

## ***Panel #1-Mapping Hawai`i Healthcare Resources and Needs***

*Presenters: Dr. Claudio Nigg, Kristine Qureshi, Dr. Kelley Withy*

*Moderator: Dr. Ka`imi Sinclair*

*Scribe: Mililani Trask-Batti*

### **Speaker #1- Dr. Nigg**

#### **Topic- An Assessment of Office of Public Health Studies (OPHS): Public Health Workforce Needs in Hawai`i**

#### Objectives:

- Competencies and skills of MPH graduates [www.hawaii.edu/publichealth](http://www.hawaii.edu/publichealth)
- Also evaluated community to see what graduates would need to know in order to be effective and valuable workers

#### OPHS

- Specializations: Epidemiology, Health Policy and Management (HPM), Biostatistics, and Social and Behavioral Health Sciences
- Degrees: MPH, MS, DrPH (created in 2008), PhD, certificate in Global Health
- 19 faculty, 14 with a public health degree (all others have a degree in related field)
- Department under JABSOM, number of graduate level students are rising

#### Methods

- Key-Informant Interview of Community n=9
  - Questions? Answer
    - What skills do you expect of our graduates? Public Health (PH) general knowledge, general work skills, and cultural competency
    - Challenge in hiring? Specialized knowledge (grant writing and research experience). None. Salary Issues here in Hawai`i (HI)
    - Strength of having an MPH degree? They have experience, understand pop. Health, social determinants, collaborative nature.
      - Identified weaknesses: Students don't have enough crosstalk, naïve realities, MPH 'handed out like candy,' lack of awareness of clinical issues, awareness of NH health needs
    - What skills should MPH graduates have? Would like to see more in regards to research (bias/protocol) and MPH should know more about local history.
    - Satisfied with MPH graduates? Majority (4) yes, vs. 1 no =5, what about the other 4?
  - Survey → Survey Monkey, convenience sampling, slightly bias because its HPHA and OPHA faculty, 5 pt. Likert scale (1-low and 5-High). n= 75
    - Demographics:

- Age grouping was varied. Largest represented group were from government agencies. The majority of those who answered had an MPH. Newbies-senior experts in public health.
- How relevant are our competencies and how are MPH student performing?
  - Doing well with relevance but could work on performance especially more intervention based.
  - Doing well in data analysis but not in data collection.
  - HPM concentration is newest and still in development.
  - Cross-cutting areas, needs more integration with modern technology.
  - Diversity/Cultural competence, the challenge in our dept. in the emphasis on NH health.
  - Leadership, focus within last 2-3 yrs.
  - Working on facilitation tools and professionalism.
  - MPH students doing well. Program planning, doing well.
- Combined 4.3 out of 5. What to improve: Currently no evening, weekend courses especially for the working student.
  - Technical skills.
  - Cross-cutting areas identified cultural competency as a problem.

#### Benefits in this work

- Demonstrated investment in workforce, better communication, accreditation, improved program quality

#### Challenges

- Key-informant interviews were difficult to schedule, IRBs, work for more neighbor island input, small sample size and many answered N/A. There was also some confusion regarding survey distribution.
- In the future they would like to know what MPH students think both in HI and across the nation.

#### Future

- Improve professional development for current students.
- Increase indigenous health focus-Dr. Taulii
- Supplemental survey for alumni
- Neighbor island key informants
- Delphi technique was suggested
- Adapt OPHS for career based track

#### *Questions*

Thank you for identifying how to evaluate competency based education. Medicine and health are separating more and more “we aren’t good neighbors.” Any interest in integrating medicine and public health?

- Talks of bringing back the MD/MPH program.
- Better connection for preventative medicine residencies.
- Why this separation exists isn't fully understood.
- Working with DNH and the Pediatrics department.
- Hopefully once we become an accredited school, better integration will be seen.

**Speaker #2- Kristine Qureshi**

**Topic- The nursing workforce in Hawaii: What we know and what we do not know**

The Hawaii State Center for Nursing (funded through state and a fee on nurses when they renew license) collects a lot of data but not done to the best of its ability.

- 42,000 health care workers, 7.7% of state workforce, but lower than national average of 8.8%.
- RN- 19,999 licensed in HI, 67% (12,178) live in state, ~9,000 employed in state. RN per 100,000 pop in HI we have 689 vs. 842 in continent.
  - WHERE are the vacancies because our new graduates are having a hard time finding jobs?
- LPN: 2,699 licensed. 1,570 LPN are actually employed. 129.5 per 100,000 and ranked 46th in US, meaning that we are under-resourced.
- Medical Assistant (couldn't find national data) - approx. 2,050 home health aides. 2,980 nursing aides. HI ranked 23rd and 48<sup>th</sup>, respectively, among the 50 states.
- We are doing more with less already.

