

HEALTH SCIENCES STEERING COMMITTEE

MINUTES

Wednesday, November 16, 2022

12:30 PM-2:00 PM (HST)

Virtual meeting via Zoom

Website: [Health Sciences Initiative](#)

Members

Name	Role	Attendance
Michael Bruno	Provost	Present
Walter Bowen	Associate Dean for Research, CTAHR	Present
Elizabeth Char	Director, Hawai'i State Department of Health	Present
Lee Buenconsejo-Lum	Associate Dean for Academic Affairs, JABSOM	Present
Jill Hoggard Green	President & CEO, The Queen's Health Center	Present
Loic Le Marchand	Interim Director, UH Cancer Center	Present
Judy Lemus	Interim Associate Dean for Academic Affairs, SOEST	Present
Miriam Mobley-Smith	Interim Dean, UH Hilo College of Pharmacy	Present
Wendy Pearson	Senior Advisor to the Provost	Present
Tetine Sentell	Interim Dean, Thompson School of Social Work & Public Health	Present
Alison Sherwood	Interim Associate Dean, College of Natural Sciences	Present
Ray Vara	President and CEO, Hawai'i Pacific Health	Excused
Lorrie Wong	Interim Associate Dean for Academic Affairs, NAWSON	Present

Topic	Discussion/Information	Action
Call to Order		Provost Michael Bruno called meeting to order.
Updates	<ul style="list-style-type: none"> • Welcome Dr. Elizabeth “Libby” Char, Director of the Hawai'i State Department of Health • Dr. Naoto Ueno to begin as Director of the UH Cancer Center on December 12, 2022. • Senate bill 589 passed the Senate. We are preparing a report in response to that legislation. • Searches underway for the Dean of the Thompson School of Social Work and Public Health; Dean of SOEST; and Dean of the NAWSON. • Will begin the search for the Dean of the CTAHR next year. 	No action taken.
Health Initiatives in the UH Biennium Budget Request	<p>The UH biennium budget request is with the Board of Regents for approval (11/17/2022). The full request is available online: UH Fiscal Biennium Budget Request. “Industry Initiative: Health” is the umbrella for several requests across the UH System, including the Health Sciences Initiative (under the title “Inter-Professional Health Initiative”).</p> <p>Industry Initiative: Health Highlights (see pages 6-8)</p> <ul style="list-style-type: none"> • Positions to expand capacity in Nursing • Inter-Professional Health Initiative (Health Sciences Initiative renamed). Note our initial request for 15 positions was trimmed down to 9 positions over two fiscal years. • Total FTE requested for UH’s “Industry Initiative: Health” is 58.5 • Note that support for JABSOM’s neighbor island expansion is under “Sustained Funding for Prior Appropriations.” 	No action taken.

