

Annual Report

2020

LĀNA'I COMMUNITY HEALTH CENTER

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This report has been prepared as a review of our past year's overall performance, development and accomplishments.

The Community is our Patient -- men, women, children, uninsured, insured!

E Ola nō Lāna'i
LIFE, HEALTH, and WELL-BEING FOR LĀNA 'I

Date: April 2021

Prepared By: LCHC Leadership

A Message from the President of the Board of Directors

The year 2020 has been a challenge to all of us here on the beautiful island of Lānaʻi. We are grateful to have serve the island in the best way possible throughout 2020, and look forward to serving our island of Lānaʻi.

The Lānaʻi Community Health Center is committed to advocating for our patients – insured, under-insured, and un-insured – and to continue providing the highest quality health care. Lānaʻi Community Health Center is constantly looking for new ways to innovate and stay involved in the community. We look forward to serving our communities, and improving our partnerships so we can continue to fulfill the island’s needs.



Signature
Aaron Fernandez

Board of Directors

Incorporated in November 2004, governance rests entirely with its Board of Directors (BOD). LCHC's Board selects its own officers. Delineation of duties and responsibilities are detailed in our By-Laws which are periodically reviewed to ensure compliance with the law. The BOD is comprised of users of our services (at least 51% is required by our Federally Qualified Health Center, FQHC, status), and is representative of our community in regards to ethnicity, sex, and age.

Our 2020 current Board is as follows:

- Aaron Fernandez, President
- Jennifer Montgomery, Vice President
- Michele Holsomback, Secretary
- Deborah dela Cruz, Treasurer
- Andrew de la Cruz
- Max Kincaid
- Karen deBrum
- Matt Mano
- Randon Sanchez

Vision Statement

The Lānaʻi Community Health Center’s vision is to be a leader in innovative health care, with a focused culturally sensitive, holistic, patient-centered approach.

Mission Statement

The Lānaʻi Community Health Center’s mission is to take care of the community of Lānaʻi. A 501c3 nonprofit organization, LCHC takes care of the community with a focus on physical, mental, emotional, intellectual and spiritual welfare and by enriching and empowering lives to help build healthy families in a supportive environment.

LCHC carries out its mission:

1. By directly providing comprehensive health and wellness services
2. By working collaboratively with partners to provide needed services for Lānaʻi

LCHC serves all and does not discriminate based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity.

***Reviewed and Approved by the
LCHC Board of Directors on May 20, 2021***

Advisors

- Ms. Laura Anderson, Esq., Regulatory Compliance Consulting for the Health Care Industry
- Bank of Hawaii; Banker
- Lānaʻi Federal Credit Union; Banker
- First Hawaiian Bank; Banker
- Carbonaro CPAs and Management Group; Accountant and Auditor
- BKD Consultants; Cost Reports and Fee Schedule Reviews
- Integration Technology; Virtual IT Services
- Essential Learning (Relias); Employee Orientation System
- Altres; Virtual HR Services
- Wainui, Inc.; NMTC and USDA Consultant

From the Executive Director

Aloha Kakou,

The year of 2020 will certainly be remembered by many as the most difficult year of our lifetime. COVID affected every corner of our lives: home, work, school, and play. It is important to not only focus on the hardships, though. We need to also count our blessings and the so very many things we have for which we can be thankful:

- The LCHC team has been amazing, jumping to action and pitching in to provide support for testing, education, food distribution, and more recently vaccinations.
- Our partners and friends also have been amazing, providing grant support and donations that made it possible for LCHC to support our community and patients.
- In spite of a number of our routine services being severely restricted during 2020 due to the pandemic, our active patient count increased to 74% of the island's population (based upon the census of 3,100 for Lāna'i), or 2,305 patients
- 15% growth in Grants due to increase in supplemental HRSA grants, HRSA COVID funding, Provider Relief Funds, Paycheck Protection Program and an overwhelming support from foundations/private grants for COVID.
- 2% growth in Patient Service Revenues in spite of a decrease in encounters due to COVID. This is attributed to our extra effort in billing and collections and the work of updating our eCW fee schedule.
- Expansion of our School-Based education program – K thru 5th Grade Classes to include physical education, E Ola Kino Consortium project, and Pono Choices Program
- Provision of 4 scholarships for a total of \$3,000: one to a high school student starting a health-related degree program and three college students who are all repeat recipients of our scholarship.

We learned a great deal about resilience and the importance of moving quickly, but with care. We also learned about the importance of taking care of each other, as well as ourselves. We anticipate 2021 to continue to be affected by COVID, and we will continue to be buffeted by stress and uncertainty; however, we believe we will see the situation get better over time. What has this experience taught us? And, how will we remember 2020? A year of terrible loss? A year of learning? A year of growth? Our perception will determine our future.



Signature
Executive Director

Projects, Programs & Events

LCHC's focus continues to be 'the patient' – this means that we develop and implement our programs and workflows to meet the needs of including Community Health Workers (CHWs), and, also, continued its outreach and screening programs for Medical and Dental. In addition, LCHC continues to leverage technology to increase patient access to care and reduce cost. We are using remote monitoring for blood glucose and blood pressure, fetal monitoring, and routinely using telehealth for psychiatry and ultrasound exams, as well as continuing to maintain our earlier programs in dermatology and retinal imaging. We also now have the capability to provide tele-dentistry and are researching funding for a pilot program. In national recognition of our use of technology, in 2017 LCHC was awarded the prestigious Healthcare Information and Management Systems Society (HIMSS) Nicholas E. Davies Award of Excellence – the highest level of the HIMSS Value Recognition Program – for its outstanding achievement in utilizing health information technology to significantly raise the quality of patient healthcare.

We continue to provide and utilize sophisticated reports with the use of BridgeIT, a data warehouse that generates population-based reports, interfaced with eClinicalWorks, our electronic health record (EHR), and CDMP, our chronic disease management software. We have worked with our vendors and the State to computerize the Family Planning Client Visit Record (CVR), and are currently working with eCW, Curas and Estenda to develop a 'single sign on' for eCW and CDMP. Our team approach supported by information technology has provided LCHC with the ability to expand existing programs into the home and community (such as pre-diabetes, pre-hypertension, Self-Managed Blood Pressure Program, and Blue-Tooth Blood Glucose Program) and also continue to identify new opportunities with a telemedicine focus for Pediatrics, OB, and Cardiology.

Clinical Programs: Chronic Disease

In 2018 we saw growth and positive changes in our chronic care program, which remains focused primarily on hypertension, diabetes, and screenings.

Hypertension

As stated by Dr. Thomas Frieden, former Director of CDC: "Blood pressure control, which can save more lives than any other clinical intervention, is successful in only about half of Americans." And in November, 2017, the American Health Association/American College of Cardiology released new guidelines that recommended out-of-office blood pressure be used for both the diagnosis and treatment of hypertension. LCHC has been developing our home blood pressure program since 2014, which is consistent with the recently released recommendations. The new terminology for the home-based blood pressure program is self-measured blood pressure (SMBP).

Projects, Programs & Events (Continued)

The LCHC SMBP continues to mature. The transition from office BP management to self-measured blood pressure (SMBP) management has challenges. We focus on team-based care increasing the number of CHWs to 4 and have increased the role of our case management nurse (Geneva Castro) to provide clinical oversight of the CHWs. We have encouraged all hypertension patients to participate in the SMBP program and have very few patients continuing with office-based management. Our patient education has been revised and continues to be developed. We are better tracking the patients in the program. We still are challenged with the habit of patients self-reporting of the SMBP program or failing to do the SMBP and data transmission. Data collection is required for reporting and requires reporting the average of several days of reporting and avoiding using a single BP reading for either management or reporting.

The number of patients in the SMBP program has increased as reflected in our UDS measures, showing a 12% increase in our patients with HBP (198-225). The UDS measures have not yet recognized the use of SMBP to manage hypertension even though the national guidelines were published in November 2017. Consistent with the 2019 metrics, we were allowed to use the last home BP readings and our UDS measure improved from 41% of people under control to 47% controlled. This value is low as we manage hypertension with the home readings. Based on the current documentation from HRSA, there will be no change in the hypertension measure in 2020 to align with the evidence-based medicine leading to the guidelines.

We are also in our fourth year of the CMS Million Hearts CVD Risk Reduction Model research. Dr. Humphry published a one-page case study in the CMS Million Heart Intervention Group Newsletter. The CMS research program focuses on reducing cardiovascular risk through changing the health care delivery systems by sharing best practices. LCHC is recognized for our innovative delivery system by the program directors and is honored to be asked multiple times to share aspects of our care model. There are over 200 care providers in this research project with the largest organizations with more than 200 providers with many more resources than a small rural health center. In addition, LCHC participates in the CDC Million Hearts SMBP Forum. LCHC continues to be cited as a leader in developing an SMBP and specifically with our remote BP monitoring.

Diabetes

LCHC continues to develop our diabetes and prediabetes programs. The CHWs play a critical role in managing patients with difficulty controlling diabetes. Most patients with diabetes also have hypertension and patients overlap with both programs. We do not actually define programs but focus our efforts at caring for patients and encourage our providers to refer complex patients to our case manager and CHWs. Diabetes management is far more complex than hypertension where there is frequent success with medication management. Diabetes adds more medication for patients who are already on multiple medications and presents the challenge of using injections of insulin that requires self-monitor blood glucose (SMBG), frequent adjustment of medication and personal and cultural

resistance to injections. Our expanded team can both invest more time in building a positive relationship and better focus on those interventions that are most effective. We continue to support the patients on SMBP with remote monitoring.

Most traditional diabetes prevention programs require structured group education. However, we have found that this approach does not work for us. We, therefore, are focused on individuals and small group follow-up by our CHWs and building programs to support lifestyle changes with our exercising programs and walking groups. A recent 15-year follow up on the original research from the Diabetes Prevention Research showed that the use of metformin, a diabetes medication, was as effective as lifestyle changes in preventing or delaying the progression of prediabetes to diabetes. Our team is now offering this treatment for patients that have prediabetes.

Screenings

We continued to better structure our screening workflow based on the current US Preventive Service Task Force (USPSTF) Guidelines. For much of 2019, we were handicapped by problems filling two MA positions. Much of the screening and scheduling is managed by our MA and manpower is critical in comprehensive care.