Nursing is the largest healthcare workforce in nearly every country in the world

- In Hawai'i, ~3/4 of nurses are on O`ahu, then Big Island, Maui and Kaua`i.
- Gender: Females, at nearly 90%
- Ethnicity: Varies by island.
  - Oahu: 4.9 % are NHPI vs. 8.3 of total pop.
  - Hawaii: 9.3
  - Kauai/Maui
  - We need to collect data with more specific ethnicity classifications and to push for more NHPI into RN profession.

Where does the RN work?

- Majority in hospitals~60%, but no data to show us where RNs are in the community health care centers
- Nursing shortage
  - In HI and US, it's an aging workforce ~ average age is 45/50. A lot of reasons nurses aren't retiring but they are projected to do so once economy picks back up.

- Those graduating won't replace those retiring. Need approximately 75% growth over the next 10 years to make up for this difference.

How much nurses do you actually need vs. the amount they can fill or the amount that is budgeted to hire nurses?

- We lack fine data for nursing especially in the community sector/setting.
- How do we collect this data? Round table question.

*Questions:*

Juarez, D- We have a physician shortage especially in primary care. What is the nursing school doing to prepare for their expanding role with the new health care reform?

- 50-60 accepted per year and we have a good pass rate.
- Trained in primary care.
  - Highest rate (very high) per 100,000 in the rest of the country.
- We can produce them but we need to work with community centers/system to insert them in and get them jobs.

Jamie- Ed. Outcomes are poor among NH, PI and disadvantaged students. What is the school of nursing doing to prepare these individuals to enter the workforce, considering that having similar ethnic people is better for health outcomes?

- Up until last year, didn't do enough to recruit NHPI.
- She uses the term affirmative action (and supports the idea).
- Historically, UH-nursing get's 'cream-of-the crop.'" Certain formula used for admissions. 2 points for NHPI but they revised this because it doesn't really get anyone in. Now 10 pts. are given to NHPI, so students who wouldn't be getting in are now getting in.
- Av. G.P.A 3.7, but their experiences will probably make them a better nurse.

Suggestion to check out the booth on technical/career information. Dept. of Education has a healthcare pathway. This will help some students. Goal: provide students with some experiences.

Nalani- Program 'Ike Ao Pono, have graduated more NH nurses than any other program in the country. We are all working to build a community ladder and community based system.

**Speaker #3 Kelley Withy**

**Topic- Hawaii's Primary Care Workforce**

Physicians follow behind nurse's track. Data comes from recent physician workforce program. Funded by physician licensing fees.

Using licensure lists they found shortage with

- PA's-100 working in the field about 35 FTE doing primary care work(demand is at 59 FTE), or about 53% of what we all actually need need
- Physicians 892 FTE (1228 FTE) about 75% of what we need vs. continent
- APRNs 209 FTE (268 FTE) or about 80% of what we need
- Demand FTE is a national estimate for our population size and ethnic mix

Survey (n=31 representing 25 zip codes) of healthcare professions

- CHW, dental hygienist, dentist, IP personnel, MA, translator, social worker and primary care physician were some of the identifies shortages

What can we do?

- Physician workforce suggestions
  - Healthcare providers: 3-2-1 rule
    - Identify 3 students a year to get interested in healthcare
    - Teach 2 students a year
    - Mentoring one young provider
      - Have heard from the community that we don't do this
- Med Community suggestions
  - New systems of care, increase of 2% more productive using a health care team we would be able to provide adequate care to all right now
  - Medical Home EHR Teams
  - Pipeline Train/mentors- not a lot of extra pts. For NH at JABSOM but there is 'Imi Ho'ola
    - Getting students earlier out to neighbor islands
  - Regionalized Form Groups
  - Telemed
  - Fly over network
- Legislature
  - Loan repay
  - Tax breaks
  - Medical malpractice and sin tax are moving forward
  - Support for systems change
- Insurance companies
  - Administrative simplification, standardize form across all companies
  - Payment reform (rural deferential)
  - Transport especially for neighbor island
  - Speed of payment
  - Businesses could build buildings and support primary care docs.
- Public
  - Appreciation-say thank you because many providers are in this for the personal interactions

- Living Healthy
  - Involving the community in recruitment/retention of physicians/providers.
- Community members: create and/or get involved in local efforts for training, recruitment and retention of providers.

*Questions:*

Roy Magnusson (ass. Dean at JABSOM)- Providers are already working really hard. In Hawai`i, we are more efficient than continental U.S. We are doing more with less. 2% improvement /yr. for 10 years then we would be where we need to be for number of physicians. The biggest issue right now in the country is cost and the fact that we are efficient here is a big positive. The state has been very resourceful with what we have.

- Our physicians are working 27% harder than continental physicians. If we can transform this system, to allow the physicians to do more patient care and less administrative work.

