



September 26, 2013
Imiloa Astronomy Center - Hilo, HI

EAST HAWAII MEETING RECAP

Total attendees = 40

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

Hilo Medical Center:

1. Behavioral Health
2. Prevent/Improve Management of Diabetes

Please see Appendix for the following materials:

1. Full meeting agenda.
2. Hilo Medical Center's one-page summary, which identifies its priorities and plans.

ATTENDEES

East Hawaii -- 09/26/2013			
First Name	Last Name	Job Title	Company
Jody	Adams	Executive Director	Ka'u Rural Health Community Association, Inc.
Howard	Ainsley	East Hawaii Regional CEO	Hilo Medical Center
Lenard	Allen	Public Health Educator	Hawaii State Department of Health (DOH), Hawaii District Health Office
Chenin	Angeleo, RN	Quality Improvement Coach	National Kidney Foundation of Hawaii, Hilo Office
Joy	Barua, MBA, MA-OC	Director, Community Benefit & Health Policy	Kaiser Permanente Hawaii
Christine	Beck, MSN, MA	Assistant Professor and Lecturer	University of Hawaii at Hilo/Manoa
Dan	Brinkman, RN, MPA	Regional Chief Nurse Executive, East Hawaii Region	Hawaii Health Systems Corporation (HHSC)
Irene	Carpenter	CEO	Hamakua Health Center, Inc.
Kurt	Corbin	Board Member	Hilo Medical Center
Scott	Daniels, PhD	Performance Improvement Coordinator, OPCRH	Hawaii State Department of Health (DOH), Office of Primary Care and Rural Health
Andrea	Dean	Owner	Sustainable Initiatives LLC/North Kohala Eat Locally Grown
Beth	Dykstra	Economic Development Specialist	County of Hawaii Department of Research & Development
Julie	Ford	President	Schweitzer Consulting, LLC
Troy	Freitas	Acting Administrator	Hawaii State Department of Health (DOH), Child And Adolescent Mental Health Division (CAMHD)
Josh	Green, MD	Hawaii State Senator; Health Chair	Hawaii State Senate
Blayne	Hanagami	Hawaii Island Branch Manager Workforce Development Division	Hawaii State Department of Labor and Industrial Relations (DLIR)
Karen	Ho, MBA	Comprehensive Health Planning Coordinator	SHPDA
Jacqui	Hoover	Executive Director	Hawaii Island Economic Development Board
Susan	Hunt, MHA	CEO & Project Director	Hawaii Island Beacon Community
Peter	In, MD	Physician	North Hawaii Community Hospital
Audrey	Inaba, RN	Maternal and Child Support Service, Hawaii District	Hawaii State Department of Health (DOH)
Thao	Khamoui, PhD	Area Director	USDA Rural Development

Randy	Kurohara	Director, Department of Research and Development	County of Hawaii
Dennis	Lee, MD	Psychiatric Medical Director	Hilo Medical Center
Patrick	Linton, MHA	Community Volunteer	Transition Health Hawaii
Jessanie ("Aunty Jessie")	Marques	Executive Director	Ka'u Rural Health Community Association, Inc.
Nicole	Nako	Communications Coordinator	Schweitzer Consulting, LLC
Craig	Nolte	Regional Manager, Community Development	Federal Reserve Bank of San Francisco
Tim	O'Connell	Assistant to the State Director	USDA/Rural Development
Sal	Panem, PE	District Engineer	Hawaii State Department of Transportation-Hilo
Karen	Pellegrin, PhD	Director of Continuing/Distance Education	University of Hawaii at Hilo
John	Saplan	Race to the Top Health Services Coordinator	Department of Education, Ka'u/Kea'au/Pahoa Complex Area
Shawn	Slater	SBBH Clinical Supervisor	Hawaii State Department of Education (DOE)
BJ	Soriano	Program Assistant	Ka'u Rural Health Community Association, Inc.
Robert	Surber, MSSW, LCSW, ACSW	Principal	Robert Surber & Associates
Aaron	Ueno, MPH	District Health Officer, Hawaii County	Hawaii State Department of Health (DOH)
Harmony	Uyehara	Director of Clinical Operations	Bay Clinic
Carol	VanCamp	Senior Associate	JCBRE, Inc. (Japanese Chamber)
Sharon	Vitousek, MD	Director	North Hawaii Outcomes Project
Rachael	Wong, DrPH	Vice President & COO	Healthcare Association of Hawaii



