October 14, 2013
Castle Medical Center Auditorium - Kailua, HI

WINDWARD AND NORTH SHORE O‘AHU MEETING RECAP

Total attendees = 45


HOSPITAL COMMUNITY HEALTH PRIORITIES

Castle Medical Center
1. Population Health Management – Chronic and Pre-Chronic Diseases

Kahuku Medical Center
1. Access to Health Services

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

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

Please see Appendix for the following materials:

1. Full meeting agenda.
2. Hospitals’ “one-pagers,” which identify their goals and objectives.
## ATTENDEES

### Windward & North Shore O‘ahu - 10/14/2013

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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).

1. **Welcome** - Barber, Vice President, Finance & CFO of Castle Medical Center, welcomed participants to the meeting, provided a short history of Castle’s involvement in community health, and set the tone of the day with a reflection.

2. **Greeting** (Healthcare Association of Hawaii VP & COO Rachael Wong, DrPH)

3. **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.

4. **Purpose, goals & objectives** (Rachael Wong)
   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 touched upon the social determinates of health and how a person’s zip code plays into their health outcomes.
   D. Rachael then invited State Senator Jill Tokuda, Chair of the Senate Committee on Education, to address the group.

IV. **Remarks by Sen. Jill Tokuda**
   A. Sen. Tokuda noted that access to healthcare is keeping students out of the classroom. She said that health aides aren’t enough to meet the needs. She said she is looking into the following initiatives:
      - Bringing healthcare/preventive health to schools.
      - Building on some of the models already out there – Kahuku, Mountain View, etc.
   B. She acknowledged that there are issues around reimbursement and sustainability.
   C. There was a suggestion for her to look at the Georgia’s school-based telehealth system. She said she would do so.

HOSPITAL REPORTS

5. **Kaiser Permanente Hawaii** (Joy Barua, MBA, MA-OC reporting)
   A. Joy noted Kaiser’s two main priorities, but indicated that Kaiser was committed
to all categories identified.
B. He noted that Kaiser Permanente is working with the Castle School Complex.
   i. He mentioned the complex is better utilizing recess time (through “Playworks” a national group reviewing this problem).
   ii. He said nine schools are working on this with the full participation of the principals.
   iii. He’s hoping the effort will cascade into other initiatives such as school gardens, food security, and adding more nutrition into school lunches.

6. Castle Medical Center (Neill Schultz, MBA, MAcc, Director of Finance/Comptroller, and Nicole Kerr, MPH, Director of Wellness and Lifestyle, reporting)
   A. Neill noted that the roots of Castle tie back to improving health (via John H. Kellogg, who wanted people to have better nutrition).
   B. He shared their logic model, noting that their priority is to capture the pre-diabetic population.
   C. Nicole indicated that they’re looking at conducting a series of five classes, using hands-on experiential activities, to change physical activity and dietary behavior.
   D. She said they envision a portable program that will address all the different issues for most chronic diseases. They would like to take this into the community.
   E. They’re looking at the option to also see a lifestyle coach or registered Dietician. People would be referred by their physician, but the biggest issue is around reimbursement for pre-diabetic services.
   F. Nicole noted that the access to care was a real problem because insurance doesn’t cover many items. She noted that holding an insurance card doesn’t guarantee access to services.

7. Kahuku Medical Center (Stephany Vaioleti, JD, MSW, Administrator, reporting)
   A. Stephany noted that the hospital has been “on a ventilator” for many years, but is now growing and reaching out once again.
   B. She made note that her hospital’s one-pager listed the collaboration with BYUH, but they’ve since opted to focus on telemedicine¹.
   C. She noted that the space they have available cannot accommodate their current patient load. As a result, the Hawaii State Legislature has granted funding to expand/build out their current structure.

8. Shriner’s Hospital (Ryan Lee, MD reporting)
   A. Dr. Lee indicated that Shriner’s is now expanding to look at problems with the brain and looking towards treatment and prevention of conditions.
   B. He said that in the past one month, Shriner’s has expanded pediatric

¹ Kahuku Medical Center’s revised one-pager is attached.
neurological needs (and has seen about 50 new patients).
C. He noted they’re using a multi-disciplinary approach and hope to form new partnerships with those in the room.

VIII. Rachael Wong then provided an overview of what is happening around the state and highlighted the vaccination program on Maui (Kula).
A. She encouraged the group to pursue collaborations.
B. She then divided the room into two major groupings, as defined and reported upon, below.

