HAWAIʻI PACIFIC HEALTH | KAPIʻOLANI MEDICAL CENTER FOR WOMEN & CHILDREN

COMMUNITY HEALTH NEEDS ASSESSMENT

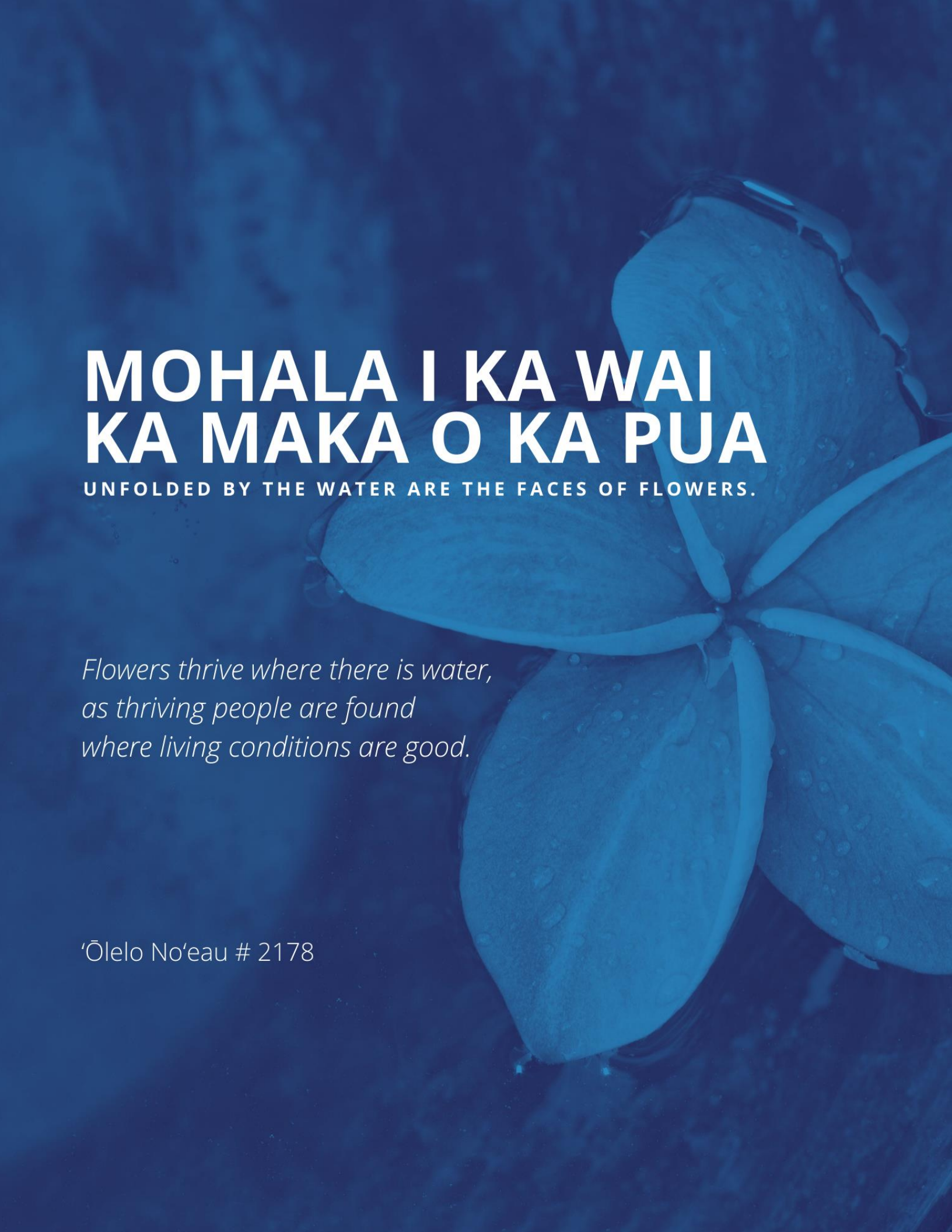
2022

HAH Healthcare Association *of Hawaii*
THE LEADING VOICE OF HEALTHCARE SINCE 1939

SOLUTIONS PACIFIC

WARD RESEARCH INCORPORATED

TABLE OF CONTENTS



MOHALA I KA WAI KA MAKA O KA PUA

UNFOLDED BY THE WATER ARE THE FACES OF FLOWERS.