***Panel #2—How a community can make a difference in building the healthcare workforce in Hawaii: Examples of success in recruitment and training***

*Presenters: Dr. Allen L. Hixon, Dr. Winona Lee, Nalani Minton*

*Moderator: Dr. Bill Ahuna*

*Scribe: Sharde Mersberg*

***Moderator: Bill Ahuna***

- Storm story, remaining to sleep; sleep in the storm

**Speaker # 1: “Winnie” Lee**

**Topic: Communities as Teachers: Opportunities for Student Recruitment and Training in the DNHH**

Pediatric residency, Kamehameha schools graduate, Director of NHCOE and `Imi Ho`ola. Remembering sitting at Kalama dinning hall, guest speaker who encouraged her to go to medical school; it is this type of experience that leads many to medicine. 1<sup>st</sup> year of residency—Dr. Kekuni Blaisdell (preceptor)

- Overview
  - JABSOM’s commitment to diversity
  - Value of community partnerships in the medical education core of the DNHH
    - Pre-medical student recruitment
    - Post-Baccalaureate student training
    - Medical student training
- JABSOM vision and mission
  - Maikai loa, A.L.O.H.A. (Attain Lasting Optimal Health for All)
  - Mission from website
    - JABSOM, as part of the fabric of Hawaii, is a diverse learning community committed to excellence and leadership in:
    - Educating current and future healthcare professionals and leaders
    - Delivering high-quality healthcare
    - Conducting research and translating discoveries into practice
    - Establishing community partnerships and fostering multidisciplinary collaboration
    - Pursuing alliances unique to Hawaii and the Asia-Pacific region

- Acting with forethought regarding right relationships, respect, and moral action. *Pono*
- JABSOM's commitment to diversity (headed by Dean Hedges)
  - Operational definition of diversity
  - What are we really doing to achieve diversity
  - Reflective of students we're producing?
  - JABSOM student diversity working group
  - Diversity is a core value
  - Diversity is growing
- Department of Native Hawaiian Health (DNHH) vision and mission
  - Vision—ku pono, Hawaii Maoli
  - Mission—being a center of excellence
- Pre-medical students
  - Exposure to health professions—partnerships with Withy's group (AHEC), Ho`ola Malamalama (for high school student); 30 visits per year
    - Inspire them, it can be done
  - Medical problem solving—partnership with KS, exposure to Native Hawaiian (NH) disparities, problem-based learning
    - Get more students from Nanakuli, Wai`anae
    - Building relationships with community
  - NHCHE Student Pathway to Medicine Program
    - Partnership with Kipuka (UH Hilo)
    - Up to 20 students
    - Mock interviews, essays, learning strategies
    - MCAT prep (Kaplan)
    - Improvement in MCAT score, getting to next step with interview
      - Greatest influence being mentored by other NH physicians
      - Detours in route
      - Students able to see them two years after, still have follow-up and assistance
- `Imi Ho`ola— students come from disadvantage backgrounds
  - Post-Baccalaureate program
  - Community advisory committee—multidisciplinary community members who (judge, psychology, etc.) select students
  - Currently 12 students (prior 10 students)
  - Provide Hawai`i with doctors who are committed to serve
  - Activities—Kalaupapa, Sandy beach clean-up
  - Try to community service into the year
- Medical Students (MS)



- Partnerships with big brothers big sisters, community pediatricians, Nanakuli intermediate, and KS
- Kua`ola—first years mentor students from Nanakuli intermediate, conduct health/science presentations
- Healthy keiki can—first yeas mentor9th grade students at KS, community pediatricians mentor
- Native Hawaiian Health—past present future (first year)
  - Traditional healing practices
  - NH disparities
  - Clinical skills preceptorship in lau ola clinic and Waianae CCHC—Dr. Marjorie Mau
  - Clinical clerkship and community service--Papakolea
  - Health care in NH communities
    - Not just teaching the biology, teaching the social sciences as well
    - Need a stronger curriculum with social determinants of health and have it integrated across the curriculum
  - Cultural Competence development
    - Healer in residence—consultant provide expertise and feedback on cc curriculum for JABSOM students
    - Workshops
    - Cultural immersion (picture shown with faculty at Kaala farms, cultural immersion)
    - Integration on problem-based learning
  - New partnerships
    - NH healing traditions
    - Bishop museum
    - NH healing practices as described in “The Epic of Hi`iakaikapoliopole”
    - Mala lapa`au at JABSOM with Papa Kuaola
  - Looking at past, and future

**Speaker #2: Nalani Minton**

**Topic-`Ike A`o Pono: A UH manoa workforce diversity program for NH and PI undergraduate and graduate students in nursing**