BREAKOUT GROUPS

9. Group 1: Castle Medical Center + Kaiser Permanente – Chronic Disease/Diabetes/Physical health/nutrition/exercise (facilitated by Craig Nolte)
A. Nicole Kerr indicated their program is focused upon the pre-diabetes population. They’re moving away from passive sit-and-learn presentations and moving towards experiential learning models (having participants actually exercise, cook, select foods that meet calorie requirements, meet with a personal health coach, etc.).
B. Joy Barua said Kaiser Permanente lumps together exercise, diabetes, weight management into one group, but all are important.
C. Danielle Tuata, Events Coordinator for the American Diabetes Association (ADA), noted that 357,000 people in our state are pre-diabetic and it’s an epidemic.
D. Val Sonoda (Manager, Provider Services, Provider Relations & Advocacy, HMSA) mentioned that she also serves on the Board for ADA. She said they have created narratives and workflows for parents who have children with diabetes, noting that infants as young as four months old are being diagnosed. She said they are working with the DOE DOH (via public health nurses) to help distribute materials to families who are pre-diabetic.
E. Jennifer Ryan, School Health Coordinator, Hawaii State Department of Health (DOH), Healthy Hawaii Initiative, said her department is implementing the wellness standards in the schools which include nutrition and exercise (PE) programs.
   o Part of the requirements is that every public school (255 schools across the state) has a Wellness Committee comprised of families and community members. The results will be measured annually by a survey of principals.
   o It was noted that the school-based wellness committees should include students, parents, faculty, and the broader community.
   o One of the biggest obstacles comes from the parents themselves who insist on bringing in candy/cake for kids.
   o The primary prevention models (e.g., policies that require PE and healthy food, but are still not required for middle schools) were supported.
F. Dawn Pasikala, Education Programs Coordinator, National Kidney Foundation of Hawaii, noted that pre-diabetes is one of the major risk factors for kidney disease. She said they are supporting the SAFE at School program legislation and encouraged other collaborators.
G. JoAnn Tsark, MPH, Research Director, 'Imi Hale, said that the public health information being distributed by all groups should be localized and tested in the community. She noted the Pacific Diabetes Education Project, which is developing localized materials. She said the materials may not be vetted at a national level, but are extremely effective for locals. She said they were adapted from the existing materials on diabetes and indicated to the group that they are seeking financial help with the printing and distribution of the literature (which they have in multiple languages and are willing to share).

H. Oreta Tupola, MSW, COO, Ko‘olauloa Community Health & Wellness Center, said they have the state’s first-ever Federally Qualified Health Center (FQHC) at a public high school, Kahuku High School. She said they conduct a six-week class for diabetes and noted that they’re collaborating with DOE/DOH.
   o She noted the main challenge to this program is its funding.
   o She asked the group about where they’re finding funding and noted that oftentimes NGOs don’t collaborate because they’re all fighting for the same grant dollars. Many other groups are doing the same thing and there is unnecessary duplication of efforts.

I. Joy Barua mentioned a collaboration among FQHCs that use electronic medical records (EMRs) to give parents information about early warning signs/triggers that hint toward diabetes in their children.
   o Regarding Oreta’s funding question, he said Kaiser Permanente has sponsored a keiki fun run at schools where $30,000 was raised to support public schools’ PE programs in Ko‘olauloa, Waimanalo, and the Wai‘anae Coast.
   o He also noted that Kaiser Permanente is trying to provide a dental van in Ko‘olauloa, but running into funding issues.
   o He mentioned access to healthy foods, safe walking paths, etc., and said local famers and businesses must be at this table for future discussions.
   o He said we should invest in existing programs that are working on a systemic level and made direct reference to WaimanaloMarket.com.

J. Craig Nolte asked the group to look at the gaps/needs around the table. He mentioned the following areas which had already emerged as potential gaps:
   o Localizing, printing, and distribution of public health materials
   o Program funding
   o Targeting the ideal population through other organizations
   o Transportation to/from medical appointments
   o Dental van
     1. He noted that only half of the funding had been secured.
     2. He asked whether they share another dental van that is already existing elsewhere.

K. Castle Medical Center Director of Home Health, Matt Williams, said their patients have been responding to incentives and disincentives when it comes to diabetes treatment, noting that Ron Sanderson (Castle Medical Center’s Director of Respiratory Care) was the innovator of the idea.
He said they have found success by giving out $25 grocery certificates when patients have complete five assigned tasks (e.g., visit their dietician, pick up their meds on time, etc.).

Other incentives, such as video games and gift certificates to local grocery stores/farmers markets have been successful as well.

L. **Mark Marabella, Prevention Program Manager for Mountain-Pacific Quality Health Hawaii** highlighted the importance of behavioral changes from a cognitive level. He noted how those being diagnosed with diabetes are going downhill and need to be stabilized before they can make the difficult, long-term changes that are necessary in their lives.

- He said the incentives in which they have found success are those that focus upon shared incentives for an entire workplace.
- When everyone gets over the bar, money is put into everyone’s health flex plan account.
- They contract with the federal government’s “Play for Prevention” program, which has been in use in Waimanalo since January 2013.