Flowers thrive where there is water,
as thriving people are found
where living conditions are good.

ʻŌlelo Noʻeau # 2178

I. Opening

A. Kapiʻolani Medical Center for Women & Children

Kapiʻolani is pleased to present its 2022 Community Health Needs Assessment, which was adopted by Kapiʻolani's Board of Directors, on April 20, 2022. This CHNA report was developed in collaboration with other nonprofit hospitals in Hawaiʻi under the leadership of the Healthcare Association of Hawaiʻi. Because the research team conducted much of its work during 2021, this report is referred to as the 2021 CHNA throughout this document. However, this report was finalized by Kapiʻolani in 2022 and therefore was adopted as Kapiʻolani's 2022 CHNA.

About Kapiʻolani Medical Center for Women & Children

For more than 100 years, Kapiʻolani has been dedicated to providing exceptional care to Hawaiʻi's women and children. In 1890, in response to an unusually high infant mortality rate in Hawaiʻi, Queen Kapiʻolani founded the Kapiʻolani Maternity Home to care for Hawaiʻi's mothers and babies. The hospital later merged with Kauikeolani Children's Hospital in 1978 to become Kapiʻolani. The legacy of care that began more than a century ago continues today, as Kapiʻolani remains dedicated to providing Hawaiʻi's families with the very best medical care available.

Kapiʻolani is a nationally recognized, not-for-profit hospital and is widely known as Hawaiʻi's leader in the care of women, infants and children. With more than 1,500 employees and 630 physicians, Kapiʻolani is fully accredited by The Joint Commission, an independent nonprofit organization that certifies health care organizations and programs in the United States. Specialty services provided for patients throughout Hawaiʻi and the Pacific Region include: intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine, high-risk perinatal care, and women's health services, including the Kapiʻolani Women's Center and Kapiʻolani Women's Cancer Center.

As a teaching hospital, Kapiʻolani is at the forefront of vital medical education and community health outreach programs. The hospital also participates in critical research and the development of new treatments in prenatal, neonatal, children's and women's medicine. It is a major teaching hospital for the John A. Burns School of Medicine at the University of Hawaiʻi, and has assisted in training many of Hawaiʻi's pediatric, obstetric and gynecologic doctors, nurses and allied health professionals.

Hawaiʻi Pacific Health

Hawaiʻi Pacific Health (HPH) is a not-for-profit health care network of hospitals, clinics, physicians and care providers dedicated to the mission of improving the health and well-being of the people of Hawaiʻi and the Pacific Region. Anchored by its four hospitals—Kapiʻolani Medical Center for Women & Children, Pali Momi Medical Center, Straub Clinic Medical Center and Wilcox Medical Center—HPH includes more than 50 convenient locations and service sites statewide. As the state's largest health care provider, Hawaiʻi Pacific Health's network of doctors and specialists provide a distinctive model of coordinated care. Its not-for-profit mission means all earnings are reinvested into improving medical equipment and facilities, as well as invested in research, education, training, and charity care for under-served people within the island community.

Community Served by Kapiʻolani Medical Center for Women & Children

As the only women's and children's hospital in Hawaiʻi, Kapiʻolani serves the entire state of Hawaiʻi.