Hawaii Health Care Forums: Building Bridges to Better Health

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. **Greetings and introductions (Healthcare Association of Hawaii VP & COO Rachael Wong, DrPH)** Rachael opened the meeting and invited everyone to introduce themselves.
- II. **Intersection of community development and health (FRBSF Regional Manager, Community Development Craig Nolte)**
 - A. Craig provided an overview of his role with the Federal Reserve Bank of San Francisco.
 - B. He noted that everyone in the room shares the same goal to improve healthcare in Hilo. He asked participants to stay positive and move forward from any bad experiences they may have had in the past.
 - C. Craig presented slides (available at www.HAH.org) to show the overlap of the CRA and the new ACA requirements.
 - D. He drew the comparison of the Affordable Care Act (ACA) regulations for hospitals to the Community Reinvestment Act (CRA) for banks.
 - E. 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) process from a statewide perspective.
 - B. She presented slides (available at www.HAH.org) about HAH's background and mission. She acknowledged the **Department of Health** for being such a strong advocate in this process and for funding these stakeholder meetings along with the **FRBSF**.
 - A. During her presentation, **Jessanie Marques (known as "Aunty Jessie")**, asked about the follow-up to these meetings, noting that many times the discussions happen but no real plans get implemented afterwards.
 - B. **Craig Nolte** noted that the IRS requires specific outcomes. He noted these forums were not just "listening sessions," but working groups which will create the blueprints for actions to be taken.
 - C. **Patrick Linton**, a community volunteer with **Transition Health Hawaii**, asked

about the three-year progress reports to the community. **Joy Barua, MBA, MA-OC** responded by saying that although the reporting/accountability is new, true scrutiny would be given to the plans. He said the outcomes and metrics by which to measure the success of the programs will be robust.

- D. **Scott Daniels, PhD, Performance Improvement Coordinator, Office of Primary Care and Rural Health, Hawaii State Department of Health (DOH)** talked about the rounds that the DOH is making to explore the needs/assessments of the various communities across the state.
- E. **Rachael Wong, DrPH** noted that the Kula community had broken down their specific needs by zip codes, so it was getting very local and community minded.
- F. **Rachael** then turned over the meeting to Hilo Medical Center (represented by **Howard Ainsley**).

IV. Hospital's Priorities

- A. **Howard Ainsley, CEO, HHSC East Hawaii Region**, thanked everyone for participating and acknowledged the community leaders who had been collaborating on this initiative. He reiterated the hospital's outreach priorities (behavior health and diabetes) and noted that all healthcare is local.
- B. He then talked about **Hilo Medical Center's** new primary care residency program, which has four existing faculty and is in the process of accreditation. He noted that mental health will be incorporated into this program.
- C. He indicated that he'd like to see a community clinic in which mental health was addressed outside of traditional hospitals.
- D. He then introduced **Dennis Lee, MD, Hilo Medical Center's Psychiatric Medical Director**, who made the following comments:
 - There is a national social drift in which Americans are migrating to warmer climates. This means more people are coming to Hawaii and not leaving.
 - There are big needs in mental health in terms of suicide intervention, adolescent outreach, and programs for the homeless (including shelters).
 - Hilo Medical Center is looking for collaborators and funders with whom to partner.
- E. **Howard** indicated that the group may achieve the best results from today's meeting if it opted to focus solely on the behavioral health issue.
- F. The group discussed this option and agreed to tie in diabetes at the end of the discussion, particularly because depression and behavioral health plays in to non-compliance when diabetics do not take their medication.
- G. **Rachael** noted that any discussion about a community "clinic" does not necessarily need to be tied to a new building with staff (especially due to financial constraints), but rather a leveraging of existing community resources and groups to allow people to access medical care in a number of delivery platforms.

V. Open Discussion

- A. **Shawn Slater, SBBH Clinical Supervisor for Hawaii State Department of Education**, said he would like to see more partnering with behavioral health providers and the incorporation of technology, especially in the larger

