



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)

Please note: Presentation slides are available at <http://hah.org/hawaii-health-care-forums/>
and written hospital plans are available at
<http://hah.org/reports-data/community-health-needs-assessment/>.

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			
First Name	Last Name	Job Title	Company
Christopher	Abbott	Vice President, Community Investments	American Savings Bank
Valerie	Ah Cook	Diabetes Coordinator	Hawaii State Department of Health (DOH), Diabetes Prevention & Control
Amy	Asselbaye	Director of Strategic & Community Development	Waianae Coast Comprehensive Health Center
Dori	Baba	Administrative Officer	Enterprise Honolulu
John	Baleix, MD, MPH	PCHM Medical Director, Quality Management	HMSA
Joy	Barua, MBA, MA-OC	Director, Community Benefit & Health Policy	Kaiser Permanente Hawaii
Jenny	Belforte	Account Manager	Healthy Communities Institute
Alan	Buffenstein, MD	Medical Director	Wellcare
Rose	Choy	CFO	Kahi Mohala
Eric	Enos	Executive Director	Ka`ala Farms
Adria	Estribou, MA	Manager, Communications	Healthcare Association of Hawaii
Lynn	Fallin	Deputy Director of the Behavioral Health Administration	Hawaii State Department of Health (DOH)
Julie	Ford	President	Schweitzer Consulting, LLC
Loretta	Fuddy, ACSW, MPH	Director	Hawaii State Department of Health (DOH)
Scott	Fujii	CRA Officer	Bank of Hawaii
Marya	Grambs	Executive Director	Mental Health America of Hawaii
George	Greene, Esq.	President & CEO	Healthcare Association of Hawaii
Heidi	Hansen Smith	Community Programs Coordinator	Hawaii State Department of Health (DOH), Healthy Hawaii Initiative
Glen	Hayashida	CEO	National Kidney Foundation of Hawaii
Robert	Hirokawa, DrPH	CEO	Hawaii Primary Care Association (HPCA)
Lola H.	Irvin, MEd	Tobacco Settlement Manager	Hawaii State Department of Health (DOH), Healthy Hawaii Initiative

Margaret	Kalamau	Human Resource Officer	Ke Ola Mamo
Thao	Khamoui, PhD	Area Director	USDA Rural Development
Lorrin J.	Kim, MA	Chief, Office of Planning and Policy	Hawaii State Department of Health (DOH), OPPPD
Gregg	Kishaba	Rural Health Coordinator	Hawaii State Department of Health (DOH), Office of Primary Care and Rural Health
Ann	Kwock	Supervisor	Hawaii Pacific Health
Poka	Laenui, JD	Executive Director	Hale Na`au Pono (Wai`anae Coast Community Mental Health Center)
Leslie	Lam	Executive Director	American Diabetes Association
Ryan	Lee, MD	Pediatric Neurologist	Shriners Hospitals for Children/John A. Burns School of Medicine
Letty	Lian-Segawa, RN	Vice President, Clinical Field Operations	'Ohana Health Plan
Julian D.	Lipsher	Chief, Chronic Disease Management & Control Branch	Hawaii State Department of Health (DOH)
Joelene	Lono	Executive Director	Ke Ola Mamo
Tonya	Lowery-St. John, MPH	Science and Research Group Epidemiologist	Hawaii State Department of Health (DOH), Healthy Hawaii Initiative
Wes	Lum, PhD, MPH	Director	Executive Office on Aging (EOA)
Camille	Masutomi	Assurance Lead Portfolio Manager	Hawaii State Department of Education (DOE)
Brigitte	McKale	Vice President of Patient Services/Chief Nurse Executive	Pali Momi Medical Center
Ramona	Mullahey	Senior Analyst	US Department of Housing & Urban Development (HUD)
Nicole	Nako	Communications Coordinator	Schweitzer Consulting, LLC
Craig	Nolte	Regional Manager, Community Development	Federal Reserve Bank of San Francisco
May	Okihiro, MD	Director	HICORE
Annette	Ostrem	Kahuku H/I Principal	Hawaii State Department of Education (DOE)
Ginny	Pressler, MD	Executive Vice President Strategic Business Development	Hawaii Pacific Health
Sue	Radcliffe	Administrator	SHPSA