M. **Valerie Ah Cook, MPH, Diabetes Coordinator, Hawaii State Department of Health (DOH), Diabetes Prevention & Control**, agreed with this approach.

- She noted that DOH had success with the Stanford Model and other evidence-based models, which are funded by CDC.
- She noted that the combination of lifestyle coaches and the pay for performance model has been effective.
- She noted that for those who speak English as their second language (Filipinos, etc.) do far better when these programs are in their primary language.

N. **Jennifer Ryan** said a physical exam or assessment is needed for children after kindergarten, but there is no physical exam required after kindergarten if the student remains at the same public school.

- In these cases, if there is not proper medical attention/prevention accessed by the family, the student won’t receive into the health system until/unless she/he winds up in the ER.
- A youth health assessment requirement in schools should go beyond the entry level. At the very least, another is needed in at least the 5th or 6th grade.

O. **Val Sonoda** said we must incentivize families and doctors to conduct well visits. She said HMSA wants to create a “Medical Neighborhood” (to include all areas such as nutrition, behavioral health, diabetes education, etc.) where doctors can refer their patients for a more holistic approach.

P. **Mary Oneha, APRN, PhD, CEO of the Waimanalo Health Center**, said the gatekeepers in these programs are the primary care physicians, noting this is the Healthcare Transformation’s SIM grant model for “Community Care Networks.” She noted that by December, the draft of their plan will be available for public comment.

Q. A final discussion about community leader support occurred. It was suggested that
sometimes hospitals may not be trusted by the general public because people may think they’re only interested in their own bottom line vs. the overall care of community health. The right community leadership with hospital collaboration would be required for success.

10. **Group 2**: Kahuku Medical Center – Telemedicine (facilitated by Rachael Wong)
   
   A. The meeting opened with an established definition telehealth: using communication and technology, rather than face to face/interpersonal meeting, in healthcare.
   
   B. Telehealth Concerns:
   
   a. Liability is always a major concern. To date, the lawsuits from telehealth, have to do with internet narcotic prescriptions.
   
   b. The local school system doesn’t have electronic health records for the students.
   
   c. Psychiatrists are already overloaded.
   
   d. In the behavioral health arena, other healthcare providers are overlooked because psychiatrists are seen as the main resource.
   
   e. Providers want to see and feel the client to make diagnoses.
   
   f. Home-based telehealth concerns for clients are that other people are in the room.
   
   C. Telehealth advantages:
   
   a. Chronic disease does not have to be treated in real time.
   
   b. The technology and needs are there, and we need to bring the inefficiencies out of the system
   
   D. Review of best practices:
   
   a. As mentioned earlier in the meeting, the Georgia school-based mental health model of telehealth was reviewed.
      
      i. Parent permission is required.
      
      ii. Students are examined while at the school.
      
      iii. If medicine is needed, it is provided through an on-campus pharmacy. Parents are able to pick up the medication from school.
   
   E. VA-Military Programs (Traci Brooks, Director for Health Services, Naval Health Clinic Hawaii, reporting)
   
   a. Traci reported that the VA has a huge telemental health program. They provide therapy to beneficiaries in their homes.
   
   b. Within telehealth, there are programs for behavioral health, ortho, cardio, diabetes, and dermatology.
   
   c. The military uses a program called **One Source** for behavioral health services. This allows for an online chat with a psychologist.
   
   d. With a military **One Source account**, you can book an online appointment. They patient needs internet connection and a computer or an iPad.
   
   e. Tripler has a behavioral telehealth department that is used to communicate with soldiers overseas. It has been very successful in assisting soldiers who are returning home.
f. She said she is willing to ask about doing military care in the community (re: Multi-Service Market).

F. **Kelly Stern, DOE**, indicated that the DOE provides mental health services for students in Kahuku.
   a. She is the point person for Kahuku Medical Center and psychiatry.
   b. Autism contract is about $25M a year.
   c. Nurse practitioners, Saturday clinics, and a preceptor also provide more access for students and partnering with schools before the start of school.

G. **Debbie Birkmire-Peter, PhD, Program Director, Pacific Basin Telehealth Resource Center**, committed to connect DOE to help put behavioral health centers on campus.

H. Legislation: Many states legislate telehealth.
   a. Can Hawaii use model legislation from another state (parity laws)?
   b. Maybe pass a law that requires malpractice coverage to extend to telehealth.