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<p>Organizational Structure for a UHM Health Sciences Initiative</p>	<p>If funded, the proposed organizational structure resembles the University of Washington model except that the dean of the medical school would not serve as the head of the Health Sciences Institute. Senior Advisor Pearson shared an example of how this model could be implemented at UH to spur discussion. Summary:</p> <ol style="list-style-type: none"> 1. Deans, schools and colleges remain independent and continue to report to the provost; Pharmacy continues to report to the UH Hilo Chancellor; 2. A Health Sciences Council would include: <ul style="list-style-type: none"> • Executive Committee: Deans/Directors of JABSOM, NAWSON, Thompson, UH Cancer Center, UH Hilo College of Pharmacy, and the Executive Director of the Health Sciences Institute • Committee members would include: <ul style="list-style-type: none"> • UHM Partners: CTAHR, Natural Sciences, SOEST, Social Sciences, Education, Law, Engineering, Shidler College of Business, • UH System Partners: Vice President for Research & Innovation, Vice President for the Community Colleges, UH West Oahu • External Partners: Queen's Health System, Hawai'i Pacific Health, Veterans Affairs, Department of Health, Department of Education, Private Industry and Non-Profit Representatives 3. Health Sciences Institute reports to the provost <u>and</u> to the Health Sciences Council. Institute would include new positions: <ul style="list-style-type: none"> • Executive Director • Inter-professional Education Specialists (2) • Professional Development Coordinator • Articulation/Transfer Health Advisor • K-12 Bridge & High School Outreach Specialist • Research Coordinator • Fiscal Administrator • Communications Specialist <p>Discussion:</p> <p>Is there a need for a lead or convener for the Health Sciences Council? Should the Dean of the School of Medicine be the convener of the Health Sciences Council and serve as the Executive Director of the Health Sciences Institute?</p> <ul style="list-style-type: none"> • At Mānoa, as in other universities, the medical school is the largest of all the health sciences units, triple the number of dollars in research. • The health sciences initiative is one that continues the collaborations that we already have and has areas to grow in innovative and new spaces. It shouldn't be a medicine-dominated space. 	<p>No action taken.</p>
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<p>Health Sciences Council</p>	<p>Like the UN Security Council, the convener for the Health Sciences Council could be a rotating one.</p> <ul style="list-style-type: none"> ● The convener and executive director should be a charismatic person who brings the pieces together to create a new space for innovation that is distinct and bridging in a different way. ● A rotating piece starts everyone off in a very collaborative framework. ● Need a convener to keep things moving and support everyone - a neutral party whose job is to bring people together and provide resources that facilitate it. ● Have a council with two-year rotations among schools, so that all schools feel the ownership with the institute that helps everyone stay connected. ● The external partners and UH Mānoa should be engaged all along. The health sciences work includes bench work and translational research. Most of the translational research is going to happen with the clinician teams in various areas. ● Rotating leadership can be difficult. There's always somebody who needs to keep things moving as you make that shift in leadership. Two years seem to work. The executive director might be the best person to convene the group. ● The Health Sciences Institute, in addition to the executive director, has eight positions underneath it. Someone has to manage those positions. It should be the executive director. ● The executive director should be independent and neutral and not already situated in a structure on the campus. Having the consistency of one person to convene and manage the Health Sciences Institute, rather than a rotating executor, seems like a more functional structure. ● We would want to separate the chair of the Health Sciences Council from the executive director. As the executive director, you want someone who wakes up every day and thinks about how all of this works. It's not possible for a dean, who has a huge full-time job, to take on that additional burden. ● If we start with some seed money and appoint an executive director to start this work, I don't think it's possible for a dean of any of the health sciences units to have the bandwidth to take on what we are talking about. ● If you look at the University of Washington model, they have the chair of the Health Sciences Council on the organizational chart as well as the executive director. ● In the University of Washington model, the chair of the board of Health Sciences cannot be the Dean of the Medical School. ● There needs to be an articulation of the separation of the role of the chair of the Health Sciences Council and the executive director of the Health Sciences Institute. 	<p>No action taken</p>
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<p>Issues and Barriers to Address</p>	<ul style="list-style-type: none"> ● Need resources to attract a dynamic person as the Executive Director. ● The role of external partners in these discussions and meetings is critical in terms of what's happening outside of the university. ● If we are successful in getting positions and funds from the legislature to get this initiative off the ground, then the university can provide seed support for activities. ● The university and legislative support are critical, but there is so much money in collaborative spaces and infrastructure with health system partners. ● There are innovative ways to consider funding structures over time and build across interdisciplinary strengths and relationships to do something innovative. ● There is a lot of room to find external and philanthropic funds within the state, but also from