- geographic areas (e.g., with telehealth).
- B. He noted that students with behavioral health issues are being sent to Oahu, which further separates them from their families. He offered to collaborate with the hospital to discover additional ways they can partner to help public school students. He also offered to speak to the DOE leadership to strengthen any existing partnerships.
 - C. **Howard** noted there were no counselors for children/adolescents and that **Hilo Medical Center**, too, needed help in that area.
 - D. **Chenin Angeleo, RN, Quality Improvement Coach for the National Kidney Foundation of Hawaii (Hilo branch)** noted that she was previously with the **West Hawaii Community Health Center**. She said the approach that they used successfully there was to integrate behavioral health into primary care visits. She mentioned **Victoria Reed, PsD¹** as a leader in this.
 - E. **Howard** mentioned that their medical director will synergize with **Bay Clinic** (a federally qualified health center, or FQHC).
 - F. **Susan Hunt, MHA, CEO & Project Director of Hawaii Island Beacon Community**, said the primary care physicians (PCPs) are the ones who do overall patient management. She noted that, previously, she saw a model in which a psychiatrist made grand rounds at **Bay Clinic** and other medical facilities. The psychiatrist trained PCPs on the signs/symptoms of behavioral health issues.
 - G. **Joy Barua, MBA, MA-OC, Director, Community Benefit & Health Policy for Kaiser Permanente**, noted they had made a grant to the **Hawaii Primary Care Association** to assist in addressing childhood/adolescent behavior health issues in FQHCs.
 - H. **Shawn Slater** said there was currently a trainer in “**Mental Health First Aid**” in Hawaii. He said he had been told this trainer was with **Tripler Army Medical Center**, but that no one in Hawaii had been trained as of yet. He noted that additional training should be offered to police officers, teachers, and others in community.
 - I. **Troy Freitas, Acting Administrator, Hawaii Department of Health, Child And Adolescent Mental Health Division (CAMHD)** noted that the **Department of Health** is partnering with **Kalihi-Palama Health Center** (a FQHC) to provide mental health support. He said they’re trying to replicate it near Pearl City and could perhaps try it there in Hilo.
 - J. **Susan Hunt, MHA** said the hospital doesn’t have to be alone in this endeavor to help those with behavioral health issues. She stated that, instead, the hospital could be the convener and assessor of the situation, so that the whole community could help fill the gaps in care.
 - K. **Robert Surber, MSSW, LCSW, ACSW, Principal, Surber & Associates**, said the

¹ Subsequent research on Victoria Reed, PsD, yielded the following information: She serves as a Licensed Clinical Psychologist and as the Tobacco Cessation Program Coordinator at the West Hawaii Community Health Center in Kailua Kona, Hawaii. She is also a Faculty Psychologist at Hawaii Island Family Health Center with Hilo Medical Center, where she supervises I Ola Lahui post-doctoral fellows. Her interests include primary care psychology, chronic disease management, Patient Centered Health Care Home and working in interdisciplinary teams.

workforce issue is a problem: Hilo is short on docs and other healthcare providers. After getting licensed, they need two years of supervision (very hard to find). Maybe this can attract people who can stay (e.g., a “Mental Health Institute”).

- L. **Blayne Hanagami, Hawaii Island Branch Manager Workforce Development Division, Hawaii State Department of Labor and Industrial Relations (DLIR)**, said he works with a number of folks in the room, from a training standpoint, to provide employee support/training. He said his organization takes on about 9,000 low-income people in need of job training.
 - a. He surmised that this was probably the same population that visits the ER.
 - b. He noted that his organization doesn’t really know how to identify and/or refer those who are experiencing mental health issues.
 - c. He stated that they currently host a number of informational workshops and that the population with whom he works often attends trainings because they genuinely want to learn.
 - d. He suggested that perhaps hospitals and/or healthcare providers could give classes on medication adherence or other topics at his facility.
- M. **Craig Nolte** noted that this could be an area which banks might be prone to support. He indicated that banks like to support workforce development programs.
- N. **Joy Barua, MBA, MA-OC** asked about the social worker (and other healthcare provider) internship problem and wondered if funders could creatively provide the funding for paid clinical supervisors.
- O. **Christine Beck, MSN, MA**, noted that there is a Health Recovery group comprised of people dealing with mental health issues. She noted that our group needs to remember “the individual who is dealing with mental health issues,” instead of only looking at it from a top-down perspective. She stated that the very people we are seeking to impact must be involved in their own solutions and should be invited to the table to discuss their viewpoints.
- P. **Rachael Wong, DrPH** noted that ‘**Ohana Health Plan**, which recently took over the Med-QUEST Division’s behavioral health community case services program, is looking for partners to carry out its federally-mandated programs. **Anne Chipchase, MA, CVM, Director of Community Outreach**, was mentioned by **Joy Baura** as a possible resource.
- Q. **Harmony Uyehara, Director of Clinical Operations for Bay Clinic**, said the clinic is staffed with social workers who can be of assistance. She noted that they are also received funding from the **Hawai’i Health Connector** (Hawaii’s online health insurance exchange where consumers and businesses can purchase insurance through ACA) for several navigator (Kōkua) positions that may be able to help with community health education and outreach...
- R. **Tim O’Connell, USDA Rural Development’s Assistant to the State Director**, said the **USDA** provides funding in three primary areas:
 - a. Housing grants.
 - b. Business development.

