Hawaii Health Care Forums: Building Bridges to Better Health

September 24, 2013
Dole Cannery Ballrooms - Honolulu, HI

WEST OAHU MEETING RECAP

Total attendees = 66 (see pages 2-4)


HOSPITAL COMMUNITY HEALTH PRIORITIES

Kahi Mohala:
1. Mental Health & Mental Disorders
2. Substance Abuse (Lifestyle)

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

Pali Momi Medical Center:
1. Heart Disease and Stroke
2. Exercise, Nutrition and Weight

Shriners Hospital for Children-Honolulu:
1. Children with Developmental Delays
2. Effective Transitions for Patients who need Ongoing Care as Adults

Please see the appendix (which begins on page 12) for the following materials:

1. Full meeting agenda; and
2. West Oahu hospitals’ one-page summaries which identify their priorities and plans.
## ATTENDEES

### West Oahu -- 9/24/2013

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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 President & CEO George Greene, Esq.)
   A. George recognized Hawaii Department of Health Director Loretta Fuddy, ACSW, MPH, who has supported this shared effort from the beginning, and her Department, which provided funds to make these gatherings possible.
   B. He also recognized HAH’s Rachael Wong, DrPH and the Federal Reserve Bank of San Francisco’s Craig Nolte.

II. Intersection of community development and health (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 Affordable Care Act (ACA) regulations for hospitals to the Community Reinvestment Act (CRA) for banks.
   C. He showed the link between better health and better economic outcomes in communities.

III. Purpose, goals & objectives (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.
   B. She showed a word cloud based on the topics that came up most frequently in the key informant interviews.
   C. She noted that the Federal Reserve Bank coined the phrase that a person’s zip code is more important to their health than her/his genetic code.
   D. Rachael then invited the various hospitals to step forward (in no particular order) to share their focus areas.

HOSPITAL REPORTS

IV. Kahi Mohala (Rose Choy reporting)
   A. Rose noted that Kahi Mohala is a specialty hospital with two focus areas.
   B. She indicated that Kahi Mohala would like to collaborate with the community health centers.
   C. She said she believed that many patients who end up in the ER with behavioral health issues may have receive more appropriate outpatient care at another site (such as an FQHC).

V. Pali Momi (Brigitte McKale reporting)
   A. Brigitte reiterated Pali Momi’s priorities (attached).
B. She noted that Pali Momi had already partnered with Aiea High School to teach CPR.
C. She invited new partnerships in the areas of exercise and nutrition, since so many patients suffer with chronic conditions linked to these factors.
D. She closed by saying that she believes that next year it will be easier to join forces since this process is so new to everyone.

VI. Shriners Hospital (Ryan Lee, MD reporting)
   A. Dr. Lee indicated his facility’s priorities (attached), noting these areas were not typical for Shriners since they had previously focused on treating bone diseases, movement/posture problems, etc.
   B. He noted they were now expanding to look at problems with the brain and looking towards treatment and prevention of conditions.

VII. Kaiser Permanente (Joy Barua, MBA, MA-OC reporting)
   A. Joy noted Kaiser’s two main priorities (attached), but indicated that Kaiser was committed to all categories identified.
   B. He indicated Kaiser’s fiscal year ends in December, which gave Kaiser a bit more time than some other facilities to be prepared.
   C. He said Kaiser is looking for partners to reduce obesity rates.
      i. To this end, he noted that Kaiser is focusing on food security and exercise such as working with DOE to bring back PE to the schools.
      ii. He mentioned Castle School Complex is part of the “redesign effort,” which is looking at better utilization of recess time (through Playworks, a national group reviewing this problem).
   D. He acknowledged that the same model won’t apply everywhere, but said Kaiser is trying to learn and grow, citing North Kohala’s goal of having 50% food security by 2018.
   E. He mentioned the EBT program at the farmers’ markets, which has successfully encouraged the purchase of healthy options.