national activities. ● Start with the core group of people that would make this happen every day. Have a very clear vision of where we think we will be in five years. What will the research look like in ten years? How will this improve the health of people we serve? How will that improve our ability as a community to move forward with the kind of research we need to care for our 'aina and our climate, etc. ● There will be grants. As a research entity, there should be extramural dollars from the federal level and large philanthropies. If local philanthropists see us achieving our goals, they will also give funds, not only from the major health systems, but the major employers will be interested as well, but we must have clear goals for the first five years, and then ten years. Have clear measures that we are actually seeing an increase in innovation and opportunities where we can demonstrate the outcome. This is what will give you long term support. ● We need to build confidence that we have the right teams in this interdisciplinary approach to research and development. ● We need to be bold and speak of everything from numbers of new physicians entering the workforce, as well as nurses, social workers and public health professionals; health outcomes; research dollars being brought into the state. ● In a prior conversation with President David Lassner and CFO Kalbert Young, the initial reaction to this initiative was that it is a great idea, it is long overdue and much needed. But if we are asked, "If this is so important to the university, why doesn't the university fund it?," per President Lassner and CFO Young, the answer should be, "We should and we will." 	<p>No action taken</p>
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<p>Next Steps – Establishing Goals</p>	<ul style="list-style-type: none"> ● The Department of Health (DOH) is trying to have more community-level care. There are a lot of patients in acute health care facilities that are there for no other reason but that there is no other place to send them. If we have those downstream, small care entities within the community where hospitals can discharge patients or use for stabilization, people will never get to the point where they need to be hospitalized or put in a larger long-term care institutional setting. DOH is trying to be more cognizant of the prevention role and community stabilization role. Unless we increase the number of Certified Nurses Assistants (CNAs) in the community to function in some of these roles, we are impacting the acute care side, because they can't offload patients and cycle. For example, one of the neighbor island facilities has 90 beds, and 30 of them are occupied by people who are just waiting for step-down beds. With CNAs, you have entry-level healthcare workers who can then go on to become nurses, community healthcare workers, public health workers, epidemiologists or researchers, etc. ● I started out as a nurse aide when I was 16 years old through a health careers course in high school where you could train as a nurse aide or medical assistant. This opened up doors for me. Health facilities need partnerships with schools to build the next generation of healthcare workers. Queen's is looking at which schools to invest in to create more opportunities as well as what scholarships to have in frontline caregiver roles. ● What are we doing in terms of having healthy families and affordable housing? What do you think about schools and supporting the ongoing development and making it possible for people to thrive here? Climate and agriculture all connect with healthcare. If we start crossing between our industries, we have lots of opportunities to develop and innovate. Innovation is research. ● Think about what is needed in the community, and how can we establish, in some cases, new programs that link together this large base of students that we have that are being trained at the fundamental STEM level with additional training and opportunities that quickly accelerate, so that they can get into the community and help serve the roles that are needed. ● CNS is working with the College of Education in developing more Combined Bachelors & Post-Baccalaureate and Combined Bachelor's & Master's Degree programs, so students taking the bachelor's degree program, can add on a year of coursework, and suddenly, we have a series of students who can enter the teaching workforce here in the state. Is there something like this that we can think of that will help to fill these roles that are really needed in the health sciences community? ● We need to think about what these goals and endpoints are going to be and ways we can link in all the students we have who would probably be interested in filling these kinds of roles in the state. 	<p>Goal setting folder established in the shared drive.</p>
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<p>Next Steps – Establishing Goals (continued)</p>	<ul style="list-style-type: none"> ● What are the areas that we would like to focus on that leverage our strengths that are a benefit to the state and the populations that we serve? ● A new National Academies study led by the president of Cornell University points out the importance of convergence research, climate change, and the impacts on the environment, cascading impacts on human health and animal health as well. ● External partners in the health systems need to be strongly involved in decisions. It has to be about what's happening out in the field and how that's contributing to the health and community. ● We have a real opportunity. The health systems are moving into something called value-based care and clinical integration. We need to train students as early as possible in the new way that health care is delivered and the future way that health care will be delivered. <p>The committee will meet one more time before the end of the year to articulate a set of measurable goals and infer the vision and mission for the initiative.</p>	
	<p>Next meeting on Goal Setting: Friday, December 16, 2022, 2:00-3:30 p.m. (via Zoom)</p>	