Clinical Programs: Integrated Behavioral Health

LCHC's Integrated Behavioral Health (IBH) Program, at the end of 2020, includes one full-time licensed psychologist, one part-time licensed psychologist, and one part-time predoctoral intern. Our full-time licensed psychologist, Dr. Cori Takesue (previously full-time post-doc fellow at beginning of 2020) took a leave of absence from February 2020 until June 2020 (four months) to study for her Boards and passed Boards on May 20, 2020. She was officially licensed on July 28, 2020 by the Hawaii Board of Psychology and was promoted to Director of Behavioral Health in August 2020. She resumed clinical services in June 2020, initially via telehealth; however, provided a mixture of tele-health and in-person services by the end of 2020 due to pandemic. Our part-time licensed psychologist, Dr. Jon Cisneros, continues to provide services two days per week. He has been providing tele-health services from Oahu since March 2020. Our part-time post-doc fellow, Dr. Danny Rodriguez and part-time pre-doc fellow, Dawn McClure, both of whom were contracted through I Ola Lahui ended their contract in August 2020. At this time, a new part-time predoctoral intern, Albert Mah, also contracted through I Ola Lahui, started his internship year. Albert provides services three days per week. He has been providing tele-health services from Oahu since he started. At start of pandemic, BH services saw a slight decline despite provision of services through tele-health; however, showed a slight, steady increase in new referrals towards end of 2020. Dr. Cori Takesue is providing tele-video supervision services along with Dr. Allison Seales of I Ola Lahui for predoctoral psychology fellow. Once Dr. Takesue is credentialed with insurance, she will take over supervision responsibilities of interns/fellows as they will be providing services under Dr. Takesue's license. Credentialing is still in process at this time. LCHC will continue to work with I Ola Lahui's training program to obtain a yearly rotation of interns or fellows to provide BH

Projects, Programs & Events (Continued)

services at LCHC. We are hoping to secure two part-time predoctoral interns in the 2021-22 training year. Our goal is to employ two-three full-time BH providers. In addition, the University of Hawaii (UCERA) Department of Psychiatry has continued to provide brief interventions, most often related to medication management, consultation, and curbside consultations. UCERA has two psychiatrists, Dr. Sara Haack and Dr. Anthony Guerrero, who are providing psychiatry services with LCHC's BH program.

Clinical Programs: OB, Women's Health and Family Planning

LCHC continues to partner with the UH Department of OB (University Health Partners, OB-GYN) to provide services for our prenatal program. Uninsured and insured pregnant women can continue to choose LCHC medical providers to provide their prenatal care, knowing they can trust our providers and can stay on island until 36 weeks gestation, before transferring care to Oahu or Maui. LCHC ultrasounds are continuing to be performed by our certified ultra-sonographer employee Thalia Salazar, RMDs. The scans are read by the certified University Health Partners Maternal and Fetal Medicine providers with whom we contract, thus continuing to allow our patients to remain on island for their ultrasounds. We have pregnant women who have become accustomed to the ability of LCHC providing ultrasounds; some of them have had multiple pregnancies cared for by LCHC since our program started 5 years ago. In 2020, LCHC saw 34 patients, a slight decrease from 2019's 37 patients (due to COVID); however, still an increase over the 31 OB patients in 2019, 23 OB patients in 2018, and 22 OB patients in 2017. In addition, LCHC has contracted with University Health Partners and a dedicated OB-GYN is available for tele-medicine visits for our pregnant women to help co-manage all pregnant patients who choose to have the OB-GYN be their provider along with LCHC medical providers.

The Women's Health Program continues to provide outreach at health fairs and at the school. With increased education and awareness, more women, including teens, are becoming proactive about seeking birth control to prevent unwanted pregnancy, including seeking LARCs (i.e., long acting reversible contraceptives, highly recommended by our State Title X grant, as well as being a best practice). We have also noted increased usage of free condoms provided in our facilities, which we feel is also due to our increased education efforts.

LCHC discontinued the monthly mammogram trips for LCHC patients. This program was funded by Susan Komen grant funds. However, the grant ended, and we were able to have our patients join Maui Health Systems monthly mammogram program where they provide transportation and ferry travel for our patients. We continue our relationship with Maui Diagnostic Imaging for interpretation of our general ultrasound imaging captured here on Lāna'i. The mammogram screening continues to be

Projects, Programs & Events (Continued)

supported, at least in part, by our Susan G. Komen Grant. In addition, we have continued our relationship with Queen's BCCC program. This relationship allows for provision of free mammogram screening and cervical cancer screening for our uninsured patients who meet the federal poverty guidelines.

Vision

Maui Optix was able to expand their service to LCHC by coming to our island weekly beginning in 2020. During January through mid-March we were able to expand services, then COVID hit putting a stop to all vision clinics for the remainder of the year. We are pleased to announce, though, we have resumed vision services in 2021; we are now providing vision services twice a month and catching up on the patients that have put their vision care on hold during the pandemic.

Clinical Programs: Dental

In 2020, operations in the Dental Department continued to move forward ... until the COVID pandemic hit. At that time, due to safety concerns, we limited our services to urgent and emergency. As we were able to better identify safety precautions, and implement new equipment and workflows, we were slowly able to start to introduce routine services. And, today, Dental continues to work through the backlog of procedures generated by the pandemic. In 2021, we will add more clinic hours and double up on providers where we have chair availability.

As we try to expand to meet community needs, dental service hours will be extended on alternate Mondays and Wednesdays from 10am to 7pm in March 2021. We will also begin offering hours on every other Saturday with two doctors in May. Additionally, we will have two doctors every Friday in the weeks that we have clinic on Saturdays. This will essentially add four doctor-clinic days per month without increasing staff hours.

The Dental staff has been stable, with the augmentation of interns. Dr. Sean Benson continues as the main general dentist, and Dr. Don Sand filling in for additional days when needed. In 2021, we will stabilize supervision of our pediatric dental residents' program with the hire of Dr. Spencer Kim. We plan to see only pediatric patients on Mondays and Tuesdays, every other week. Dr. Kim has rotated through LCHC as a Langone pediatric resident for the past two years and will graduate at the end of June 2021. He will then begin work at an office on O`ahu, as well as working at LCHC. We are fortunate that Dr. Kim will have flexible work days on O`ahu, and that he enjoys the fishing and diving on **Lāna`i**.

Projects, Programs & Events (Continued)

Our 2020 figures show patient visits at 2,136, which is 40% decrease from our 2019 total of patient visits – due to COVID. Oral screenings were also disrupted due to COVID; however, we were able to improve upon our sealant on permanent first molar achieving 56% in 2020 (compared to 45% in 2019). In addition, in 2020 (again, in spite of COVID), Dental had 61 new patients.

Wellness Programs

2020 brought its share of challenges and barriers in all areas of our organization, including the ability to provide wellness activities to our community. Just when the Wellness Team were starting to tighten up the wellness workflows and administrative duties, the pandemic gave them yet another obstacle to overcome. Due to COVID social distancing guidelines, LCHC made the difficult decision to temporarily discontinue in-person fitness classes. While research has shown that exercise is a major factor in keeping our bodies healthy, it was more than that for many individuals. In a pandemic, where everything was so uncertain, exercise was a way of coping and relieving stress, anxiety, depression and anger. It was unfortunate LCHC was no longer able to provide an “outlet” to alleviate the mental stressors that the pandemic has caused. Fortunately, the Wellness Team found a way to provide fitness classes to our community during these unprecedented times. With the use of technology, all fitness classes were offered virtually beginning April 2020. Currently LCHC offers virtual fitness classes such as Whole Body Stretch, Yoga, Pilates, Sound & Stretch, Total Body Cardio (TBC), & ZUMBA. Our total class attendance for 2020 was 4,571 with an unduplicated participant count of 193. Although our participant rate has decreased, hosting fitness classes via a virtual platform allowed LCHC to continue its mission to take care of the community. Furthermore, our ability to reach out to fitness participants, virtually, allowed us to connect with participants even as far as Rochester, New York!

With the Wellness Team’s workload decreased during the pandemic, LCHC found ways for these staff members to stay employed and assist with other projects. There was a huge effort in providing outreach services to the kupuna. To protect our kupuna, we encouraged them to social distance and stay home. Many of these kupuna did not have any family members assisting them with their daily errands. This is where the wellness team, community health workers (CHWs), and other staff members stepped in and assisted with their needs. Furthermore, the Wellness Team were major contributors to the outreach services when the outbreak hit Lāna’i in October. This group of individuals completed errands such as post office runs, grocery shopping, and medication pick up and drop off. In addition, they also assisted with creating COVID relief care packages for patients and other individuals who were in quarantine. Various off-island and local organizations donated to our efforts in providing families with basic necessities as well as personal protective equipment that would help fight against COVID.

In addition to their major contribution in the outreach program, the Wellness Team also took on a major role as front porch screeners. The objective of the front porch screening workflow was to minimize entry into LCHC and reduce the risk of exposure to COVID. This role is part of the front-line staff who

Projects, Programs & Events (Continued)

take part in protecting our staff and our patients from any potential COVID transmission. Front porch screening is a duty shared with a part-time front porch screener who assists in the morning and the Wellness Team (in the afternoon).

One of the Wellness Team's biggest accomplishments of 2020 was coordinating our first Lāna'i Fitness Challenge. This month-long challenge is by far, LCHC's largest event ever! LCHC had over 800+ participants who took part in this fun and engaging activity. The timeline of this activity was during the pandemic; therefore, social distancing guidelines were of utmost priority. To maintain social distancing, Lāna'i Fitness Challenge was accomplished virtually through a fitness app that tracked each participant's activities. A variety of daily prizes were used as incentives to motivate participants. Regardless of the daily activity, the objective was to promote health and wellness to all. The Lāna'i Fitness Challenge was also made successful with the partnership of LHES Foundation, Lāna'i Ballers, and Maui Health Systems.

Lastly, Mindy Bolo, wellness coach, took an additional role as a health education teacher at Lāna'i High & Elementary School (LHES). She teaches kindergarten, 3rd, and 4th grade students in partnership with the community health workers (CHWs). LCHC employees provide Health Education (HE) and Physical Education (PE) at LHES on a weekly basis, alternating one week of physical activity with one week of health-related classroom activities. Mindy and other health education teachers successfully completed Semester 1 of school year 2020-2021 via an ALL Virtual Platform using Google Meets. Even through virtual learning, Mindy and the rest of the health educators continue to provide high energy exercise lessons to their students. Our LCHC educators are great promoters of health and wellness for our Keiki.

In addition to the challenges, though, 2020 has also been a year of growth and learning for the Wellness Team. We conquered many obstacles because of the team's hard work and perseverance. Despite these unprecedented times, the Wellness Team kept LCHC's mission and vision in mind and continued to provide great service to our community. Their passion and dedication to Lāna'i assisted with many successful outreach services throughout the year. Our hope is that 2021 will allow for more in-person fitness classes and provide more wellness events to the public. The Wellness Team will continue to work with the Medical Director and Associate Medical Director to ensure that LCHC complies with all the COVID guidelines and provide fitness participants a safe and healthy environment.

Telemedicine

We are entering the 5th year of our integrated behavioral health program with the UH Department of Psychiatry and, routinely, use telehealth for Psychiatry consults, urology consults, endocrinology consults, dermatology consults, and post-surgical follow ups. As mentioned in the development of the OB program, we are now providing video conferencing for the patient to visit with the obstetrician. We continue to attempt to get Queen's to provide echo-cardiology support, but progress has been slow. We are in the process of developing a cardiology arrangement with a Maui cardiologist, as well as

Projects, Programs & Events (Continued)

expanding our tele-OB program to Maui. We have purchased equipment to provide tele-dentistry but have not yet initiated a program.