- c. Facilities (under which USDA is currently financing \$12 million to renovate MMMC; he also noted a grant made seven years ago to Hilo Hospital).
 - d. He drew attention to a telehealth grant they had administered in Guam. He noted this was being done in Guam, Saipan, etc., but that some people were uncomfortable using the technology. Primary reasons are that they want the human touch and don't understand the technology. He noted that they doctors were afraid of liability issues tied to not doing an in-person visit.
- S. **Scott Daniels, PhD** acknowledged the technology issues for general medicine, but noted they tend to be less of a problem with psychology-based care. He also noted that **HMSA** was bringing a psychologist to Hilo twice per month, on Wednesdays (**Dr. Raymond Davidson**).
- T. **Patrick Linton** asked how much of the mental health issues are caused by non-compliance with medication.
- U. **Dr. Lee** said that, in his opinion, a great deal is linked to this.
- a. **Dr. Lee** said the hospital wants to move to a prevention model vs. a treatment model to keep admissions/readmissions down.
 - b. He also said that the hospital is being used as a primary care clinic by those who are uninsured, which is driving up costs for everyone.
- V. **Robert Surber, MSSW, LCSW, ACSW** asked if Hilo needs a place where substance abuse patients could "sleep it off" for a night instead of going to the hospital.
- W. **Sharon Vitousek, MD, North Hawaii Outcomes Project Director**, indicated interest in that idea. She said the top cause of death in Hilo is from car accidents caused by drunk or drugged driving. She indicated that patients show up at the hospital with one primary diagnosis (e.g., heart problem, etc.) but the problem is actually being caused by substance abuse. For this reason, the prevalence of substance abuse in hospital admissions is not being accurately measured.
- X. **Aaron Ueno, MPH**, suggested that the group should also talk about the Judiciary, which is ordering specific substance abuse treatments or programs. He noted that there are diversionary programs aimed to get kids out of incarcerated situations.
- a. He indicated that he wanted to look at the substance abuse issue and talk to the Chief Justice about Family Court.
 - b. He noted that he believed that if this entity was communicating better with **DOH** on high-needs kids, there could be more collaboration to focus on issues such as developmental disabilities, which are currently being lumped into overall behavioral health issues.
- Y. **Rachael Wong, DrPH** told the group about **Shriner's Hospitals for Children-Honolulu** and its new focus on developmental delays, which had been announced at the CHNA forum the previous day. She then asked the group to summarize what they saw as the next steps.

VI. Follow-up actions/commitments

- A. **Troy Freitas** promised to get the briefing on this topic and to share it with the group.
- B. **Rachael** committed to reach out to **Tripler Army Medical Center** to search for the mental health trainer.
- C. **Aunty Jessie** mentioned a resource distance learning center (funded by **the Late Sen. Inouye**). She said that doctors can gather together with families in Ka'u to talk to a psychiatrist in Honolulu.
- D. The group expressed interest in having a full library of resources to know what's available in Hilo.
- E. **Blayne Hanagami** pledged the tools and resources of the **Hawaii State Department of Labor and Industrial Relations** to help, including an online assessment and a "Resources Match" that makes sure that referrals go to mental health associations.
- F. He said that as part of the Affordable Care Act, there will be new people in his office, who will serve as paid staff, to get the word out about how to coordinate with other programs. He mentioned the **Honokaa ROSI**, a rural outreach services initiative in which service providers (e.g., housing, workforce development, financial assistance, and some healthcare) convene a schedule of one-stop-shop kinds of open houses for community members who cannot travel to Hilo for these services.
- G. **Beth Dykstra, Economic Development Specialist for County of Hawaii Department of Research & Development** noted that the **Honokaa ROSI rural one-stop-shop initiative** was the first in the state.
- H. She said there's a groundswell of help and indicated that she is putting together a book of community resources. She said she needs help to develop a brochure.
- I. **Craig Nolte** indicated there was possible collaboration that local banks could provide on such a project, specifically because it is related to economic development for low-income residents.
- J. **Rachael** offered to share the resources with the HAH network and others once **Beth** had them compiled. She also suggested that **Shawn Slater** and others in Hilo may want to reach out to **Shriner's** to learn more about what types of referrals they might be accepting in its new program.