- Healing prayer, ‘oli given in spirit

- First tenured NH faculty in the school of nursing (80 year history)
- Began with 6 NH students, in two years → 66 students (in 6 years 200 NH) student
- Very personal commitment that students make, they are often living the disparities
- Commitment on behalf of the program to help students actualize their goals/dreams
- Consortium of nursing schools throughout the UH system
- Can be exponentiated by everyone working together
- Need for creating NH workforce within the UH system
  - Developed councils, representative of most NH programs on 10 UH campuses
  - Kualii council—UH Manoa (20 NH Programs)
  - How do we know what communities need? What already exists?
  - Do clinical in the community, get employed there
  - Part of recruitment can extend outside of Hawaii (250 < outside of Hawaii)
  - Commitment to community and public health
  - Public health nursing, first cohort in 'ike a' o pono, E ala Pono
    - This year's cohort, new RNs who want to go into public health work APHN/NP
  - Map of underserved communities as a map of where we're going together
  - US National Award received for innovative education for first indigenous nursing program to graduate over 100 native nurses.
  - 4.5/4.9% of nursing workforce are NH
  - Need to envision together—how to create job opportunities for students
  - Mapping—keeping us informed with data but also knowing where everyone is
    - Withy maps with showing where doctors are and where shortages are
  - Film maker—'ahupua'a (first documentation of traditional practices)
  - KS manages 50 'ahupua'a
  - **Cal Sia:** patient centered health care
  - Food sovereignty—nursing school students have been involved with this
  - Creating a system within a system
    - UH system—sustainability and NH programs (receiving chancellor support)
    - NH Councils—Pukoa council, representatives of all ten campus councils are chartered by the BOR
  - UH wanting to be a center for Indigenous Knowledge

- Mau’s story—finding the perfect alignment allows us to align with what we are *searching* ? so that it also comes to us
- Deeper sense of collective consciousness—more team building, more courses that we can create, interdisciplinary curriculum (16 week program, more exposure to various health professions)
- Advantaged to this generation creates opportunities and better choices for everyone (being raised by activists of the cultural renaissance)—commitment to the “big picture”
- Students coming prepared and ready to work, with a vision of what needs to happen next
- Communities are already preparing to educate students —ex: Papakolea (social work, public health, nursing, medicine), how they’ve mapped their community house by house, color coded by needs
- Already making progress but need for collaboration, deeper partnerships
- Social justice program—need for socioeconomic recovery action plans
- Building workforce AND creating a paradigm shift for a quantum leap in excellence

**Speaker #3 Allen Hixon, Assoc. Prof. and Vice Chair, UH, Department of Family Medicine and Community Health**

**Topic: Growing the Health Workforce Community Based Residency Training**

- From Connecticut, prior experiences
- Learning journey vs. best program
- Map from the state department of health—bad areas in blue (underserved areas)
- Infant mortality trends in U.S.—highest mortality rates on Hawaii Island and within the NH ethnicity
- Social determinants of health—why treat people without changing what makes them sick?
- Social determinants of health (definition)
  - Distribution of money, power, and resources
  - How are we involving people in the advocacy and decision making and the equity of resources
- How we receive care—another type of map
  - Robert Gram center
  - Proportional scenario of population per month (1000 people, less than 1 end up at academic hospital—where medical students are)

- Neighbor Island health
  - Poor health outcomes
  - Low access to care
  - Drastic shortage of primary care
    - Current shortage, 150 primary care physicians to meet national physician to population ratios
    - Change will do a lot with people who aren't doctors
- Hawaii Island Rural Residency program
  - Problem—physician/provider shortage, limited access to care, rural island focus
  - Solution—increase physician/provider pipeline by developing a rural interdisciplinary family medicine residency program and collaborative training site
  - 12 residents (4 per year), based in Hilo
  - Collaboration—Hilo community, medical center, UH SONDH, UH Pharmacy
  - Principles—meet real needs of community, interdisciplinary team based training, financially sustainable, highly quality teaching and patient outcomes
  - Collaboration—needs assessment, planning, funding, implementation
    - Needs assessment—involved community
    - Planning
    - Funding—tried to craft a public private partnership, tried to collaborate funding from different sources
    - Implementation—steering committee with community partners
    - Lots of partners, slightly different vision
- Progress to date
  - Collaborative clinical practice site
  - 2 family physicians (one more coming)
  - 1 APRN
  - 1 PharmD
  - 1 RN
  - 1 GYN consultant
  - Tele-psychiatry program
  - Physicians and nurses training side-by-side
  - Model clinic—new ways to developing in other areas
- Next steps
  - ACGME FM accreditation
  - Build clinical practice and teaching
  - Develop interdisciplinary curriculum