This past year, we were able to address a long-time request from many of our patients: the request to have a pediatrician involved with our team of medical providers. We established a relationship with pediatrician Dr. Jeusun Nam to provide pediatric tele-medicine services for our pediatric population.

Our tele-medicine programs continue to connect patients to willing specialists in an effort to having our patients avoid off island travel. We are expanding the scope of specialists who provide support to LCHC patients, modeled after our behavioral health integration.

Outreach, Community Health Worker, and Educational Programs

LCHC's mission and vision is continuously supported by ensuring that patients are provided comprehensive health care (medical, dental, and behavioral) services as well as outreach services and educational programs. At the beginning of the pandemic, the whole LCHC organization took on additional roles in order to respond to the fight against COVID. The community health workers (CHWs) in particular, were heavily involved in providing outreach services to our kupuna and to those patients who were in quarantine. CHWs and the wellness team assisted with grocery and post office runs, medication drop off, and medication pick-ups from the local pharmacy. Many times, because kupuna were social distancing from others, they felt alone and isolated, even from their loved ones. Our CHWs provided companionship, even if it was just over the phone, "talking story". These outreach services are not just a "task" for our team, it is how we build long lasting relationships with our patients. And, as you know, social isolation is a strong predictor of poor health outcomes; therefore, we want to make sure that we do our part to provide quality care using all tools possible.

Our first and longest serving employee, Wilma Koep, continues to assist our patients with eligibility and translation services. Her ability to provide culturally sensitive translation services during appointments provides great comfort and security to our patients who primarily speak Ilocano or Tagalog. Wilma's guidance and support to patients and families allows for better communication from provider to patient and/or caregiver and vice versa. Our CHWs, who are trained in assisting with SNAP, Financial Benefits, and health insurance assisted Wilma in providing these enabling services. COVID negatively impacted our nation economically, and Lāna'i was no different. Our biggest employers laid off many of their workers during spring thru fall of 2020. These unemployed individuals reached out to LCHC to assist with enabling services and CHWs were more than happy to assist in this matter.

Besides taking on additional roles caused by the pandemic, CHWs kept up with their current duties with health education, outreach services, and their growing number of patients in the Self-Monitoring Blood Pressure (SMBP) and Self-Monitoring Blood Glucose Program.

Projects, Programs & Events (Continued)

Lānaʻi High & Elementary School converted to 100% distance learning which forced our health educators to find alternative ways to teach their elementary students. Fortunately, the health educators received training from Michelle Fujie, LHES high school math teacher, who instructed the LCHC staff on how to navigate/utilize the Google platform. Ms. Fujie's training proved vital in assisting our CHW's and other health educators to develop the skills necessary to provide virtual health education and physical education to the elementary students. CHWs successfully completed Semester 1 of school year 2020-2021 via an All Virtual platform using Google meets. By the end this school year, LCHC health ed teachers will have completed a full year of virtual health education and physical education. While our staff greatly miss their students, we are also understanding of the Department of Education's restrictions to protect our LHES students and faculty.

One of CHWs biggest outreach projects continue to be the Tobacco Cessation Program – both the adult and youth (Vaping). Through this program, CHWs are able to educate on the dangers of tobacco and tobacco related products. CHWs are also certified instructors for the Stanford Tobacco Toolkit, which is a standardized school curriculum to educate on tobacco and tobacco related products. Again, because of COVID, the Tobacco Cessation Committee needed to strategize on alternative ways to reach out to the youth. Education and prevention were promoted via social media. The Stanford Tobacco Toolkit classes were offered virtually and incentives were provided to students who completed the course. We take pride that throughout the pandemic, our CHWs continued to promote and educate messages of health and wellness as well as influence the youth and their families to embrace a healthier lifestyle. Our hope is that the next school year will allow for in-person classes.

It has been a collaborative effort between all of the medical team, including CHWs, to ensure quality care is provided to each patient. In particular, CHWs focus their patient care on those diagnosed with chronic disease management, such as hypertension, pre-hypertension, diabetes, and pre-diabetes. The SMBP and SMBG program continued throughout the pandemic, however, we temporarily stopped home visits to protect our patients as well as our staff. Furthermore, there was a temporary hold on senior walking and swimming groups that lasted about 9 months. Fortunately, the Maui County Guidelines allowed for small group activities to resume. With the blessings of our Medical Director and Associate Medical Director, CHWs were able to restart Kupuna walking and swimming groups. The kupuna who have been isolated for so long were so grateful for the companionship and the opportunity to exercise again. The bond between a patient and a CHW is one filled with care and ALOHA.

Quality Initiatives

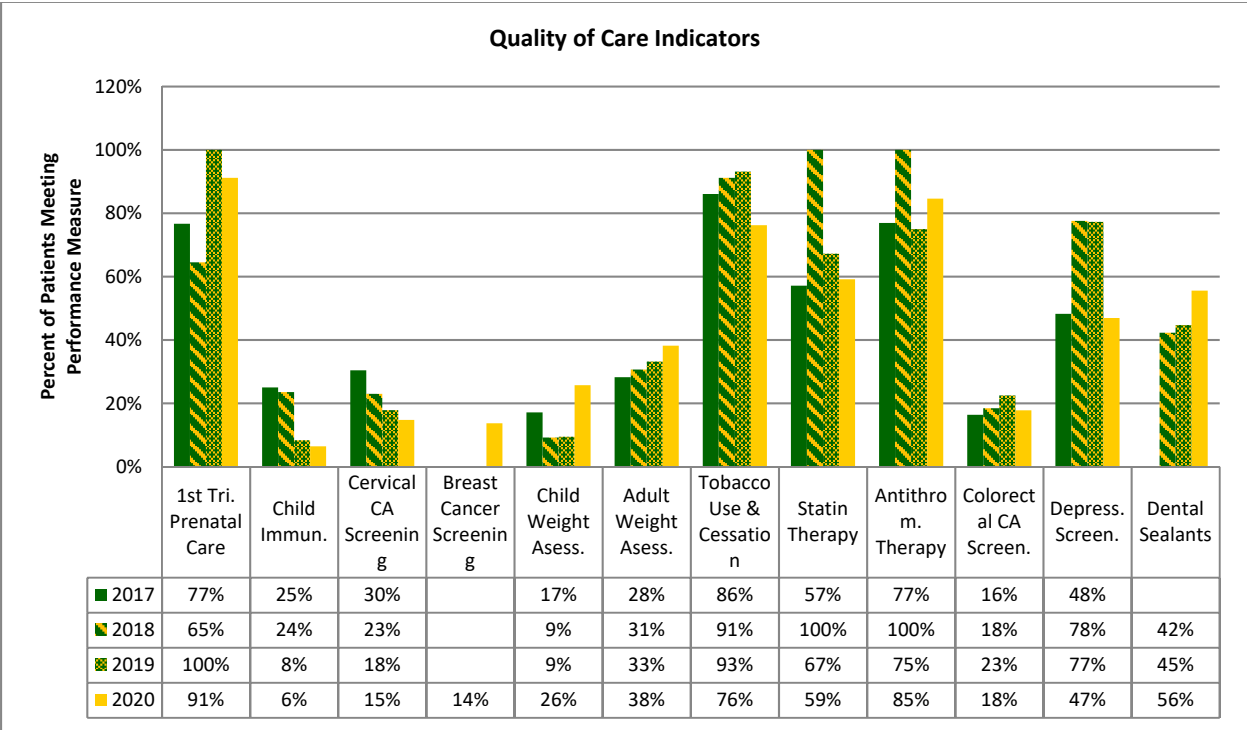
LCHC leadership annually identifies quality initiatives (based upon LCHC performance on UDS metrics) and meets monthly to review performance on selected Plan-Do-Study-Act (PDSA) projects. In addition, a review of ongoing performance of Uniform Data System (UDS) metrics is conducted quarterly. Lastly,

Projects, Programs & Events (Continued)

monthly reports are made to the Board of Directors at routine monthly Board meetings, and one Board member is member of the Quality Improvement (QI) committee, and meet quarterly with the QI committee.

A significant but expected drop in half of our performance measures has been noted as a result of the impact COVID-19 has in the health care delivery. These declines are multifactorial, including patients delaying or deferring medical care, hospitals and specialist offices suspending elective procedures and imaging. However, we continue to work on improving our measures, using various quality improvement tools to change workflows, including the use of telehealth, which has increased during the pandemic. See chart below.

In our effort for continuous improvement, and to address issues we have identified from this past year, we continue to improve our workflow (medical, dental and front desk reps) through additional trainings, meetings/huddles, and proper communication among our staff. We have made concerted effort to increase our performance measures and these areas are being documented with PDSA's. Our chronic disease programs (Hypertension and Diabetes) participants continue to increase in number and in visits as we ensure that these patients are being followed up on by our care team and are well-managed. LCHC has also achieved NCQA Patient-Centered Medical Home Recognition with BH Distinction on July 21st, 2020. This is in line with our goal of improving quality, building better relationships between patients and clinical and behavioral health care teams, and improving patient experience.



Projects, Programs & Events (Continued)

Compliance and Risk Management

LCHC continuously strives for quality improvement and minimizing risks for our patients as well as our staff members. Through Leadership's monthly Quality Improvement (QI) meetings and monthly QI BOD reports, incidents and "near miss" events are documented and discussed with the goal of preventing future similar occurrences from happening. In addition, we have placed a large degree of focus on education. With the assistance of Ms. Laura Anderson, Esq., Regulatory Compliance Consultant, LCHC staff receives quarterly HIPAA trainings focusing on the content of protecting patient privacy via question and answer format as well as providing case scenarios. This approach has proven to be quite effective and, in fact, when on island, Laura receives many HIPAA related questions that allows for learning opportunities amongst staff. To assist our Board in understanding Risk Management, HIPAA and their role with HIPAA, the Board receives annual HIPAA and Risk Management trainings from Laura.

In our efforts to minimize unfortunate events from reoccurring, LCHC leadership ensures that staff members receive continuous training on protection of patient information and maintaining patient safety. LCHC continues to seek learning opportunities and discuss innovative ways to deliver quality care to our beloved community, with the intention of always obtaining optimal patient outcomes. Furthermore, our HIPAA/Safety Officer, Olivia Pascual, is required to complete a more intense HIPAA training to ensure that LCHC is up to date with current HIPAA laws.