VII. Summing it all up (Rachael Wong, DrPH)

- A. Hilo needs to do asset mapping/gap analysis. She asked who else should be in the room at the next meeting?
 - a. ADRCs (Aging and Disability Resource Centers).
 - b. Judiciary.
 - c. Consumers.
 - d. Health plans (**HMSA, Ohana**, etc.).
- B. Education and outreach – how should information be shared?
 - a. Through the ACA positions (there will be nine in the community). They can be provided with information/brochures that include information about behavioral health and other community-based resources.
 - b. Workforce development pledged to provide venues for speakers (for topics ranging from pregnancy to various health concerns)
 - c. **Beth Dykstra's** book of Hilo resources and data could be used.

- d. School systems.
 - e. Home for recovery.
 - f. Long-term: physician workforce development that complements the residency program in Hilo.
- C. Funding
- a. **USDA.**
 - b. Banks.
 - c. **Kaiser Permanente** and other foundations.
 - d. **CDGB (Community Development Block) grants.**
 - e. Hawaii Office on Aging (It was noted that there was a possible grant from Stanford to collect data on chronic conditions).
 - f. **SIM (State Innovation Models) grants.**

VIII. Final Thoughts (Going around the room)

- A. **Sharon Vituesek, MD** asked people to look beyond short-term wins to get long-term gains. She said the biggest barrier in Hilo is that there are no resources/infrastructure to carry out the plans. Hilo needs the capacity to carry out its plans.
- B. **Karen Pellegrin, PhD, Director of Continuing/Distance Education at the University of Hawaii at Hilo,** mentioned the “**Applied Learning Experiences**” or “**ALEX**” program at the University. She said it engages students in real-world situations and requires them to apply their knowledge/skills they’ve developed through academics. She noted that they take on community-based projects, conduct service learning, do research, and provide internships. She thought they could somehow be useful in data collection/mapping to be done in Hilo.
- C. **Rachael** mentioned **Jubilee Ellison, a University of Hawaii Master’s in Public Health** student who is staying at **Kula Hospital** until the CHNA is completed. She noted it was a good situation for all, noting the residency program also has students in public health.
- D. Auntie Jessie said **The Connector** and elected officials should be part of the future discussions.
- E. **Craig** mentioned an **APRN program** that helped to provide affordable housing and talked about how funding can be layered to fund projects like homelessness (and to provide wraparound services such as job training at homeless shelters, etc.).
- F. **Craig** invited the group to meet together again to flesh out some of their ideas.
- G. **Troy Freitas** said he’s now better able to understand the needs of Hilo county. He said he wants to be a partner with Hilo and promised to listen to their needs.
- H. **Andrea Dean, Owner of Sustainable Initiatives LLC/North Kohala Eat Locally Grown,** said she wants to see the integration of localized food growing with health and economic development.
- I. **Chenin Angeleo, RN** said it was great to hear from everyone and that she especially likes the idea of involving students in future work.
- J. **Christine Beck, MSN, MA** noted that she had been amazed at the capacity in the room and has learned about several new groups/resources in the community.
- K. **Auntie Jessie** praised **Craig Nolte** for his presentation which linked the hospitals to the CRA.
- L. **Aaron Ueno, MPH** said behavioral health isn’t under his jurisdiction, but realized it was

about the social determinants of health.