- Patient centered medical home
- What we did well
  - Solution oriented
  - Messaging good—re: workforce shortage and critical need
- Barriers to collaboration
  - Underestimated level of complexity
  - Created expectations—timeline, cost
  - Did not fully understand objectives, expertise or limitations of the various partners; or capacity of partners
  - At times communicated poorly with partners
- Engaging the community
  - Social determinants are the conditions that exist in the community that promote or undermine good health
  - Program success linked to level of community support
  - Be informed
  - Advocate with lawmakers
- Questions/Comments
  - RN—didn't excel, wasn't at the bottom; still able to accomplish goals and be of service
    - Collaboration—wanting to learn more about what doctors are learning
    - More working side-by-side with what doctors learn and nurses learn
    - Wahiawa general hospital, differences in new/old doctors
  - Auntie Betty—What is the definition of Hawaiian? Is it consistent throughout the Department of Medicine
    - Self identified
    - Casting a broad net to reach as many as possible (Kamaka), scholarship program which follows KS guidelines—birth certificates, NH programs at school are open to all students (i.e. cultural immersion)
    - Issue with mapping systems vs. census with most being of multiple ethnicities yet having to identify only one (Minton, School of Nursing)
    - Collecting own data (Minton); collecting own data as well since not given from School of Medicine (Kamaka)—some administrative hurdles in finding NH students
  - Central referral contact person/location?
    - School of Nursing, `Ike A`o Pono (weblink)
    - Waianae clinic

- Concern with threats to earmark funding—how will this affect our clinics and NH health care system
  - NH center for excellence is a federally funded program (not an earmark) but talk with cuts across the board (School of Medicine, Lee)
  - Importance of talking about threats to funding, strategize
  - Strategy with bill to get tuition waiver for students (Minton)
  - Lifestyle—single parents, working, school, etc.
  - More reason to share resources
  - Looking at things that can be funded on a much bigger level, more interdisciplinary
  - Support from various funders (Hixon)
  - Senate bill 596, loan reimbursement

## ***Panel #3-Placement***

*Speakers: Kathryn Braun, Kevin Cassel, Kamahanahokulani Farrar, Robin Miyamoto & Valerie Yontz*

*Moderator: Claudio Nigg*

*Scribe: Angela Atkins*

### **Speaker #1: Kevin Cassel**

#### **Topic- Good Community-Academic Partnerships**

##### Background:

- 28 years at National Cancer Institute's Cancer Information Service
- Linking community members with experts – translating research into programs and policies with an emphasis on medically underserved populations

##### Cancer Research Center – Community Relationships

- Started in 1995
- Had a positivistic research paradigm
- Poor relationships with community
- Legacy of mistrust and harm
- Unaware of indifferent community perception
- 'helicopter research' = cam

##### Wai`anae Cancer Research Project

- Value of bi-directional intervention process where community is actively engaged
- 9 principles of Community-Based Participatory Research

##### Could not implement all, but focused on a few:

1. Recognize and value priorities identified by the community
  - Important that the community is aware and interested in pursuing
  - Find a way to negotiate what is important to the community
2. Define a collaborative, equitable partnership
  - Palafox's 'full basket' mentality – giving something back, not just taking
  - Can be as simple as a handshake, but have a clear agreement of how, when, and what will be taking place
  - Address long-term accountability
3. Support communication and transparency
  - Clear information, resources, and findings
4. Appreciate the co-learning between community and academia
  - Build skills among all partners

- Provide opportunities to reciprocate and reinforce the learning that takes place
- 5. Work with cultural diversity
  - -Have to have respect for the culture
  - -Asking permission and appreciate permission
  - -Build and uphold trust

### Models and Principles

#### Hawai'i Cancer Facts and Figures 2010

- Long and in-depth process to gather input from all sectors

#### Examples of Recent Projects

### **Speaker #2 Kamahanahokulani Farrar, Service coordinator from Papa Ola Lokahi Topic- Native Hawaiian Health Scholarship Program**

#### Scholarship is unique – it's not for everyone

- Funded through HRSA
- Exchange: For every year a recipient receives scholarship – they must serve back a year in an underserved area

#### Sharing Our Success:

#### Scholars

- Responsibility of scholars and programs that's funded through Federal Government
- Selection
  - Over 200 applicants
  - Usually about 70 fit
  - All interviewed – inclusion of Kupuna
    - Unique interview of 12 questions which allow for application tell their story
    - Have rating system for responses
  - Tie Native Hawaiian values into interviewing/application process
- Preparation
  - in addition to the vision of being 'the healer', went the extra mile and took advantage of all opportunities made available
- Guiding Values



## Staff

- Not just about the scholarship, but who we are as a program
  - Who and what is your inspiration
  - Collaboration enables success
  - Commitment of resources

Take home message: Success has come from the Native Hawaiian values incorporated into program and staff as well as continuing to be learners and using data and program evaluation to make updates.

