td>
<td>Werton</td>
<td>Research Analyst</td>
<td>Hawaii State Department of Health (DOH)</td>
</tr>
<tr>
<td>Rachael</td>
<td>Wong, DrPH</td>
<td>Vice President &amp; COO</td>
<td>Healthcare Association of Hawaii</td>
</tr>
<tr>
<td>Jessica</td>
<td>Yamauchi, MA</td>
<td>Executive Director</td>
<td>Healthy Communities Hawaii dba Coalition for a Tobacco-Free Hawaii</td>
</tr>
</tbody>
</table>
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).

MEETING NOTES

I. Intersection of community development and health (by Regional Manager, Community Development, FRBSF Craig Nolte)
   A. Craig provided an overview of his role with the Federal Reserve Bank of San Francisco.
   B. He drew the comparison of the ACA regulations for hospitals to the CRA for banks.
   C. He showed the link between better health and better economic outcomes in communities.

II. Purpose, goals & objectives (by Healthcare Association of Hawaii VP & COO Rachael Wong, DrPH)
   A. Rachael gave an overview of the entire Community Health Needs Assessment (CHNA) project from a statewide perspective, noting this is the first community health benchmark done in the state.
   B. She showed a word cloud based on the topics that came up most frequently in the key informant interviews.
   C. She noted that a person’s zip code can determine their health outcomes more reliably than a person’s genetic code.
   D. Rachael then invited the various hospitals to step forward (in no particular order) to share their focus areas.

HOSPITAL REPORTS

III. Shriner’s Hospital (Louise Iwaishi, MD, Chief of Pediatrics, reporting)
   A. Dr. Iwaishi reported that Shriner’s had a $73 million new facility.
   B. She noted that their oral health facilities can accommodate children and that they are cooperating with a fellowship program.
   C. She also mentioned a program that offers care fracture assessment and casting by an orthopedic surgeon.

IV. Kapiolani Med Center for Women & Children (Laura Bonilla, Executive Director, Pediatric Services, reporting)
   A. Laura indicated that Kapiolani was committed to the issue of access to care across the state, especially on neighbor islands.
   B. She made mention of a new program called “Sweeter Choice” which treats women throughout their pregnancy, noting they’re hoping to expand this program throughout the state.
   C. She also pointed out their commitment to increase child passenger safety. Injury prevention, car passenger safety is most important in this regard.
V. Leahi Hospital (Reid Kondo, Assistant Hospital Administrator, reporting)
   A. Reid indicated that Leahi will be reaching out to older adults (geriatric population) with mental health challenges.
   B. He stated that Leahi is in the process of creating programs.

VI. Straub Hospital & Clinic (Michelle Meredith, Director, Business Operations, reporting)
   A. Michelle indicated that Straub was committed to the issue of access to care.
   B. She also drew attention to heart disease and stroke and the importance of awareness and education for high risk factors as well as early screenings.
   C. She indicated that Straub has a portable screening service where the public can be screened at events such as the Heart Walk and others.
   D. She said they’re looking to partner with Hawaii’s public schools and have already begun to work with their “Fit Train” program for 5th graders to test the children’s physical fitness levels.

VII. Kaiser Permanente (Peter Makowski, Hospital Administrator, Kaiser Moanalua Center, reporting)
   A. Peter noted that a percentage of Kaiser’s operating revenues are given back to communities. He stated this has been occurring long before ACA required it.
   B. He said Kaiser’s platform is to look “within” to practice its own healthy guidelines re: eating healthy/reducing obesity rates. To this end, he highlighted the following employee initiatives:
      i. No sodas or sweets.
      ii. Food services offer reduced sodium choices and fresh choices.
      iii. Farmers’ markets occur at each clinic where local growers come once per week to sell produce.
   C. Focusing on youth, Peter mentioned Kaiser Permanente’s work with the Castle School District which is looking at better utilization of recess time (through “Playworks” a national group reviewing this problem).
   D. In closing, he praised all hospitals who were viewing today’s efforts, not through “competitive eyes,” but for the greater good of the community.