Community Development Update

- Scholarship Program
 - For the 2019-2020 school year in June 2020, we awarded two \$500 scholarships to two current university students and two \$1000 scholarship for one graduating high school student and one university student. Our scholarship application for 2020-2021 is attached; applications will be accepted between January 1, 2021 and April 24, 2021.
- Internship Program
 - A full list of our workforce development and student internships for 2020 is attached.
- Health Education in the School
 - LCHC leadership team and LHES teachers continue to make strides with the E Ola Kino Program. We started our childhood obesity program by collecting informed consents and completed some surveys beginning February 2020. We were able to retrieve informed consents and surveys from the high school students in grades 9-12. Unfortunately, due to COVID, the school closed after Spring Break in March

Projects, Programs & Events (Continued)

2020 and the 4th quarter was entirely virtual enrichment learning and it was not mandatory; hence the remaining students from K-8 were not able to participate. Since then, LHES started the 2020-2021 school year in September 2020 with virtual and blended formats for students. We are currently working on disseminating and collecting informed consents digitally for grades K-8. We have analyzed the surveys that were completed in the last school year. We have collected 117 surveys from grades 9-12. There were 167 total students in high school so that was a response rate of 70%! The average BMI for those students was 25.7. Therefore, we do see a need to continue our program to encourage students to be active and eat healthy.

- Our trained facilitator, Olivia Pascual, successfully completed Pono Choices (PC) curriculum with the 7th grade class. Furthermore, she completed PC with the 8th grade class in Quarter 3 of the school year, one week before school closure. Due to COVID we have decided to postpone PC until middle school students can resume their normal classroom routine. In order to successfully execute the PC curriculum, facilitators must be physically present with the students. The curriculum includes many hands-on activities that require in-class settings.
- LCHC has joined forces with LHES and created a Wellness Committee. It consists of: a teacher to represent elementary, middle school, high school; the principal; a teacher who is focused on faculty and staff wellness; the LCHC student intern; a representative from the large employers on the island; a representative from parents; and the ED of the LHES Foundation. This group planned to meet on a quarterly basis to discuss the health and wellness of the students and identify programs that promote healthy eating and an active lifestyle for the entire family. We met in the beginning of the year to initiate discussion on how to promote health and wellness in our community.
- Additional health initiatives for this school year include a weekly bike/walk to school program for students, faculty, and staff with prizes, as well as a student-led program to track the students' BMI, eating habits, and movement and exercise. The Walk and Roll Initiative at LHES started on September 4, 2019. Student and staff participation continue to increase every week since the kick-off date. It has become a weekly event that students and staff look forward to participating in. In fact, it became a regular part of their weekly routine. Unfortunately, when distance learning started in March, Walk & Roll ended.
- In addition to the Walk and Roll Initiative, we initiated plans to start Family Fitness Nights at LHES for Spring Semester 2020. Our objective is to provide fun and healthy family activities every month for our students, their families, and the rest of the community. Fortunately, we were able to complete 2 successful Family Fitness Nights in January and February. Raffle prizes such as bikes (adult and youth), scooters, and fun outdoor games were used as incentives to promote the event and encourage "movement." Our plan was to continue Family Fitness Nights on a monthly schedule, however, we were unable to continue this outreach event due to COVID. Our Wellness Committee will hopefully reconvene for meetings in the upcoming year. Furthermore, we also planned to continue providing information on E Ola Kino with distribution of informational handouts.

Projects, Programs & Events (Continued)

- We have an annual event called Ohana Wellness Day. This year we did a month-long virtual fitness program called the Lānaʻi Fitness Challenge. This program encouraged participants to reach step goals for each week. Each participant was connected on the MoveSpring App so that we could see each other’s progress. We had weekly winners for those who reached their weekly goal, we also had a daily social media challenge to keep everyone engaged every day, and we had large grand prize winners at the end of the challenge. The Lana’i Fitness Challenge was the talk of the town during the month of October. With nearly 800 people registered for our event, it was one of the greatest events LCHC has ever had with the largest participation rate. It was wonderful to see people exercising throughout the day with their colorful shirts. Whether people walked with their pets, ran marathons, or walked in place at home during the island lockdown, in the end, everyone who participated gained a new appreciation for fitness. We received a lot of comments like, “Thank you for hosting this event. It kept me accountable to go for walks to get my steps in.”
- Health Education in the Community
 - LCHC participated in numerous community events providing health education and free screenings. We’ve included Census promotion and education this year, as well as participated in the community COVID drive thru testing.
 - Unfortunately, due to COVID, our list is not as robust as previous years. The full list of community events is attached.
- LHES Foundation
 - LCHC created a Consortium which included LHES Foundation as a partner. Their role in this consortium is to partner with LCHC and Hawaii Public Health Institute to provide health education programs in the school, community and homes of the students. The ultimate aim, though, is to reduce and, hopefully, prevent childhood obesity and increase health and wellness. We have identified a number of unique methods to reach all age groups in our community; however, we plan to focus first on school-age kids. Natalie Ropa, Executive Director of LHES Foundation, is also a member of the LCHC/LHES Wellness Committee. Working closely with the LHES Foundation allowed us to execute successful events and programs such as E Ola Kino, Walk and Roll Wednesdays, Lānaʻi Run Club, Soccer, our Family Fitness Nights, and the Lānaʻi Fitness Challenge.
 - In 2020, we have successfully created a Health Occupation Students of America (HOSA) Club, working with Michele Weinhouse the high school Career and Technical Education (CTE) teacher.
- Health and Wellness – Free Fitness Program (adult and child)
 - Due to COVID, we have converted our in-class fitness sessions to a virtual format utilizing Facebook Live and Zoom to provide free virtual fitness classes.

Projects, Programs & Events (Continued)

- Unfortunately, the effects of COVID has also temporarily suspended our weekly Silver Sneakers Classes at the Lānaʻi Senior Center. We hope to resume these classes to our seniors when it is deemed safe to participate in these activities.
- So far, through December 2020, our total class attendance is 4,355 with an unduplicated participant count of 193.
- Community Health Worker Program
 - Community Health Workers continue to make strides in our community by providing walking and swimming groups. Our groups are small and average 2 to 3 participants per activity, therefore, we are able to continue these exercise groups during COVID.
 - All of our CHWs are health educators at LHES. Therefore, their time is divided between health education, outreach projects, and their growing number of patients in the Self-Monitoring Blood Pressure (SMBP) and Self-Monitoring Blood Glucose Program.
 - CHWs will hold off on their 3rd cohort of Matter of Balance (MOB) classes until they are able to facilitate in an in-class setting. MOB is a program designed to manage falls and increase activity levels in the senior population. It also requires the use of technology and many of our seniors on island do not have the technological means of accessing the classes virtually. Therefore, we will resume these classes when it is safe to gather (please note that a minimum of 8 students are required in order to move forward with conducting a class).

Workforce Development & Internships

In one of our Strategic Planning meetings a few years back, one of the board’s goals was to become the employer of choice, next to the larger employers such as Four Seasons and Pulama Lānaʻi. As of 2020, our LCHC employee count is up to 56 employees: 40 full-time and 16 part-time, 7 traveling employees who live off island, and 3 student interns. There is a total of 22 employees that are LHES alumni which represent 33% of our employee population. In addition, our LIP (Low Income Persons) ratio for 2020 is 62%. This doesn’t include the dozen plus contractors that we work with for clinical services and our wellness program. Based on our growth within the past five years, we believe that we have achieved that goal of becoming the employer of choice for the residents of Lānaʻi.

We believe in the importance of workforce development and training; therefore, our goal is to have a student rotation program in place for all services: Medical, Dental, and Behavioral Health. This includes student interns that are in high school, rotating student providers, as well as development for those working adults who are looking to find a career rather than just a job.

The list below is our workforce development efforts and the list of students who have interned and rotated at LCHC in 2020.

Projects, Programs & Events (Continued)

- Student Providers:
 - January 6 – March 15 Precious Arnette, FNP of USU
 - April 6 – May 18 Madison Furlong, DNP APRN of UH Manoa

 - NYY Langone Pediatric Dental Residents:
 - January 14 – February 8 Dr. Rylan Bennett
 - February 11 – March 8 Dr. Rizza Bejasa
 - March 11 – April 5 Dr. Michelle Yang
 - April 8 – May 3 Dr. Demi Pham
 - May 6 – May 31 Dr. Armin Afshar
 - June 3 – June 28 Dr. Rizza Bejasa
 - July 01 – July 26 Dr. Christopher Yim
 - July 29 – August 23 Dr. Spencer Kim
 - August 26 – September 20 Dr. Tuan Pham
 - September 23 – October 18 Dr. Rizza Bejasa
 - October 21 – November 15 Dr. Joseph Cuculo
 - November 18 – December 13 Dr. Nicole Endo
 - December 16 – January 10 Dr. Regina Nguyen

 - Student Interns:
 - Stephanie Badillo – Wellness Coach Assistant
 - Kamaile Mano – Front Desk Rep
 - Angeline Matute – Dental Assistant
 - Keleah Koloi – Dental Assistant

 - Scholarships provided to:
 - Millena Calilao, \$500
 - Samuel Dunwell, \$500
 - Jasmine Molina, \$1000
 - Xenia Urpanil, \$1000

 - Employees furthering their education:
 - Denise Ropa, Social Work degree, UH Maui
 - Thessalonica Sandi, Community Health Worker Certification, UH Maui
 - Mairine George, Community Health Worker Certification, UH Maui
 - Tanisha Magaoay, Community Health Worker Certification, UH Maui

 - Community Partnerships for Student Programs:
-

Projects, Programs & Events (Continued)

- Lana'i High and Elementary School
- LHES Foundation
- UH Maui College – Lana'i Campus
- AHEC
- HOSA
- John A. Burns School of Medicine
- Maui County Healthcare Partnership
- Maui Economic Development Board

Community Events, Awards & Recognitions:

The list below is a sampling of the various community events/awards that we sponsored, participated in held, or received:

- January 20: Teen Health Camp
 - Kelly McDaniel, RD, did nutrition workshop (DIY Yogurt Parfaits and incorporated good handwashing technique and knife skills)
- January 21, 2020:
 - Family Fitness Night – Zumba/Dance (Jamie Hale & Mindy Bolo)
 - 47 participants at Family Fitness Night
 - John A. Burns School of Medicine, (JABSOM) LCHC Tour
- January 25: Lunar New Year Celebration
 - 2 performances at 10 AM and 4 PM
- February 4: Pulama Health Fair
 - 90 participants
 - 30 oral screenings
 - 5 signed up for Tobacco Cessation
- February 24: Family Fitness Night (Tai Chi)
 - 43 participants
- April 25: COVID Drive Thru Testing at Dole Admin Building
 - 41 tests completed at Drive-Thru (All NEGATIVE!)
- May 6: LHES STEM @ HOME Project (collaboration w/ various community organizations such as LHES Foundation, Na Pua Noeau, Lāna'i Kinaole, Imua Lāna'i, Lāna'i Ballers)
 - Provided donation for STEM Kids (KIWI Co. Kits), and other assorted items
 - This community event helped to distribute 700 STEM Bags to children age 3 thru Grade 12
- May 21: LCHC provided 50 bags with assorted non-perishable items to the Community Food Drive.