OPEN COMMENTARY

VIII. Rachael Wong provided an overview of what is happening around the state and invited comments.
   A. Rose Choy of Kahi Mohala indicated a desire to work with the community health centers such as Waianae Coast Comprehensive Center’s substance abuse program.
   B. Poka Laenui said his organization, Hale Na`au Pono (Wa`iana Coast Community Mental Health Center), provides non-profit services for those suffering from mental illness and substance abuse. He encouraged the group to think about what has happened to our community and noted it is being led by domination, individualism, and exclusion (the “DIE” model). He said his belief is that this exists in all sectors of our community (health care, education, environment, etc.) and called upon the
members of the group to think about the underlying structure of our society—and how we can switch to an “ʻolo ʻolo” or “aloha” system.

C. Allan Buffenstein, MD indicated that ‘Ohana Health Plan/Wellcare is interested in the FQHC approach to mental health.

D. Lynn Fallin, Deputy Director of the Behavioral Health Administration for the Department of Health noted that it’s exciting to see organizations combining resources (e.g., the community health centers).
   i. She noted that they’re working with Kalihi-Palama Health Center, where they have already seen decreases in ER visits.
   ii. She stated that we all have to start somewhere and that without partnerships, this couldn’t happen.

E. An education specialist from the Department of Education indicated the DOE services about 5,000 kids per year in school-based behavior health programs plus another 5,000 identified through early interventions.
   i. She said she wants to see health centers on campus (like at Kahuku).
   ii. She noted that the schools are not equipped to handle behavioral health issues, explaining that they currently reach out to Kahi Mohala when kids are in crisis. Maybe, in light of the new efforts for Shriners, they might reach out there.

F. Lola Irvin, M.Ed, Tobacco Settlement Manager for the DOH, said they are always trying to look at ways to help as many people as possible through government. With regard to health/fitness for youth, she spoke about the following:
   i. She indicated the DOH had a great relationship with DOE.
   ii. She noted that every school must follow the Wellness Guidelines, which she brought to share with others.
   iii. She said the guidelines prohibit sugar sodas in schools, the selling of chocolate candies and sausages (and other unhealthy food) as fundraisers.
   iv. She said the guidelines also require a certain number of hours of PE.
   v. She mentioned the Castle School Complex’s fitness challenge in which a fitness assessment is given at each school.
   vi. She noted that schools with reduced lunch programs have nutritional education classes after school, in partnership with the YMCA.

G. Heidi Hansen-Smith, Community Programs Coordinator for the DOH, indicated she is working with Jesse Souki, JD, MA, Director of the Hawaii State Office of Planning to get people walking.
   i. She said she believed that walking should be available to everyone, but coordination with DOT was needed to accommodate walkers.
   ii. She indicated that Valerie Ah Cook, Diabetes Care Coordinator at DOH, wants to collaborate on disease prevention.
   iii. She said she wants to develop a resource list of all the organizations that do diabetes outreach, noting that the strategic moment of change for pre-diabetics is when people feel run down.
   iv. DOH wants to be right there and available at that very moment of change.

H. Thao Khamoui, PhD, Area Director, USDA Rural Development, noted the
organization is working with **HUD** and the **Federal Reserve Bank** on programs such as community facilities, loan grants, and loan guarantees.

i. He said the agency is also working on **distance learning** and **telehealth** in rural areas and recently partnered with Shriners to hold an educational seminar on its Distance Learning and Telemedicine Loan and Grant Program (DLT).

I. **A representative from the American Heart Association (AHA)** indicated that the organization is building a stress-free environment in the workplace.

   i. There are efforts in the areas of exercise and nutrition—especially to make nutrition affordable.
   
   ii. **AHA** has partnered with **Wal-Mart’s** national sponsor to show how healthy food can be inexpensive.
   
   iii. The groups have posted videos online for food preparation.
   
   iv. **AHA** is also partnering with local schools and **fire fighters** to bring **CPR** lessons and practice mannequins into school-based, standardized lesson plans.

J. **Leslie Lam of the American Diabetes Association (ADA)** drew attention to the high rates of diabetes in Hawaii (more than 113,000 residents).

   i. She said **ADA** is especially concerned about the rates among young children.
   
   ii. She noted diabetes is paired with obesity and indicated an interest in working with the **DOH**.