VIII. Rachael Wong divided the room into different tables and invited them to select a topic among themselves. Notes from those discussions are below.

SHARING/REPORTING – GROUP 1 (Diabetes/Chronic Conditions)
Lola Irvin, Med. TSP Manager, Hawaii State Department of Health (DOH), Healthy Hawaii Initiative, reporting.

IX. Train the trainers
   A. Kapiolani Hospital for Women and Children has only three trainers for new/pregnant mothers with diabetes.
   B. They can’t train all of Hawaii, but can train the trainers. They can conduct quarterly train-the-trainers sessions to increase the pool of diabetes educators across our community.
C. **Edwina Suzuki, President/CEO, The Queen’s Federal Credit Union**, offered training space for this purpose.

D. **Robert Hirokawa** noted that the CHC’s have people who can get trained and provide the diabetes education classes.

E. **Lola Irvin** said that **DOH** can help collect and update the **211 Community Resource** list of current diabetes education classes.
   
   i. She noted that **Kapiolani** and other hospitals could then refer their patients to existing classes in their communities.
   
   ii. She also suggested that perhaps the **Hawaii Tobacco Quitline coaches** could ask about diabetes during their calls since tobacco users are already asked if they have been diagnosed. Maybe they could make referrals to the community classes as well.
   
   iii. She noted that **211** is the source for community resources in the **Hawaii Health Matters** website.

F. **Gidget Ruscetta** indicated that they could use the quarterly training session to also address asthma and increasing self-management of smokers.

G. **Lola Irvin** indicated that there may be an opportunity for PSA campaigns to increase screenings or encourage self-management of prediabetes and/or asthma.

X. **Economic development**

   A. **Edwina Suzuki** noted she’s looking to help provide microloans to persons with needs, as long as they have some initial capital.

   B. For nursing student loans, it was suggested that she connect with **Stephanie Marshall**, **Director for Community Partnerships, UH School of Nursing**, about addressing healthcare capacity need and nursing students.

XI. **Physician recruitment**

   A. **Gidget Ruscetta** noted that in order to increase healthcare capacity they must attract, recruit, and retain new or returning MDs.

   B. She indicated that they need people who will commit to stay, so recruiting back people from Hawaii is an ideal situation.

   C. **Edwina** indicated that the Federal Credit Unions have programs that may address financing or finding housing for MDs who are relocating to Hawaii.

XI. **Quality of care/Patient discharge**

   A. There is a boomerang effect if patients are moved out of hospitals without thorough discharge.
      
      i. Transfer them to home care agencies, but it’s likely they can’t get reimbursement.
      
      ii. Work with **Community Health Centers’** (CHC’s) community care coordinators to provide the community-based care after discharge. CHC’s also need reimbursement.
      
      iii. With additional enrollees on insurance from ACA, this may address reimbursement.
      
      iv. Ultimately need strong community fabric formal and informal that cares for people outside of hospitals

**SHARING/REPORTING – GROUP 2 (Early Screening/Detection for Diabetes)**

Kristin Wertin, Research Analyst, Hawaii State Department of Health (DOH), reporting.
XII. Workplace programs

A. Wanya Ogata, MPH, Director of Corporate Health and Wellness for HECO, noted that a number of programs were happening in the workplace to keep employees healthy.

B. She indicated that some employees were resistant to take part in screenings for fear that their jobs may be in jeopardy if they were found to be sick.

C. She noted that privacy is assured and that supervisors are not notified of test results.

D. Kristi Weiner mentioned the collaboration happening for pre-diabetes screenings between Kalihi Kokua Valley (KKV) Health Center and HECO. She noted that KKV offered assistance to help HECO plant a garden for vegetable sales. This would replace HECO’s current bake sales.

SHARING/REPORTING – GROUP 3

Jennifer Ryan: school garden projects, before/after school (“Mighty Milers”) to determine how this ties in to academic achievement. We may already have that data, but we’re not sharing it with one another. DOH has health data, DOE has academic data, hospitals have data. Can they correlate the data to guide their interventions.