## Success and Challenges

- shortages vs need
- Funding
  - It is there or not
- Readiness
  - Students/scholars
  - Staff

## **Speaker #3: Valerie Yontz, Practicum Advisor at OPHS**

### **Topic: MPH Practicum Overview**

#### Key Components

- Students and faculty
- Actual practicum placement sites
- Practicum policies and procedures
- Practicum Handbook and forms to guide process
- Linkage with classroom learning and MPH competencies
- Practice Coordinator – keeps system going
- 240 hours
- Reflection papers throughout experience
- Critical thinking paper at the end

Linking to community partners happens two ways

- Interested/community partners
- Students approach Val or community programs to see if there is a need in a program/project/topic that they are interested in

Trying to create a pipeline to connect students to community

Service-learning: A structured experience that combines community service with explicit academic

- useful to the organization and for the student

- sustain community partnerships
- preceptors offer mentorship and wisdom to students

Lessons learned:

- How to write SMART objectives in order to guide the mentor and students
- Link learning objectives with deliverables
- Standardized program and process needs to be enforced and monitored in order to be fair and consistent for all

Ideas:

- Links to neighbor islands
- Incorporate 'points' for underserved

**Speaker #4 Kathryn Braun**

**Topic: DrPH Program at UH Manoa**

DrPH Program's History

- Started in 1983
- Stopped in 2000
- Revitalized in 2008
  - Wanted to make it accessible and community-based
  - provide a multidisciplinary perspective
  - include translational research, CBPR, working with diverse groups
  - prepare leaders of all background

This program is a bridge from academia and the community

- Linking NIH and what is going on and those that work in the community

Logistics of the DrPH Program

- Learn how to teach and how to do research through program
- About 39 credits, post Masters
- Can be done in 3 years if done full time
- 3 paper dissertation
  - 3 manuscripts that relate to a theme
  - More versatile and applicable

**Speaker #5 Robin Miyamoto**

**Topic: I Ola Lahui (So that the people will live and thrive)**

### Rural Hawaii Behavior

- A group of psychologists got together and discussed how they would have liked to have been trained
- Started with the expressed interest in training
- Increase the capacity to address the growing needs of the rural communities' mental and behavioral health care needs
  
- Community health centers and Native Hawaiian healthcare
- 'Primary care' psychology – addressing all health topics in the same location

### Identified Issues

- Quality of healthcare
- Access to health care
- Range of health care and practice demands
- Rural-specific characteristics in a particular community
- Focus on quality of life and self care issues for rural health care providers

### Benefits

- Relieves overburdened
- the training program becoming the source of stability – where people come to know and trust the training program
- Attrition – understanding that most people will not stay long term and preparing for that
- Allows for these programs to be offered aside from restrictions (funding, professionals, etc.) of community healthcare centers

### Unique training opportunities:

- Side-by-side training
- Learning skills that are necessary but do not receive throughout their education
- If you wait until after they are trained to get them in the rural areas, they will not last
  - Need to get them in these communities during their training

### *Questions:*

#### Demetri – from the Department of Health

- What is the future of the PhD program?
  - it is open again
  - 3 or 4 students each year
  - Dr. Hurwitz is the head of that program

## ***Panel #4- Community Collaborative Resources***

### *Speakers:*

- Jerris R. Hedges, MD, MS, MMM Dean & Prof UH JABSOM School of Medicine
- Mary G. Boland, DrPH, RN, FAAN Dean & Prof School of Nursing and Dental Hygiene
- Noreen Mokuau, DSW Interim Dean & Prof UH School of Social Work
- Aviam Soifer, JD, Dean & Professor, UH William S. Richardson
- Maenette K.P. Benham, EdD Dean & Professor School of Hawaiian Knowledge
- Kamana'opono Crabbe, PhD Research Director, Office of Hawaiian Affairs
- Josh Green, MD State Senator, Emergency Medicine, Kohala Hospital
- Dee Jay Mailer CEO Kamehameha School
- Hardy Spoehr, ED Papa Ola Lokahi

*Moderator: Dr. Kalani Brady*

*Scribe: Annabell Stone*

### **Speaker #1 Jerris R. Hedges**

#### **Topic- UH JABSOM School of Medicine**

JABSOM addresses health and educational needs such as the R-matrix expansion program developed by Dr. Bruce Shiramizu and Dr. Todd Seto

- Grow together something bigger than the sum of its parts...
- NIH takes the concepts discovered and apply to bedside and to the community... Center of Excellence are involved in taking steps affecting health disparities... basis in interest in what can be done in Hawaii. opportunities to what to bring back to the community... helping others with that journey.. help clinical and translational research in providing support for the community..educational program... provide resources for those submitting grants... key functions that collectively
- Translational research... transforming; focusing on personalized health... focus on how to bring great ideas to communities.