Projects, Programs & Events (Continued)

- Since May 2020: LCHC has volunteered weekly to the Community Food Bank to help distribute food to those in need.
- June 25: Census Outreach Event at Richards Market, Pine Isle, and Lānaʻi Food Drive
- July 24: Census Outreach Event at Richard’s Market
- October 2: Flu Shot Clinic at Sensei Farms – administered 7 Flu Shots
- October 24: Community COVID Drive Thru Event: 427 COVID tests completed
- October 31: Community COVID Drive Thru Event: 108 COVID tests completed
- October 1-31: Lānaʻi Fitness Challenge – month long challenge for everyone, 800 participants with daily prizes and grand prizes for top 4 winners in each category: 0-17, 18-49, 50+
- November 17: Flu Shot Clinic at Pulama Lānaʻi - administered 34 Flu shots
- Throughout the month of November: provided PPE, groceries, and food vouchers to 900 households
- December 5: Participated in Community Drive Thru Event at Dole Administration Building, sponsored by Maui County via eTrueNorth. Collection was self-administered and all tests went thru eTrueNorth.

MOST COMMUNITY EVENTS HAVE BEEN PUT ON HOLD AS OF MARCH 2020 DUE TO COVID.

Scenes from our various events during 2020...



Jared Medeiros
Lānaʻi Community Health Center

In March, when the COVID pandemic started, senior leadership was grounded and not able to travel due to age putting the team in the high-risk category. Jared was, and continues to be, the 'boots on the ground.' He represents LCHC at meetings, and is a reliable, known 'face' for the community. He has identified best practices, implementing changes needed to keep LCHC staff and patients safe and calm. He employed safety practices as if COVID were present on the island...from day 1. Which meant that LCHC was well prepared for when COVID hit the shores of Lanai.

Lānaʻi Community Health Center provides health services to the community of Lanai that enrich and empower lives to help build healthy families in a supportive environment.

Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



Projects, Programs & Events (Continued)



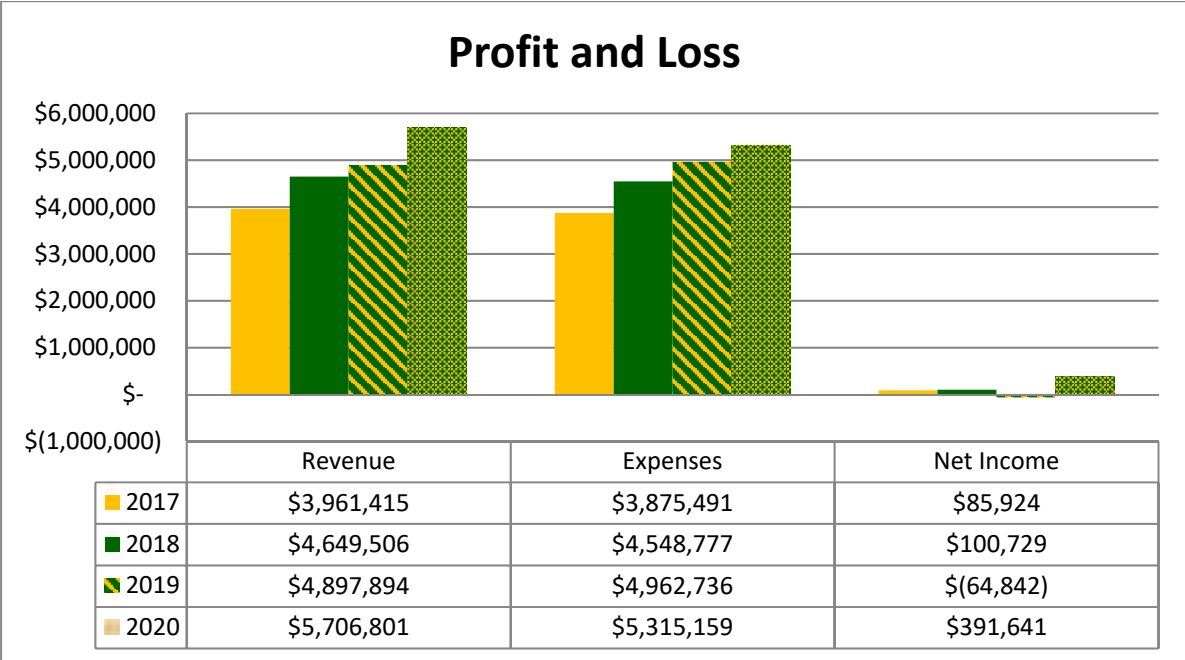
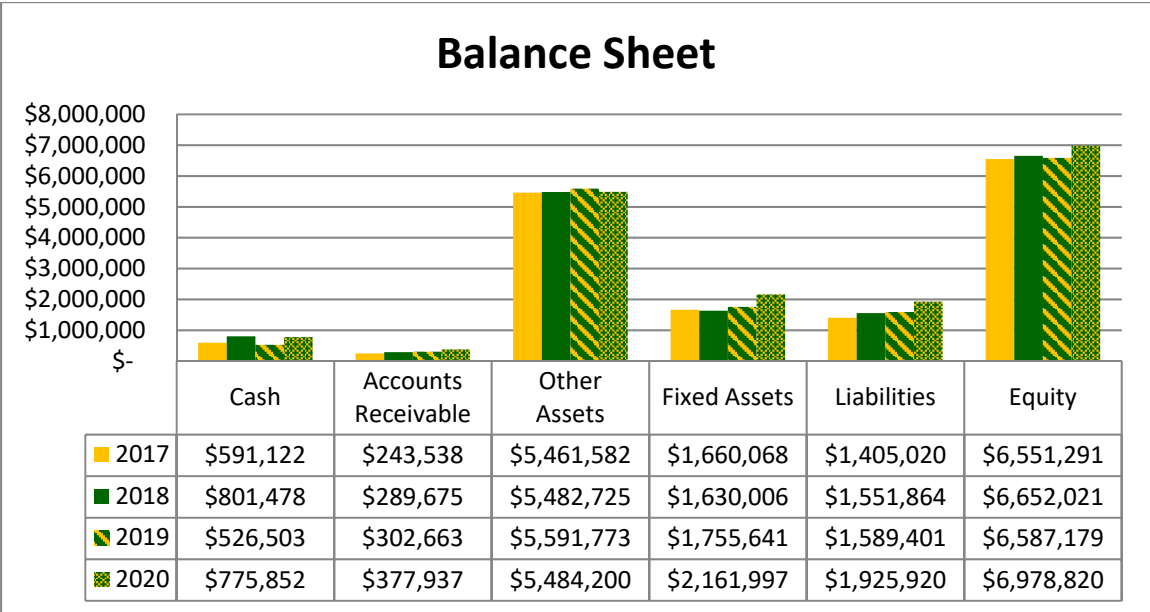
Press Releases and Publications:

The list below is a sampling of the press releases and reports (with LHC program Citations) in 2020:

- Dr. Joseph W Humphry, Internal Medicine published a one-page case study in the CMS Million Heart Intervention Group Newsletter on June 3.
- Diana Shaw, Executive Director published 'Through the Lens' with... on June 8.

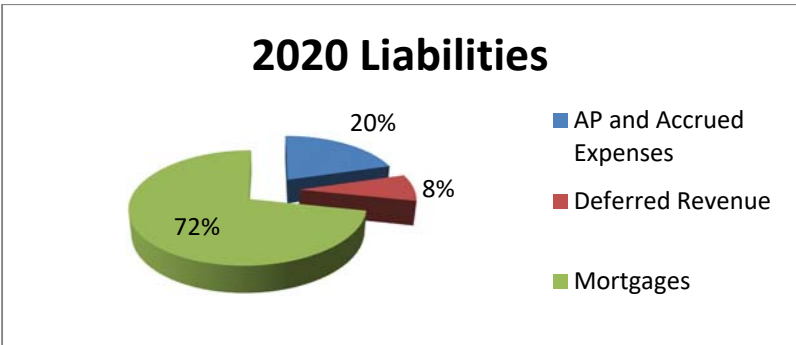
Financial Analysis & Reporting

Assets were \$8,907,740 versus \$8,176,580 in 2020 – a 9% increase; liabilities increased to \$1,925,920 in 2020 versus \$1,589,401 in 2019 – a 21% increase; equity was \$6,978,820 in 2020 versus \$6,587,179 in 2019 – a 6% increase. Patient Services Revenue increased by 2% and Grant and Other Revenue increased by 17%.

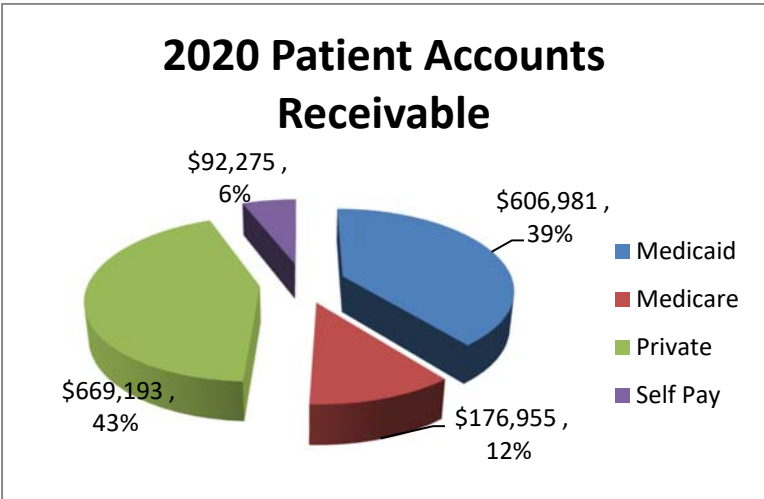


Financial Analysis & Reporting (Continued)

In 2020, our liabilities increased by 21%. This increase was due to the purchase of 339 Sixth Street. We have been wanting to have this property for some time now. The proximity to our facility makes it ideal for provider lodging and storage. The additional property allows us to strengthen our position on housing and allows us to have the current units that we rent available to rent by providers if and when we hire them for our vacant positions. We are planning to demolish the current building and to rebuild. We are currently in the designing phase of this project and working with USDA/FHB once again for funding. We are also making headway on paying off our condo mortgage well before the mortgage term. While our long-term debt still remains, we will save a significant amount of money on interest with the USDA's low interest rate and have added another mortgage to our books for the condo.