SHARING/REPORTING – GROUP 4 (Maternal/fetal/infant Health)

Immanuel Kintu, PhD, Executive Director, Kalihi Palama Health Center, reporting.

XIII. Training/education

A. How can we help with the transition from the hospital back home? How will we get training for fathers/partners to be paid for?

B. It was suggested to ask the patient to tell them who the patient most trusts. Then, assign that most trusted person to navigate the system.

C. In the end, it’s most important to look at things from the patient perspective and worry about how to be reimbursed for it later.

D. Hospitals may have a short period of time to “educate” patient prior to discharge.

E. CHCs are a resource that is prepared to provide services and education in a culturally appropriate manner that is familiar and trusted by patient.

F. It was suggested that perhaps CHCs could provide these services “in-hospital” prior to discharge to help hospitals/patients with a smooth transition into the community.

G. There are opportunities in this area to utilize nursing students as these “bridges”.

H. It was noted that patients receive fragmented services. Providers do not know what services an individual or family is receiving, and if duplicate services are being provided; or if multiple services could be better coordinated.

SHARING/REPORTING – GROUP 5 (Behavioral Health)

XIV. Understanding the issue
A. **Sheila Beckham, RD, MPH, Executive Director of the Waikiki Health Center**, noted that their focus is underinsured/homeless.
   i. More than 40 percent of their patients are homeless.
   ii. They serve a large HIV population, many of whom have behavioral health issues.
   iii. They receive 10 percent of their funding from federal sources.
   iv. They also run a homeless shelter and provide basic primary care for upper respiratory, wound care, substance abuse, etc.

B. **Michelle Meredith, Director, Business Operations for Straub Hospital**, noted that there is large demand, but not enough services to meet the need.
   i. Their main issues include use of urgent care access facilities.
   ii. They want to increase access to primary care, but also need to recruit more primary care physicians.
   a. UH Nursing: Need a pipeline of RN, APRN, NPs. Main issue: workforce shortage issues. Some of the ways to address this shortage include partnering with Straub and other hospitals to place nursing students (precepting students) and use other professional specialties. Have to look at other workforce vs primary care physicians.

XV. Collaborative ideas
A. Enhance Partnerships and acquire a space in Waikiki or in town to provide a healthcare facility that is focused on partnerships with public health, CHCs, hospitals, specialties, case management, etc. to keep people healthy and less likely to be hospitalized.

B. Increase information gathering/sharing so caregivers understand the full network of services available.

C. In order to increase awareness about non-hospital collaborators, it was requested that HAH ask them to complete informational “one-pagers” on themselves to inform hospitals. This kind of resource would be valuable to hospitals, and not just isolated in paper form, but available electronically, perhaps on the HAH website.

D. An idea to produce a master calendar to share all public health/healthcare-related events/resources was also brought forward.

E. It was noted that the work together should continue so that the momentum gained would not be lost.

F. The flu shot program in Kula was held out as an excellent example of collaboration. (Maui nursing students are riding along with Meals on Wheels volunteers to administer shots to elderly patients who do not often leave their home.

G. Continue to get health science/nursing students involved on community projects. The students win also. They get exposure and experience.

H. Continue to use/adapt this same model in other community health priority areas.

I. The question was asked: why can’t a group pool resources (*i.e.*, a hospital, CHC and a school)? Perhaps organize manpower and increasing efficiency as well.

J. **Michelle Meredith** indicated that **Straub** is moving in a similar direction as **Kaiser Permanente** by offering healthier food options on campus/cafeteria. But, people
need to keep in mind that there are still patients/staff who want to make their own choices.

K. She offered resource with other attendees: My Plate (serving size educational tool) customized to local foods.

XVI. Comments from Hawaii State Rep. Della Au Bellati
   A. Rep. Au Bellati said she had been in a full day of hearing on the Connector and ACA.
   B. She indicated that she wished the public could the amount of collaboration and dedication that was occurring at this meeting.
   C. She praised the attendees for their collaborative work and invited people to share their ideas with her after the session.