In the structural phase make up efforts to do outreach in order to bring information back that in turn will help guide research

- Dr. Marjorie Mau, statistical design and informatics.
- Create sites where patients can have vital signs collected. Appropriate support for scientific study is there.
- The Center for Native and Pacific Island Research tied in to institutions across the US such as Alaska

Health Initiatives

- 6 themes that resonate with health disparities : nutrition and metabolic health, respiratory health /tobacco/Vog, cancer health, cardio health, aging and neurocognitive, prenatal health

There are training modules in Masters and PhDn to help formulate grant submissions

- Outreach community based research & training advisory program
- Career development program for young investigators
- Interdisciplinary

**Speaker #2: Mary G. Boland**

**Topic- School of Nursing and Dental Hygiene, Collaboration**

- We have an aging population... different points of lifetime we have different needs in healthcare
- HRQ national healthcare quality group...
  - 2008 we are not doing that well in the reported quality of care. High variability
  - Hawaii hospitals are in the red zone... we do better in chronic care.
  - NH/PI health indicators are not great...
- Nursing is critical in the design of healthcare - nursing sensitive indicators... staffing impact indicators
  - Infection rates core measures, discharge instructions, etc. all are nurses' roles.
  - NIH is looking into quality, errors in quality of healthcare, look into nursing... we have health reform, payment is based on quality...
    - Nurses should be able to practice in full in education...order care, diagnose and treat...
    - Nurses should achieve higher levels of education and training
    - Partner with physicians... 4 -5 nurses per physician
- Increase enrollment to meet State need with the right skill set.... make a difference in community partnerships.
  - Student's health care leaders of tomorrow...
  - We have physician shortages... 80% of students at public school graduates and stay in Hawai'i
- `Ike A`o Pono & E Alo Pono
  - 117 graduates in nursing
  - Featured Nalani Minton, Director of `Ike A`o Pono & E alo Pono
  - Let's bring in more Native Hawaiian staff by encouraging graduate education....

- Big Need: Nurses as agents for change in community and faculty members of UH
- Promote academic success in community building...
- Growth in the culture for the students promotes growth in the school.

**Speaker #3 Noreen Mokuau, DSW Interim Dean & Prof UH School of Social Work**  
**Topic: Building Community in healthcare**

- Myron B. Thompson School of Social Work...
  - Strives to promote social justice ... global community... but specifically Native Hawaiian...
    - cognitive care... spiritual care, social care...
    - build community and health care...
  - Strive hard in the retention of underrepresented students and faculty
  - Strive for research with cultural relevance
  - Strive to build communities to gain representation to build parity... recent data are 11%
- Graduate students are Native Hawaiian... looking for parity with populations
  - Ho`ola malamalama... kanaka maoli....
  - Proposed PCR to help recruit Native Hawaiians.

**Speaker #4 Aviam Soifer, JD,**  
**Topic- UH William S. Richardson**

- Law students are volunteering at a child welfare clinic; tutoring
- Question: Education nursing social work and law...how can we help?
- Why aren't there more Native Hawaiians in law school? As a response the faculty started tutoring Native Hawaiians for LSAT
- Elder law project, build on the kind of multi disciplinary work with other Deans such medical legal partnerships with Kalihi clinic
- One example is : “wait a minute maybe the kid has asthma because of his housing... etc. “
- Monthly discussion group ... practitioners and academics...
- Richardson, Thompson and JABSOM partnering together
- Health reform act is constitutional...law is related to policy we belong in these discussions...

**Speaker #5: Maenette K.P. Benham**  
**Topic- Professor School of Hawaiian Knowledge**

Inaugural Dean of the college established in 2008. Colleges to work with one another and with her to serve NH

- The western injury and disease model is useful but this model does not lead to overall sustained health for the individual and community
  - We need to address a holistic view including social legal and cultural determinants of health.
- Sail plan reference course
  - strategy and simple in theory but able to address sea conditions
  - plot a course aimed at a very large target, this strategy increases the chances of success
- Diverse of UH programs can and do include cultural NH practices
  - we can never be alienated
  - all of our partners insures our `aina is the necessity for the physical spiritual wellbeing; concept of malama `aina
  - security in temper the impact of the changes that only by our choice do we accept that are harmonious to Hawaiian world view
  - security of `ohana and community in our programs we create intergenerational models of empowerment... kupuna youth... build bridges
- Bring more NH students that bring all the disciplines to work in community.