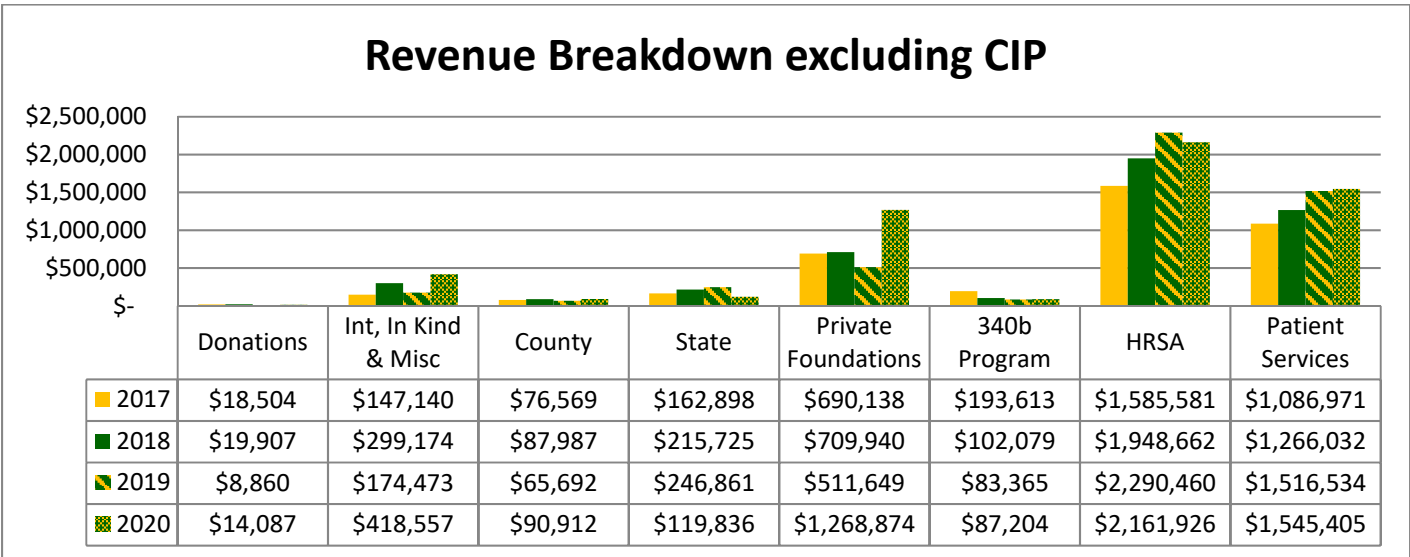
The graphs below represent insurance and patient collections, which have increased from an average gross billing of \$173k in 2019 to \$184K in 2020. Although we have seen a slight increase in our patient service revenue, it didn't meet our goal due to large write-offs. A change in our fee schedule was also updated towards the end of 2020, so we should see an increase in payments in 2021. We continue to work closely with RCM360 to increase our billings and collections and look forward to an increase in our patient revenue in the upcoming year.



Financial Analysis & Reporting (Continued)

The chart below provides a glimpse of our revenues excluding CIP. The data shows that our largest increase came from our Private Foundation Grants, which increased by 137%. With these grants, we were able to assist our community that has been affected by the pandemic. Federal grants also provided additional COVID funds to allow Lāna’i Community Health Center to continue providing the utmost primary care to our patients. We were also fortunate to receive the PPP loan to keep our staff whole.

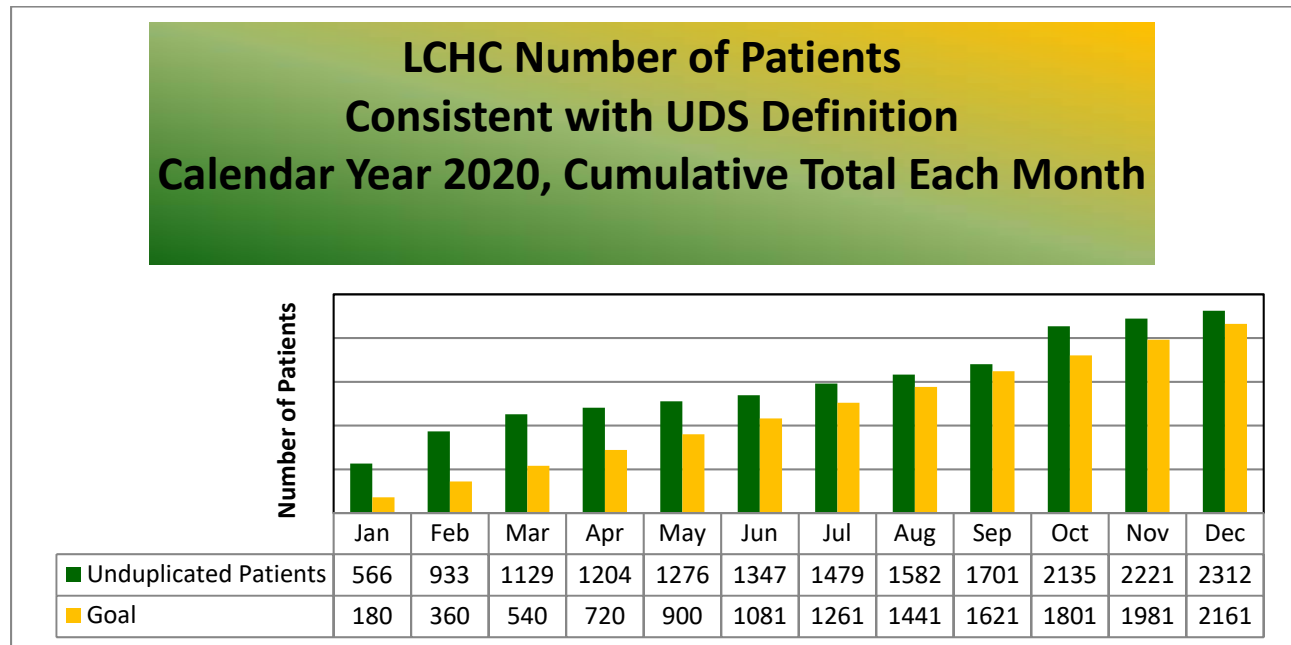
We didn’t have any CIP revenue in 2020. But we are gearing up and saving up on our reserves as we have a need for additional expansion. With the new purchase of another property for provider lodging, we are working with USDA to secure a construction loan to renovate it.



Statistics

Active Patients

In 2020, there was a 6.8% increase of patients, 2,305 compared to 2019's 2,159 patients. We have exceeded our patient goal of 2,161 patients. We continue to monitor our patient and encounter trends closely and we anticipate an increase in the upcoming year as we continue to expand our programs and continue to provide health education in the school and community.



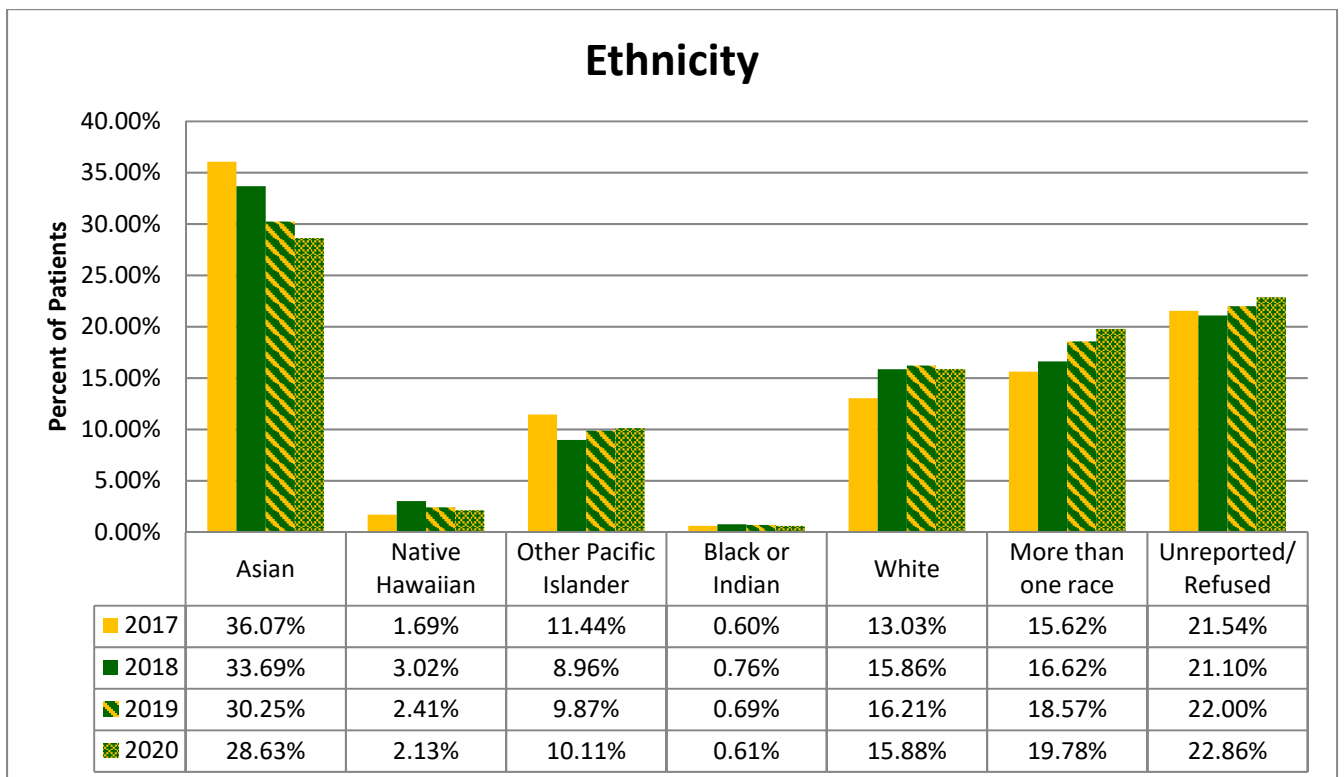
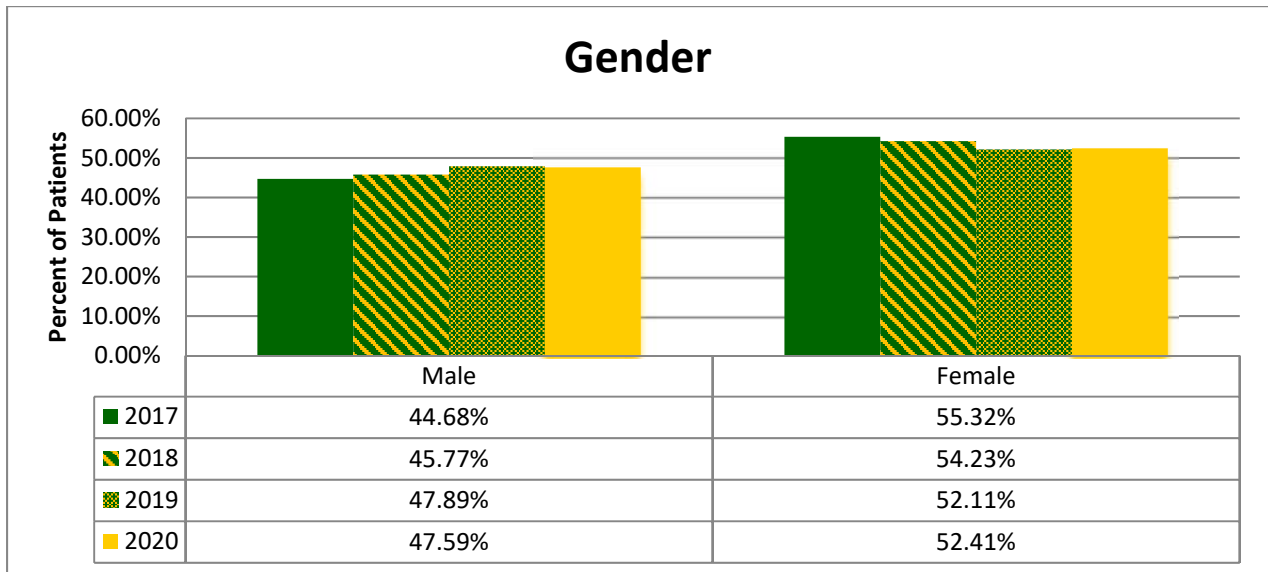
Who Are Our Patients?