K. **Amy Asselbaye** of the **Waianae Coast Comprehensive Health Center** said her organization approaches community health with the idea of working with existing, successful programs, such as **Ka’ala Farms** (represented by **Eric Enos**), the **Waianae PLACES (Place-based Learning and Community Engagement in School)** program, the **Mālama Learning Center, MA’O Farms**, and **Searider Productions**.

   i. She noted that the FQHC is working on an “anti-diabetes” program, along with **Kaiser Permanente** on how to integrate existing programs.
   
   ii. The organization is coming up with 8-10 metrics to measure the success of its efforts.

L. **May Okihiro, MD, Director** of **HICORE** (which is affiliated with **JABSOM**), said her organization is working to really understand the root causes of obesity and poor nutrition choices.

   i. She recognized **Eric Enos** for his visionary work with **Ka’ala Farms**.
   
   ii. She noted **HICORE** is working with **Castle/Kahuku complex, HPH**, and **Kaiser Permanente** to get families outside, exercising, closer to their culture, and into their communities.

M. **Pono Shim of Enterprise Honolulu** noted that healthy living is a matter of lifestyle.

   i. He encouraged the group to look not just for a solution, but a life change.
   
   ii. He shared his belief that good health is about respect and a recovery of a lost identity of the people of Hawaii.
   
   iii. He noted that he is preparing to donate his kidney to his friend, and that his health indicators have improved as he has tried to improve his own health.
   
   iv. He noted that he’s running, exercising, and eating healthy, but everyone
must have access to healthy food choices.

v. He praised the collaborative effort and said Hawaii must understand how to work with other partners.

N. Eric Enos of Ka’ala Farms added that solutions are out there and partners are there.
   i. He encouraged those in the room to work not just with organizations, but with people.
   ii. He said we must all learn how to work together, noting that it ultimately comes down to the personal relationships at each school and/or organization that cultivate real partnerships.
   iii. Eric reminded everyone that it’s impossible to break down the existing silos in our community unless there is true leadership to do so.

O. Scott Fujii, CRA Officer of Bank of Hawaii (BOH), talked about the grants that BOH is giving.
   i. He said that more of their grants are going to community health centers.

P. Ramona Mullahey of HUD brought up the topic of the aging population as a growing demographic.
   i. She said HUD wants to support community programs in a number of areas including achieving an active, healthy aging population.
   ii. She said HUD’s emphasis is on resilient communities that can be sustainable.
   iii. She provided her contact information for organizations interested in talking further.

BREAKOUT GROUPS

IX. Rachael Wong divided the room into three major groupings: Behavioral Health, Physical Health-Nutrition-Exercise, and Chronic Disease. Internal dialogue in each occurred. The groupings were as follows, and their respective reports are below:

A. Behavioral Health
   i. Camille Masutomi, Assurance Lead Portfolio Manager for the Department of Education (DOE), indicated that the number one indicator of problems for students is chronic absenteeism.
      1. She said they are looking at new accountability measures and want to convene meetings, similar to this CHNA meeting, where all stakeholders in the community (families, students, faculty, etc.) can discuss overarching issues such as health, transportation, and student engagement.
   ii. Kelly Stern of the Department of Education asked the question “what if?” She wondered what schools would be like if the school was the community hub where case managers were co-located with school health offices to ensure students’ overall health and well-being.

B. Physical Health-Nutrition-Exercise
   i. Lola Irvin, M. Ed., DOH said that food access must be considered. Families and communities have forgotten how to prepare food and/or they don’t
have access to it.

1. There are “food deserts” all over Hawaii. She’d like to see microloans for refrigerators at small mom-and-pop shops so they can sell fruits/vegetables in places like Kalihi.

2. She praised the initiative of using EBT cards at farmers’ markets.

ii. Eric Enos of Ka‘ala Farms said he believes that the community is suffering from individualism where people think only of themselves.

1. He indicated that other players should attend these meetings, such as the justice system, case management officers, long-term health providers.

2. He said he believed the power was within the family unit, not the individual. He said one social worker should be assigned to an entire family, not one social worker per individual member of the family.