- M. **Karen Pellegrin, PhD** encouraged the **University of Hawaii-Hilo** to be adaptive. She said it is the voice of leadership from the community that will help the university adapt. She encouraged the group to nudge the university to adapt/evolve more quickly.
- N. **Karen Ho, MBA, Comprehensive Health Planning Coordinator for DOH's SHPDA** said she is responsible for the health facilities plan. She said the behavioral health plan chapter was very difficult to put together because it's such a broad area. She encouraged the people in the room to reach out to private, nonprofit providers for funding.
- O. One other participant said that she thought DHS and the Judiciary should be at future meetings. She also suggested that we provide a listing of the many acronyms that are used because the average person doesn't know what they mean.
- P. **Scott Daniels, PhD** acknowledged the size of the problem, but said that the people in the room had encouraged him that they can do something effective to address the problem if they all worked together.
- Q. **John Saplan, Race to the Top Health Services Coordinator for the Ka'u/Kea'au/Pahoa Complex Area**, said he is working on a school-based health center and had made some good contacts for that project at the meeting. He thanked everyone for participating.
- R. **Shawn Slater** said the meeting had made him realize that when they solve the hospital's problems, they're solving DOE's problems too.
- S. **Howard Ainsely** said he liked the new partnership opportunities. Synergy with the others in the room was very powerful.
- T. **Dennis Lee, MD** asked the group if they knew anything about the **New Market Tax Program** which they might approach to help them to build a new facility for people facing behavioral health issues. No one in the room was familiar with the program.
- U. **Robert Surber, MSSW, LCSW, ACS** said he was happy to know that Hilo was further along than others in terms of planning. He said that the meeting renewed his commitment to speak with one voice, as a community, and to rally around behavioral health.
- V. **Blayne Hanagami** noted the many similarities they all shared. He noted that they were not just talking about behavioral health, but about humans facing real issues.
- W. **Harmony Uyehara** said she saw this meeting as a way to build new relationships and share similar goals.
- X. **Lenard Allen, Public Health Educator, Hawaii District Health Office (DOH)**, noted that when the community assets are identified, the whole community can leverage those assets and survive any threats that come its way.
- Y. **Tim O'Connell** indicated that he liked the opportunities emerging for new, non-traditional partnerships. He noted that when the **USDA** and **the Fed** begin rallying around healthcare, there are truly new possibilities.
- Z. **Beth Dykstra** drew attention to Hawaii Island's poverty and economic issues, noting that forums such as these were important first steps in helping to solve their own problems.
- AA. **Sharon Vitousek, MD** said that she sees a lot of capacity and infrastructure that must move forward.
- BB. **Joy Barua, MBA, MA-OC** said the meeting had him "literally choking with optimism." He praised the many good initiatives coming out of the Big Island and touched on a couple

of them which Kaiser Permanente has funded.

CC. **Kurt Corbin, Hilo Medical Center Board Member**, noted that any county's health systems are only a result of their socio-economic issues. He expressed hope that the group could adequately address those issues.

DD. **Patrick Linton** noted how wonderful—and yet how messy—a process like this can be. He thanked everyone for being so collaborative.

The meeting adjourned at 12:20 p.m. Photos and video were taken.

Respectfully submitted,

Schweitzer Consulting, LLC

See following pages for the meeting agenda and hospital one-page summary.



East Hawaii Meeting Agenda

September 26, 2013

Imiloa Astronomy Center, University of Hawaii – Hilo, HI

- 8:30 AM Registration and continental breakfast
- 9:00 AM Welcome: Remarks by The Honorable Billy Kenoi
- 9:05 AM Purpose, goals & objectives, agenda
Ice breaker and introductions around the room
Review of sent material (hospital's priorities and plans)
- 10:00 AM Background
- "Intersection of community development and health"
Craig Nolte
Regional Manager, Community Development, FRBSF
 - "Hawaii Hospitals CHNA and next steps"
Rachael Wong, DrPH,
VP & COO, Healthcare Association of Hawaii
- 10:10 AM *Let's get busy building bridges!*
Group exercise: brainstorming out loud within framework
- Hospitals identify needs and call for support
 - Open discussion
 - Participants offer how they might support and ideas for moving the community forward together
- 11:10 AM Break
- 11:20 AM *Recharged: Recap and moving forward*
- Making commitments
 - Recap of Forum
- 11:45 AM Next steps
November 20 Summit
- 12:00 PM Mahalo and adjourn



Hilo Medical Center

HMC is the leading hospital in the East Hawaii Region of the Hawaii Health Systems Corporation, a public entity established in 1996 by the State of Hawaii to fulfill the promise to provide quality, hometown healthcare.

Beds: 138 acute (including 20 psychiatric) and 112 ICF/SNF beds

Services: Behavioral health, cancer, cardiovascular, emergency, home health, imaging, ICU, lab, maternity, rehabilitation, skilled nursing, surgery, and trauma.

Community: East Hawaii Island

Mission: Improving our community's health through exceptional and compassionate care.

Priorities and Plans

1. Behavioral Health

- Establish a mental health community clinic
- Recruit and retain behavioral health providers

2. Prevent/Improve Management of Diabetes

Contact: Howard Ainsley – CEO
hainsley@hpsc.org