Who do we serve? What do we know about these individuals? (See graphs on following page.) We continue to serve more women than men – this is common in health care as women are more likely than men to seek preventive and routine care. However, we again saw an increase in men – an additional 2%! Our chronic disease programs are also attracting men. We plan to increase both our female and male focused activities in 2020, through outreach, education, and targeted screenings.

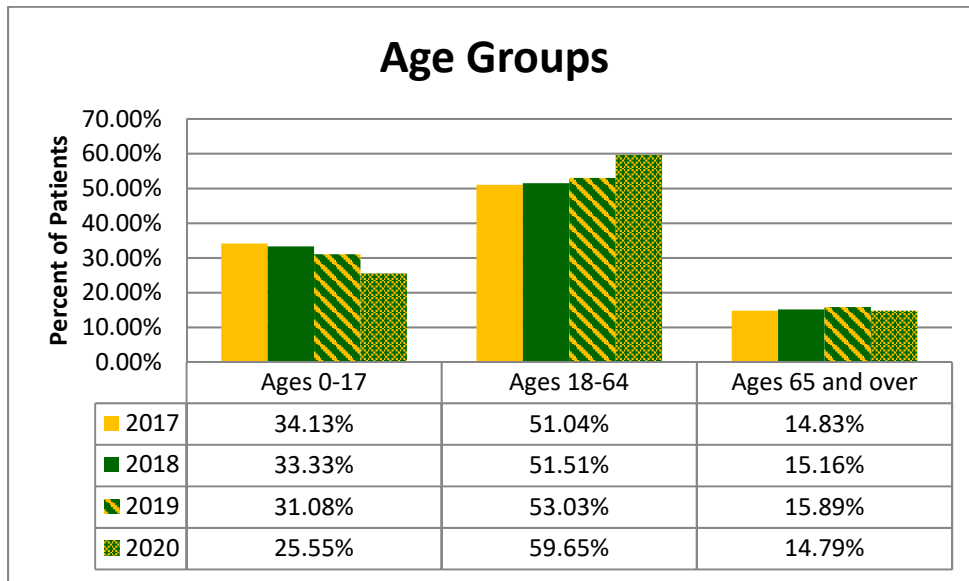
We also know that the majority of our patients are Asian, Native Hawaiian and Other Pacific Islander. We want to recognize the hard work of our staff in obtaining ethnicity data as our patients are often reluctant to share this information. Their efforts can be seen by the percent of ‘unreported/refused’ continuing to decrease each year. The staff received education on the need for this information which produced results, and gave them the tools to be more effective in informing our patients of the data’s importance. Our education efforts will continue.

Statistics (Continued)

There was 1.52% increase in the aged 18-64 and less than 1% increase 65 and older patients. Our efforts to outreach to the elderly continue with our increased Community Health Workers services and elderly programs. We also have a significant presence at the school with our health and physical education program, which we hope will continue our growth as we reach out to students and families.

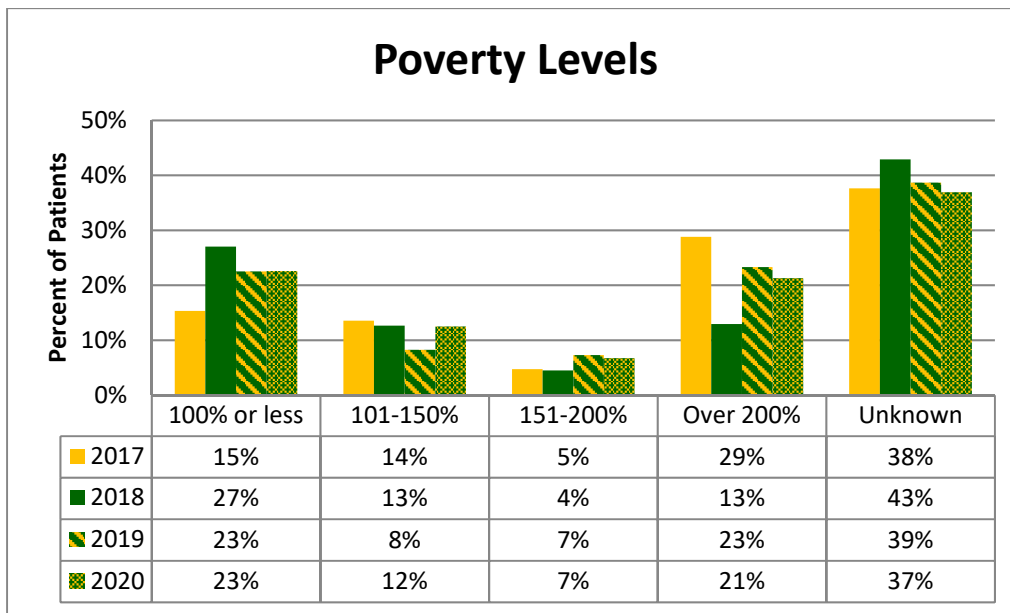


Statistics (Continued)



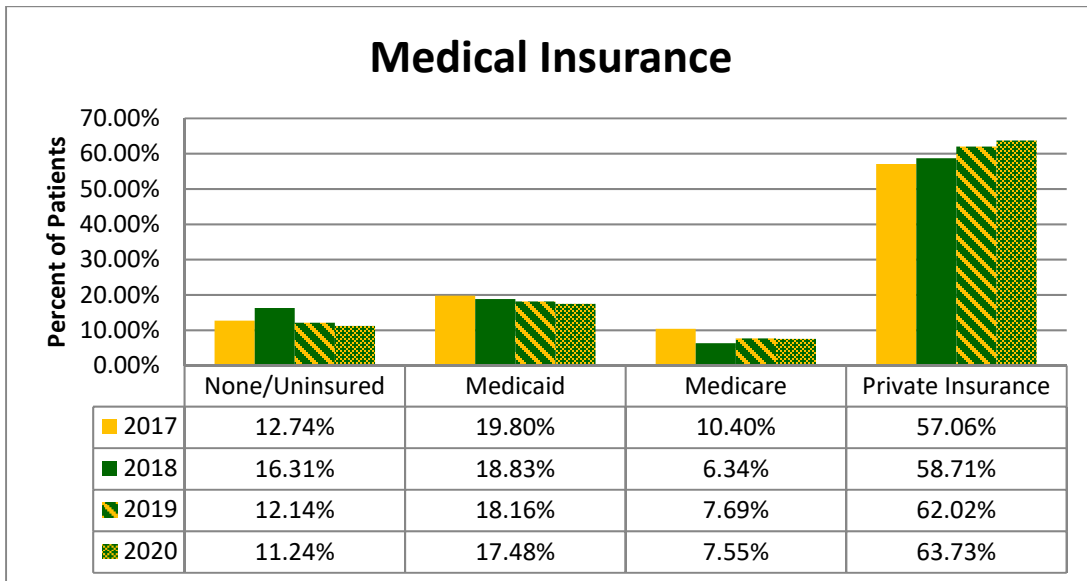
Federal Poverty Levels (FPL) are a measure of income issued every year by the Department of Health and Human Services (HHS). FPL is used to determine individual eligibility for certain programs and benefits, for example savings on Marketplace health insurance, and Medicaid. The FPL of our patients is also data that LCHC must report annually to the federal government.

We see a shift from the unknown and over 200% categories to the 101-150% category. This may be due to COVID where employees were kept on payroll using PTO or were on unemployment.



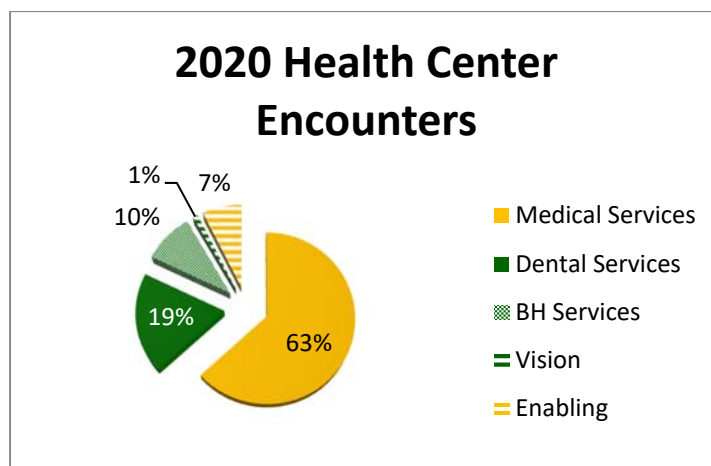
Statistics (Continued)

We have seen a reduction in uninsured patients in 2020 as our unemployment rates continue to drop. Hence, there was a slight decrease in Medicaid and Medicare. There was an increase in private insurance which is related to the increase in employer sponsored insurance. This makes sense as we have a very low unemployment rate at 1%.



Encounters

Due to COVID, our encounters decreased by 8.4% in 2020. Our dental clinic was shut down for two months, then opened to just emergent and urgent visit until the end of the year when we started performing preventative visits. Off-island BH providers provided visits via telemedicine until June 2020 when Cori returned to provide in-person visits. Vision didn't return after ending in mid-March.