C. Chronic Diseases

i. Vija Sehgal, MD, PhD, MPH of Waianae Coast Comprehensive Health Center said the organization is opening an adolescent clinic in the Waianae Mall.

1. In a community partnership, she said that the kids themselves are decorating it (the Waianae High School “Seariders” students are doing this) as well as taking a survey to determine what students’/teens’ needs are.

2. She indicated that they’re looking for funding for this endeavor.

D. David Sakamoto, MD, MBA, DOH Deputy Director for Health Resources Administration, mentioned the National Prevention Council that was created by the ACA.

1. He noted that a couple of years ago, they released a National Prevention Strategy publication and an action plan.

2. He said it represents a significant departure from the way health policy tends to be developed, and needs to be thought through very carefully because there will be so many policy changes over the next several years that the efforts should be coordinated.

3. He offered his willingness to discuss the merits of this approach or other ways of developing policy.

X. Next Steps

A. Rachael Wong brought the meeting to a close by mentioning that all meeting materials would be available on the HAH website (www.HAH.org).

B. She encouraged everyone in attendance to remember that community health can be whatever we define it to be. This can include wholeness, wellness, and a community coming together.

C. Looking to the future, she noted HAH would continue driving the CHNA effort forward as the three-year mark approaches (and activity would recommence in early
She asked everyone to save the date of November 20, 2013 when the statewide summit would take place.

*The meeting adjourned at 12:20 p.m. People lingered afterwards to talk to one another for almost an hour.*

Respectfully submitted,

Schweitzer Consulting, LLC

*See following pages for the meeting agenda and hospital one-page summaries.*
Hawaii Health Care Forums: Building Bridges to Better Health

Agenda
September 24, 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
          I. “Intersection of community development and health”
                  Craig Nolte
                  Regional Manager, Community Development, FRBSF
          II. “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
          III. Hospitals identify needs and call for support
          IV. Open discussion
          V. 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
Kāhi Mōhala Behavioral Health

A non-profit hospital founded in 1983, located on 14 acres on Old Fort Weaver Road in ‘Ewa Beach. ‘A place to bloom, blossom, and shine.’

Beds: 88 licensed beds

Services: Inpatient acute (all ages); Residential services for children and adolescents; Adult and Adolescent Partial Hospitalization; ECT

Community: State of Hawaii, Pacific Rim

Mission: Caring for people in need by providing innovative, quality, and effective behavioral health service.

Priorities and Plans

1. Mental Health & Mental Disorder
   - Coordinated preventative care = lower cost and better outcomes (Medical cost offset, preventable admissions...)
   - More therapeutic, less dangerous treatment of patients in crisis
   - Survive the coming surplus of private psychiatric beds
   - Telehealth, community-based services

2. Substance Abuse and (Lifestyle)
   - Public Education

Contact: Rose Choy - CFO
ChoyR@kahi.org
Kaiser Permanente Hawaii

A comprehensive healthcare 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.

*Both priority areas will use an integrated approach employing range of people, policy and place-based initiatives.
Pali Momi Medical Center

Founded in 1989, Pali Momi Medical Center is a 126 bed, nonprofit community hospital delivering state-of-the-art care to West O’ahu residents and the rest of O’ahu.

Beds: 88 licensed beds

Services: Include but are not limited to a 24-hour emergency department, surgery, oncology, women’s health, and imaging services

Community: West O’ahu and all of O’ahu.

Mission: To improve and advocate for the health and well-being of our neighbors on O’ahu.

Priorities and Plans

2. Heart Disease and Stroke
   • Health fair, and risk factor screening in community
   • Speaker series
   • Heart walk
   • CPR training in high school
   • Walking path development in community
   • Community exercise class

2. Exercise, Nutrition, and Weight
   • Weight loss class
   • Nutrition education program – looking to partner with schools and community
   • Align with current community benefit programs

Contact: Brigitte McKale - VP of Patient Services/CNO
         Brigitte.McKale@palimomi.org
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

3. 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.

3. 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
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
4. 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