I. Partnerships/Resources
   a. USDA: USDA & Ho‘ola Lahui Hawaii provide the latest telehealth medicine. Bringing these people together with the hospitals to work on issues.
   b. USDA has telehealth capabilities. RFP for the USDA to improve tele health capabilities. Maybe we need a collaboration between the telehealth and the USDA?
   c. Kaiser Permanente has community health grants. It’s a year round cycle, they are always looking to find funding and revise their program for the next year.
   d. **The Federal Reserve Bank** focuses on workforce issues than enable people to buy affordable housing with low interest rates.
      i. The city of San Francisco worked to get a central building where low income people could live, then move into the community.
      ii. Perhaps the community could work with **Craig Nolte** and Rachael Wong.
   e. Partnerships with major resources can happen with the incentive program.
   f. HAH committed to bringing the USDA to the table (once the furlough is over) to share its telehealth RFP.
   g. Insurers must be at the table next time.
   h. Kahuku Medical Center and Ko’olauloa Health Center are working together on their needs.
   i. Kona Community Health Center partnered with **American Savings Bank** and the State Department of Hawaiian Homelands to build a new facility.

XI. OPEN COMMENTARY (Rachael Wong moderating)

A. **Mary Oneha** reiterated that we should have local farmers and businesses invited to future meetings. She promised to send a list of those who may be able to add something to future conversations.
   o It was noted that another missing group that needed representation at future meetings were the consumers themselves. If they cannot attend meetings, then, at the very least, their feedback about their experiences with public health initiatives should be tabulated and provided to inform and
guide future discussions.
  o Educators at all levels, including higher education, should also be invited.
  o Cassie Carter, Associate Vice President, Hawaii Pacific University, offered the assistance of interns from the school to assist in future projects.

B. Lola Irvin, MEd noted that we should look at the community support being provided for people. She asked whether they could walk/bike safely in their communities and asked how well our urban design was supporting healthy lifestyles. She also noted that the DOH would be running another round of the successful “Rethink your Drink” campaign.

C. Senator Jill Tokuda noted that access to healthcare is a barrier that is keeping children from attending school, learning, and excelling.
  o She noted that she’d love to see the schools start to be the place where students and their families can get healthcare they need.
  o She said this model could be not just for serious injury or disease, but for prevention and oral health.

D. Ben Pettus, CEO, Ko‘olauloa Community Health and Wellness Center, noted that the primary problem with school-based health centers is that they are at a disadvantage because they cannot accept reimbursement unless they’re federally qualified.

XII. NEXT STEPS

A. Rachael Wong brought the meeting to a close by mentioning that all materials would be available on the HAH website (HAH.org).
  a. She noted that HAH would continue driving the CHNA effort forward as the three-year mark approaches.
  b. She indicated that activity would recommence in early 2014.
  c. 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.

Respectfully submitted,
Schweitzer Consulting, LLC

See following pages for the meeting agenda and hospitals’ one-pagers.
Windward and North Shore O’ahu Meeting Agenda

October 14, 2013
Castle Medical Center Auditorium – Kailua, 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
Castle Medical Center

A full-service medical center offering a wide range of inpatient, outpatient, and home-based services and located just outside of Kailua, Castle is the primary health care facility for the Windward side of the island. The hospital is owned and operated by Adventist Health.

Services: Joint Care Center, Surgical Weight Loss Institute, birth center, wellness & lifestyle medicine center, intensive care, 24-hour ER, outpatient clinic, pharmacy, diagnostic services, home health, and rehab.

Beds: 160

Community: Windward Oahu and the whole island

Mission: Caring for our community... Mālama ana i kō kākou kaiāulu. . .

Priorities and Plans

1. Chronic Disease Prevention (previously known has population health management).

Contact: Neill Schultz, MBA, MAcc - Director of Finance/Controller

Neill.Schultz@ah.org
Kahuku Medical Center

Kahuku Medical Center is a non-profit, community-driven hospital and the only facility operating along Oahu’s north and north-east coastline. It is also an affiliate of the Hawaii Health Systems Corporation (HHSC).

Services: Inpatient, outpatient, long-term care, and ancillary services, 24 hour emergency room, In-house Laboratory, In-house Radiology, In-house Pharmacy, Dietary, Social Services, Physical Therapy, Occupational Therapy, and Speech Therapy.

Beds: 21

Community: Kualoa to Waimea (referred to as “Ko‘olauloa”).

Mission: Kahuku Medical Center will provide quality health care and promote wellness in our community in a professional, caring, culturally sensitive and financial responsible manner.

Priorities and Plans

1. Access to Health Services
   - Recruitment and retention of primary care providers.
   - Investigate possibility of attracting specialists
   - Better collaboration with clinics.
   - Telemedicine
     - Investigate all ways to inform community; i.e., newsletter, speakers at community meetings, website, reach out to Native Hawaiians, church groups, etc.

Contact: Stephany Nihipali Vaioleti, JD, MSW - Administrator
svaioleti@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

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.

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.

Contact: Joy Barua, MBA, MA-OC - Director, Community Benefit & Health Policy
Joy.X.Barua@kp.org
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