XVI. Final comments/next steps
   A. Rachael Wong brought the meeting to a close by inviting people to share any comments with the full group that they thought might be useful.
   B. Lola Irvin, Med, encouraged everyone to remember the importance of primary prevention.
      a. She said that healthcare professionals can do a good job while patients are in their care, but people eventually go home.
      b. We have to ask ourselves, *what is the social/physical environment there? How can we help build cross-sector partnerships to create greater community health?*

   A. Immanuel Kintu, PhD said he would be happy to have host a future lunch for our group at Kalihi Palama Health Center. He pledged his continuing support for the collaborative efforts being made.
   B. Edwina Suzuki reiterated her offer to provide meeting space for health-related functions and invited people to contact her.
   C. Rachael Wong, DrPH mentioning that all of today’s materials would be available on the HAH website.
   D. She asked everyone to save the date of **November 20, 2013** when the statewide summit would take place.

*The meeting adjourned at approximately 12:20 p.m. People lingered afterwards for nearly a half hour.*

Respectfully submitted,

_Schweitzer Consulting, LLC_

*See following pages for the meeting agenda and the hospitals’ one-pagers.*
Hawaii Health Care Forums: Building Bridges to Better Health

Agenda
October 16, 2013
Pōmaika‘i Ballrooms at Dole Cannery – Honolulu, 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
          • Divide into groups by topic
          • 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

12:00 PM  Mahalo and adjourn
Kapiolani Medical Center for Women & Children
Founded in 1978 the merger of Kapi’olani Maternity Home and Kauikeolani Children’s Hospital, Kapi’olani Medical Center for Women and Children is a nonprofit hospital serving urban Honolulu and all of the neighbor islands and the Pacific Region.

Beds: 207 beds and 66 bassinets

Services: Full-service hospital for women and children including 24-hour emergency services, surgery, oncology, labor & delivery, NICU, and PICU.

Community: State of Hawaii

Mission: improve and advocate for the health and well-being of women, children and adolescents of Hawai‘i and the Pacific Region.

Priorities and Plans
1. Access to Health Services
   - Increase the capacity of Hawai‘i’s professional medical workforce through medical residency and education programs
   - Increase access to and availability of specialty medical care for women and children

2. Maternal, Fetal and Infant Health
   - Increase child passenger safety
   - Improve diabetes management among high-risk women
   - Evaluate community benefit activities and assess new opportunities for community health improvement

Contact: Gidget Ruscetta – VP, Hospital Operations
gidget.ruscetta@kapiolani.org
Leahi Hospital
First opened in 1901 to provide care to individuals with tuberculosis, Leahi has transitioned to providing skilled nursing and adult day health services in addition to continuing the provision of institutional tuberculosis care.

Beds: 164 (155 SNF/ICF and 9 Acute/Tuberculosis) beds

Services: Acute care for people living with TB, long term and short term nursing home care, Leahi Adult Day Health Center, and outpatient clinic services.

Community: State of Hawaii

Mission: To provide the Highest Quality of Life in Long Term Care through:
- **Integrity** – we act respectfully, responsibly and are accountable for everything we do.
- **Collaboration** – we approach our work through teamwork and community partnerships.
- **Caring** – we treat those we serve and each other with respect and compassion.
- **Commitment** – we dedicate ourselves to continue Leahi Hospital’s historic role in meeting the needs of our community.
- **Innovation** – we continuously look for better ways to improve our care and work processes.

Priorities and Plans

2. Older adults and Aging
- Leahi Hospital is striving to service the community by focusing on Memory Care through an approach which provides community education and service via an outpatient clinic which will be an extension of the current Adult Day Health services. The Memory Care service will also provide any opportunity for training in collaboration with the surrounding Colleges and Universities.

Contact: Reid Kondo – Assistant Hospital Administrator
rkondo@hhsc.org
Kaiser Permanente Hawaii

A comprehensive health care system that includes Moanalua Medical Center (Honolulu) and 18 outpatient clinics on three islands (Oahu, Hawaii, and Maui).