**Speaker #6: Kamana'opono Crabbe**  
**Topic: Office of Hawaiian Affairs in Research**

- OHA... what is the secret of ultimate health?
  - It is mana, its mana, it is indeed mana. It is about spirit of our people... we cannot improve health education without addressing the political climate with our people
  - Collaborating
  -
- Advocacy :
  - Eco self sufficiency
  - Addressing poverty
  - Aina and water; acquisition of ancestral lands

- Education
- Health
- Increasing in Hawaiian culture; governance
- Social Justice Institute ... Kahului
  - We promote translational assistance through grant funding.
  - This is the time to prepare for OHA
  - Grants for funding 2012
  - Increase wellbeing and improve conditions for Native Hawaiians
- Role in Aha kane... collaborative ... NH health Hawaiian systems Native Hawaiian Men's Health
  - Conference was held in a cultural appropriate venue which is a type of bait that attracts that person
  - Role of responsibility
  - Native Hawaiian health screening
    - 700-800 people in health information
    - Hawaiian men in CA and DC ... taking venue across... Abroad... how can we bridge that gap

**Speaker #7 Josh Green, MD State Senator**

**Topic- Health Legislation in Hawai'i and Rural Medicine**

Bills: social economically blind in treating poor people

- There are disharmonies... for hospital systems especially in rural care...
- Pilots for wellness programs
- Health insurance exchange bill... parity with affordable care act...
- Challenge judicial opinions in the mainland.
- Children's safety act... ex. ATV accidents ...

Support community hospitals

- Medical homes
  - insist resources for programs in medical homes
  - future of health care.
- Hawai'i life flight Program
  - Small changes that can save few lives, a broken wing was fixed which was a major barrier to transporting patients from other islands. A small help went a long way for this population
  - How do we balance making a difference to large vs. small population?



**Speaker #8 Dee Jay Mailer**

**Topic- Kamehameha School Research Projects and Vision**

- Kamehameha and the professionals on the floor give so much support. Native Hawaiian have a huge support for health and well being.
  - So how come we have all these disparities?
  - We have to combine our resources... We don't give up this kuleana to the next generation, it is not fair!
- Leeward Coast project, potential to be replicated.
  - Kapua... flower and petals and wellbeing... Kapua it starts with our children...
  - P20 complex school is the Pu`uhunua of our communities
  - The beneficiaries of Pauahi go beyond our doors, Kamehameha is spending a significant amount in community and campuses.
- Tie together. How are we going to plan together, act together in place and building their capacity not ours.
- Start building a learning community
  - Complimentary community ... health care workers...
  - Provide special education needs...
  - 4 million dollars worth of scholarships
    - Half of that money is allocated to the Leeward Coast-Nursing focus
- We need to stand up and let's do that now

**Speaker #9 Hardy Spoehr**

**Topic- PapaOla Lokahi, the Hawaiian Health Care System**

- Trying to help people along this 'Game of life'.
- What we are talking about
  - What we're looking at is developing coaches
  - Everyone of these individuals is your mentor similar to other models out there like New Zealand Ota or Hawaiian Ola
- We need coaches in the community as it relates to health and well being... disease care... what is health care, what promotes healthcare.. long life, happiness in our community... values whatever we do we have to be true to values to what makes Hawaii. Malama Hawaii, our values will hold for us and future generations.

*Questions:*

- Comment: We have the best organizational process; let's take advantage of the coaches... kupuna thank you for coming. But our kids are not exercising in school anymore... no more dental hygienist... teachers leading the group...unbelievable because we have such access to the moana, the kai. We should utilize these resources and partner with the schools to ensure exercise is occurring.
- Questions: What can we do in the School of Law? How can we get together and come together? In the entire legislature?
  - Answer by Hedges: UH propelled programs but the funding is short. The idea lives and hopes a private philanthropy will go forward.
- Question-Mililani: How can I prepare myself? How can students prepare themselves? Where do we go?
  - Green: If you can set your life up be an educator... still work with the community ... we are short on providers ... find 50-60 yr olds to mentor... everyone is maxed out in our capacity.
  - Crabbe: it is the responsibility of the chief to maintain society... the leadership... connect the university with the community... strategic planning... now and beyond of planning and foresight. Infrastructure. Who is going to support substance abuse? With Queens Hospital? We need attorneys, legal people... how do we do it with Hawaiian organizations?
  - Benham: brings a core of Kanaka Maoli... faculty of NH staff to differing disciplines... arts, education, med school, learning opportunity to work with kupuna and in the summers do a internship; we need to produce a powerful workforce of professionals... Chancellor to Deans to hire 3-4 clusters who will address NH topics and issues ... sustainability to address the needs of communities.
  - Solfer: Liability issues can be handled
  - Boland: Nurses in the public schools to be the gatekeeper of health
- When you give breath to a passion... it becomes your kuleana... but that breath is shared by others and the connections will happen for you. You will know when to combine the energies. Our lens varies... status-quo is great but you can do better... students need to come together 'what are you talking about?' Community and legislature... no matter how much ... we've allocated one insurance... we have a lot of services we no interaction to achieve.
- Comment: Establish interest groups among students to promote health care professions to the students. Read Mountains beyond mountains. We are all coaches in on our own right...