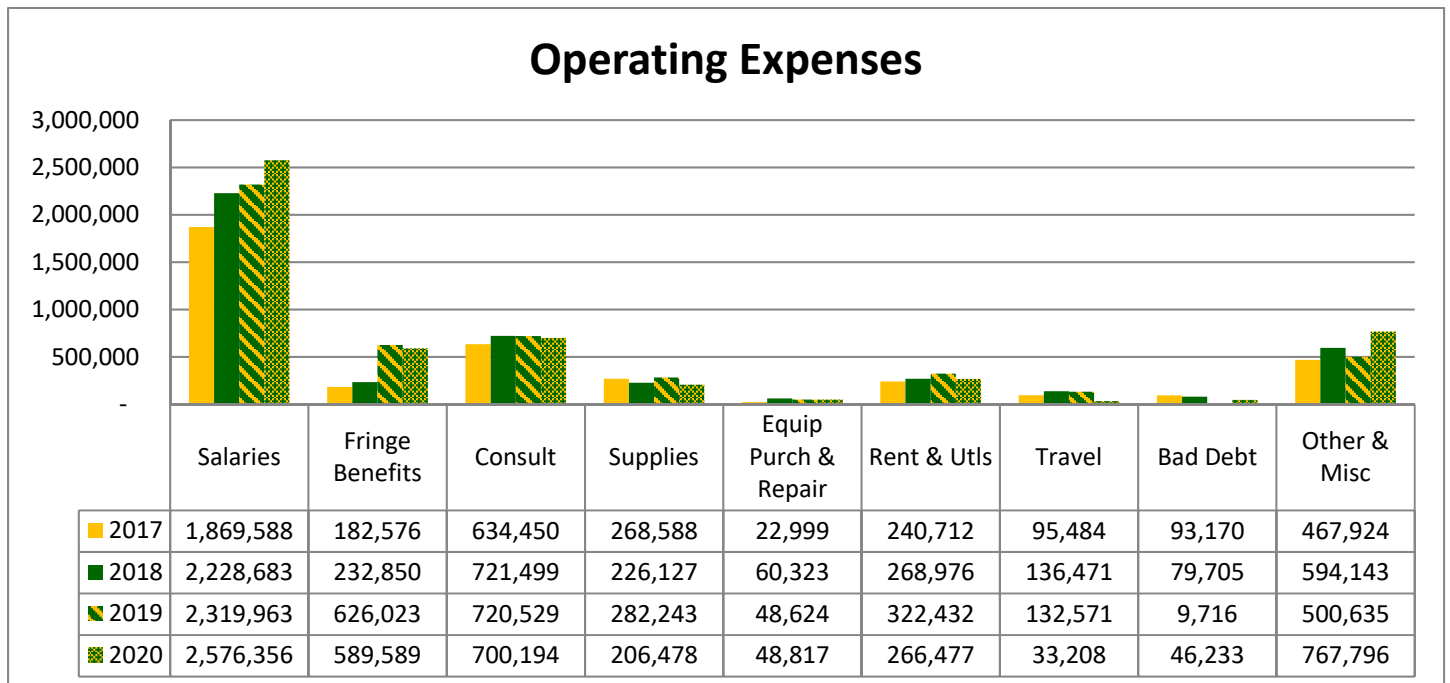
Statistics (Continued)

Reserve

Our reserve balance at the end of 2020 was \$ 425,936 which was higher than the required New Market Tax Credit (NMTC) reserve of \$80,000 and the USDA’s requirement of \$14,004. This balance is after we used \$141k of our reserve to purchase 339 Sixth Street. According to HRSA, an FQHC should have a reserve sufficient to cover 6 months of expenses; however, LCHC would prefer to have a reserve equal to one year’s worth of expenses – knowing that it would be difficult to recover quickly from a significant loss of funds due to the remote nature of our island and number of low-to-middle income patients. To have \$3M as a reserve is a long shot but it is possible; it will just take time. We have set a SMART goal in the 2020 Strategic Plan: By December 31, 2023, LCHC will have a reserve equal to or greater than 2 months of expense, or approximately \$600,000.

Operating Expenditures

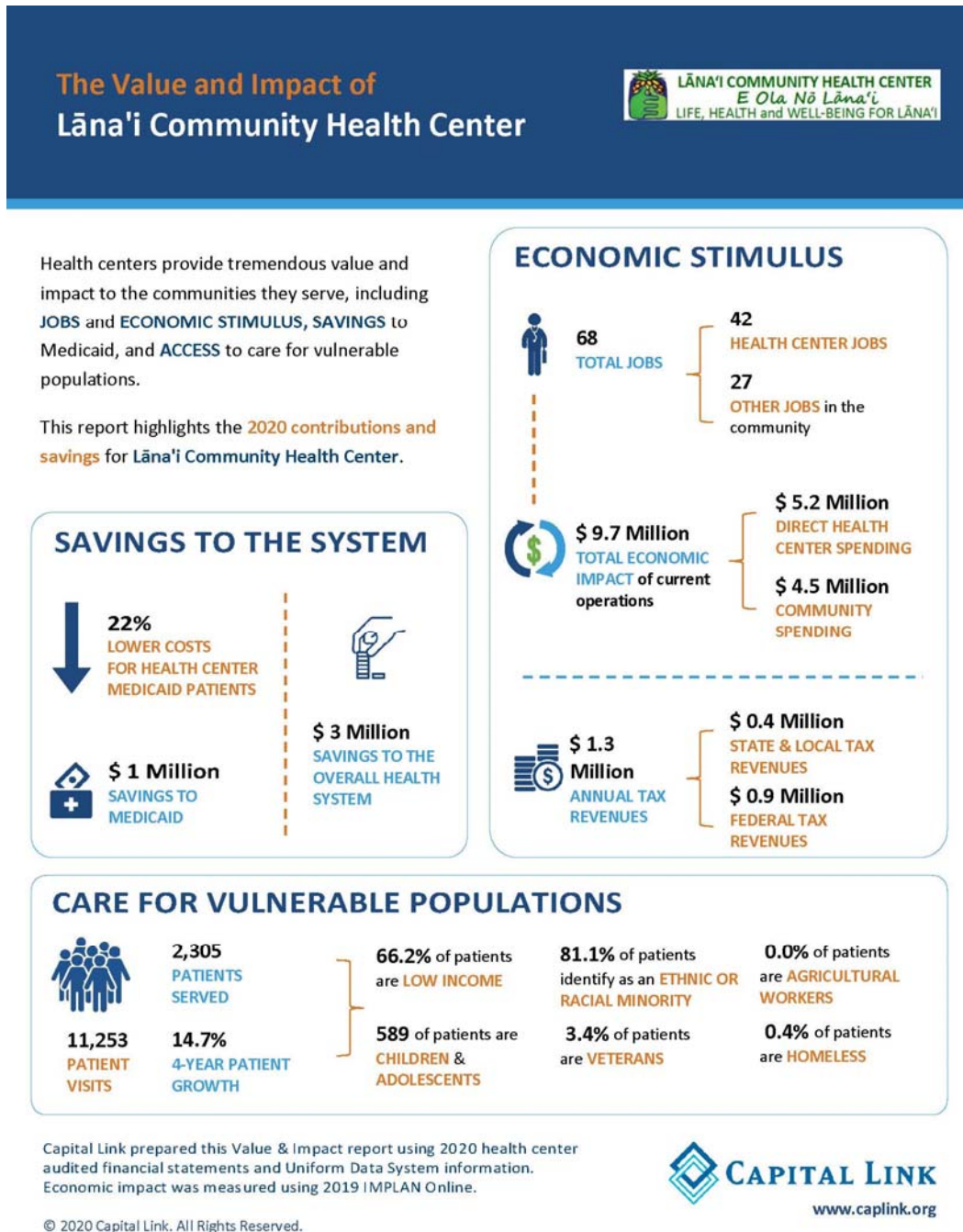
The following chart provides detail regarding operations for the past four years. As true for most health centers, our primary operating expenditure is salary and benefits, with consultants (most of whom are providing direct services to our patients) the next largest single expenditure category. Consultants include contractors such as Maui Optix, contracted dentists, UCERA (contracted psychiatrists and OB ultrasound), Integration Technology, as well as Legal, Audit, and Revenue Cycle consultants. We continue to review our expenses, always looking for ways to increase cost effectiveness.



Statistics (Continued)

Value and Impact

Lastly, following is a graphic depiction of the value and impact LCHC has upon our community.



REFERENCES AND DATA SOURCES

- Savings to the System: Nocon et al. *Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings*. American Journal of Public Health: November 2016, Vol. 106, No. 11, pp. 1981-1989.
- Economic Stimulus: Economic impact was measured using 2019 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), 16905 Northcross Dr., Suite 120, Huntersville, NC 28078, www.IMPLAN.com. Learn more at www.caplink.org/how-economic-impact-is-measured.
- “Low Income” refers to those who earn below 200% of federal poverty guidelines.
- Care for Vulnerable Populations: Bureau of Primary Health Care, HRSA, DHHS, 2020 Uniform Data System.
- Full-Time Equivalent (FTE) of 1.0 is equivalent to one full-time employee. In an organization that has a 40-hour work week, an employee who works 20 hours per week (i.e., 50 percent of full time) is reported as “0.5 FTE.” FTE is also based on the number of months the employee works. An employee who works full time for four months out of the year would be reported as “0.33 FTE” (4 months/12 months).

SUMMARY OF 2020 ECONOMIC STIMULUS			
		Economic Impact	Employment (# of FTEs*)
Community Impact	Direct	\$5,235,148	42
	Indirect	\$1,304,303	8
	Induced	\$3,213,340	19
	Total	\$9,752,791	68

SUMMARY OF 2020 TAX REVENUE			
		Federal	State
Community Impact	Direct	\$639,578	\$167,826
	Indirect	\$92,319	\$45,560
	Induced	\$214,201	\$178,526
	Total	\$946,098	\$391,911
Total Tax Impact		\$1,338,009	

About Capital Link

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for over 25 years to plan for sustainability and growth, access capital, improve and optimize operations and financial management, and articulate value. We provide an extensive range of services, customized according to need, with the goal of strengthening health centers—financially and operationally—in a rapidly changing marketplace. Capital Link maintains a database of over 14,000 health center audited financial statements from 2005 to 2020, incorporating approximately 85% of all health centers nationally in any given year. This proprietary database is the only one of its kind as it exclusively contains health center information and enables us to provide information and insights tailored to the industry. For more information, visit us at www.caplink.org.

Conclusion

This past year was filled with great accomplishments in spite of COVID. It was also filled with great learning. We continue to face uncertainties; however, we now have a better understanding of the stamina and amazing abilities of our staff, volunteers, and leadership. And, how in spite of extreme adversity, our team remains focused on patient needs, while keeping an eye on external factors.

We continue to forge forward, being a voice for our patients and the community, and continuing to learn, to increase the skills of our workforce, the education and wellness of our patients, and awareness of policymakers. We continue to fulfill our vision and mission, set forth so eloquently by Phyllis McOmber and Jackie Woolsey, and continuously reinforced by our Board and Staff. We will not fail them, our patients, or the community.

We ended last year's annual report with this question, and it feels appropriate to end the same way:

**What will the next year bring?
We can't foretell the future; however,
we can indeed determine how we will greet the future...**

"When day comes, we ask ourselves, where can we find light in this never-ending shade?"

Quote: Amanda Gorman, President Biden and Vice President Harris Inauguration





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