Beds: 285 licensed beds

Services: Range of specialty services that include cardiothoracic surgery, neurosurgery, hematology/oncology, orthopedics, a neonatal ICU, maternal fetal medicine, and a diabetic limb treatment center. The medical center also includes an ambulatory surgery center, an ambulatory treatment center, a clinical decision unit, physicians’ offices, an outpatient clinic, and ancillary support services, including laboratory, pharmacy, and diagnostic imaging.

Community: Statewide

Mission: “To provide high-quality, affordable health care services and improve the health of our members and the communities we serve.”

Priorities and Plans

**Priority Area 1: Exercise, Nutrition, Weight & Diabetes***

*Underlying Goal: Reduce rates of diabetes and obesity among low-income communities and schools with focus on...*

- Increasing food security and access to healthy food.
- Increasing access to physical activity opportunities.

**Priority Area 2: Equitable Access to Health Services***

*Underlying Goal: Increase access to quality, community-based preventive health services for low-income communities suffering disparities with focus on...*

- Increasing health care workforce capacity to address health care inequities.
- Develop systems that increase access to and utilization of health care services.

Contact: Joy Barua – Director, Community Benefit & Health Policy

Joy.X.Barua@kp.org

*Both priority areas will use an integrated approach employing range of people, policy and place-based initiatives.*
Shriners Hospitals for Children® Honolulu
The Honolulu hospital serves a geographic area larger than the continental United States, sharing its aloha spirit to children throughout the Pacific Basin.

Beds: 24 licensed beds

Services: Pediatric orthopedic care for children with neurodevelopmental, bone, joint, neuromuscular and neuromusculoskeletal conditions, burn injuries and other special needs.

Community: Hawaii and Asia/Pacific Region

Mission: To provide care to children under 18* years with treatable orthopedic, neurodevelopmental and neuromuscular conditions, regardless of a family’s ability to pay. (*no upper age limit under special circumstances)

Priorities and Plans

1. Children with developmental delay
   • Neurodevelopmental clinic started on September 11, 2013 – integrated, multidisciplinary and collaborative approach to treat children and adolescents with developmental delay, seizures, delayed fine and gross motor skills, academic, learning and behavior problems, speech, language, expressing needs, relating to others and feeding and nutrition problems. Conditions treated include autism, ADHD, intellectual and cognitive disabilities, CP, brain injury, epilepsy, developmental delay, feeding impairments and neurogenetic disorders.

2. Effective transitions for patients who need ongoing care as adults
   • Expand existing transition program to incorporate new neurodevelopmental services

Contact: Pat Miyasawa, Director of Fiscal Services
pmiyasawa@shrinenet.org
Straub Clinic & Hospital

Founded in 1921, Straub Clinic & Hospital is a fully integrated nonprofit health care system in Honolulu, a network of neighborhood clinics, and a visiting specialist program that reaches throughout the state of Hawaii.

Beds: 159 licensed acute beds

Services: Physicians specialize in bone and joint, heart, cancer, endocrinology, family medicine, gastroenterology, geriatric medicine, internal medicine, women’s health, vascular and urology. Straub also has a 24-hour emergency department, same day surgery, and a multi-disciplinary burn treatment center.

Community: Oahu and State of Hawaii

Mission: The mission of Straub Clinic & Hospital is to provide integrated health and medical services that are comprehensive, caring, continuously improving and of the highest quality.

Priorities and Plans

1. Access to Health Services
   - Increase access to and availability of quality specialty medical care through visiting specialty physicians programs.
   - Focus on residents in medically underserved neighbor islands areas and those from low socio-economic status geographies.

3. Heart Disease & Stroke
   - Increase access to and availability of screening tests for heart disease and chronic disease risk factors.
   - Increase opportunities for the community to learn about heart health and make positive changes to their lifestyle patterns and choices.
   - Partner with community health centers and schools to extend outreach and training services to high risk populations.

Contact: Michelle Meredith – Director of Business Operations
Michelle.meredith@straub.net
808.522-4242