Florence	Reinisch, MPH	Senior Vice President, Strategic Planning	Healthy Communities Institute
Katherine	Richards, MPH	Physical Activity Coordinator	Hawaii State Department of Health (DOH), Healthy Hawaii Initiative
Mahealani	Richardson	Director, Public Relations	Shriners Hospitals for Children Honolulu
Michael	Robinson	Executive Director - Philanthropy & Government Relations	Hawaii Pacific Health
Christopher	Rocchio	Monitoring Coordinator	Hawaii State Department of Health/Office of Program Improvement and Excellence
David	Sakamoto, MD, MBA	Deputy Director of Health	Hawaii State Department of Health (DOH)
Vija	Sehgal, MD, PhD, MPH	Pediatrician	Waianae Coast Comprehensive Health Center
Pono	Shim	President & CEO	Enterprise Honolulu
Catherine	Sorensen, DrPH	Primary Care Office Program Manager	Hawaii State Department of Health (DOH), Office of Primary Care and Rural Health
Jesse	Souki, JD, MA	Director	Hawaii State Office of Planning
Kelly	Stern	Educational Specialist, School Based Behavioral Health (SBBH)	Hawaii State Department of Education (DOE)
Lori	Suan, MPH	Executive Director, Hawaii	American Heart Association
Edwina	Suzuki	President and CEO	The Queen's Federal Credit Union
Nalani	Takushi	Health Services Coordinator	Hawaii State Department of Education (DOE)
Tina	Tamai	Nutrition Education Network Coordinator	Hawaii State Department of Health (DOH), Healthy Hawaii Initiative Nutrition Education Network
Ty	Tomimoto	Finance & Contracting Manager	Rehab Hospital of the Pacific
Kristin	Wertin	Research Analyst	Hawaii State Department of Health (DOH)
Paula	Wong	District Educational Specialist, Windward District, School Based Behavioral Health	Hawaii State Department of Education (DOE)
Rachael	Wong, PhD, MPH	Vice President & COO	Healthcare Association of Hawaii
Betty	Wood, PhD, MPH	Epidemiologist	Hawaii State Department of Health (DOH), Epidemiology

Jessica	Yamauchi, MA	Executive Director	Healthy Communities Hawaii dba Coalition for a Tobacco- Free Hawaii
Leslie	Yano	Director, Special Events	American Heart Association
Marlene	Zeug	Wraparound Services Coordinator, Office of Strategic Reform	Hawaii State Department of Education (DOE)

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 **Shriner's** 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 (Wai`anae 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 “‘olo ‘olo” 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 to 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

2014). 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 <ol style="list-style-type: none">I. "Intersection of community development and health"
<i>Craig Nolte</i>
<i>Regional Manager, Community Development, FRBSF</i>II. "Hawaii Hospitals CHNA and next steps"
<i>Rachael Wong, DrPH,</i>
<i>VP & COO, Healthcare Association of Hawaii</i> |
| 10:10 AM | <i>Let's get busy building bridges!</i>
Group exercise: brainstorming out loud within framework <ol style="list-style-type: none">III. Hospitals identify needs and call for supportIV. Open discussionV. Participants offer how they might support and ideas for moving the community forward together |
| 11:10 AM | Break |
| 11:20 AM | <i>Recharged: Recap and moving forward</i> <ul style="list-style-type: none">• Making commitments• Recap of Forum |
| 11:45 AM | Next steps
November 20 Summit |
| 12:00 PM | Mahalo and adjourn |



Hawaii Health Care Forums: Building Bridges to Better Health

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



Hawaii Health Care Forums: Building Bridges to Better Health

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.*



Hawaii Health Care Forums: Building Bridges to Better Health

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



Hawaii Health Care Forums: Building Bridges to Better Health

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



Hawaii Health Care Forums: Building Bridges to Better Health

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