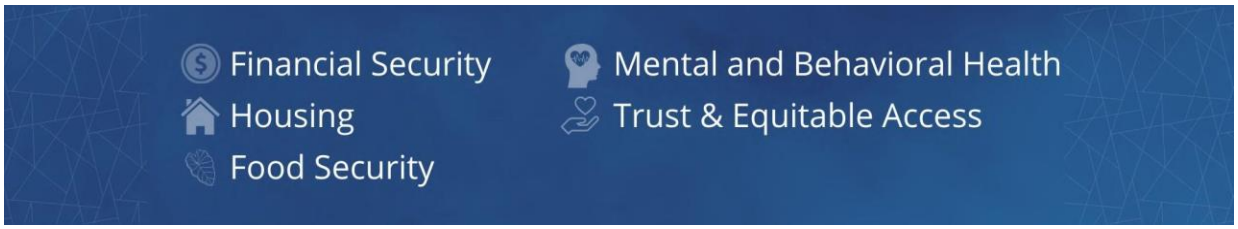
B. Executive Summary

The research team has had the opportunity to engage with over 200 people across our island home who care deeply about our Hawai‘i. Social workers, teachers, farmers, doctors, policy advocates, mothers and fathers, sons and daughters, survivors, students, and healthcare providers all asked to share their thoughts on and for the communities where they live, the clients they serve, and the people they love.

With a charge of updating the 2018 Community Health Needs Assessment (CHNA) and adding the lens of the pandemic effects on the social determinants of health, the 2021 CHNA research team sought out a wide range of perspectives to understand the unique and Significant Health Needs facing Hawai‘i’s communities.

Strategies to collect input included: 82 key informant interviews, 18 community meetings, three expert panel webinars, four small focus groups, a literature review of CHNA reports from various U.S. markets, and a review of publicly available secondary data. The importance of a shared kuleana - responsibility - of healthcare working together with community and government to address social determinants of health was an important theme throughout the process. A library of community-based organizations and programs working to address social determinants of health was updated from 2018 and is included as Appendix A.

With the endorsement that the Statewide Priorities from 2018 were all still relevant and should remain as Significant Health Needs, several of the social determinants were consistently identified by key informants, experts at the University of Hawai‘i Thompson School of Social Work & Public Health, and community groups as being even more critical in 2021, due in large part to the pandemic experience. These Significant Health Needs were in existence before the pandemic, with the COVID-19 experience exposing the urgency of addressing these basic needs. While the social determinants of health, by their very nature, are interdependent and must be viewed holistically, the “once in 100 years” COVID-19 physical and societal impacts require focused efforts. The Significant Health Needs that have been identified as a 2021 priority are:



Each of these Significant Health Needs and 2021 Priorities is described in great detail in the pages of this report, with discussions of how they manifested during the pandemic, how communities strived to deal with them, and recommended Best Practices derived from that learning. These Best Practices are identified as opportunities for hospitals to be part of addressing the 2021 Priorities.

In addition to the Best Practices, this report includes Possible Strategies for consideration by hospitals wishing to identify actionable steps in addressing the 2021 Priorities, as well as Policy Opportunities. The research team recognizes that many hospitals are already individually deploying some of these strategies, advocating for these policy changes, and/or participating in community initiatives for collective action. Indeed, all are integral parts of the communities in which they operate; and, by virtue of this involvement, work for the betterment of their communities. Voices heard throughout this assessment believe that greater collaboration will result in greater impact, and they are hopeful that some of these strategies and opportunities will lend themselves to that spirit of collaboration. (Please see Sections III-B and III-C, Addressing Health Priorities).

Several themes emerged across discussions of the 2021 Priorities and Significant Health Needs and warrant highlighting here. All have important implications for future planning:

- The rapid adoption of telehealth was one of the silver linings of COVID-19.
- The need for resilience and building resilient citizens is one of the lessons of COVID-19.
- An important investment needed now is in community health workers; trained people *of* the community, working *in* their same community.
- To better prepare for future public health crises, hospitals must get out into communities and build relationships. This is key to building trust in healthcare and assuring equitable access.
- For policy change, advocates and organizers around upstream determinants need for the strong voice of Hawai‘i’s hospitals to be heard.

C. Background and Scope

In 2010, the Patient Protection and Affordable Care Act of 2010 (referred to as “ACA” or “Obamacare”)[1] amended the Internal Revenue Code (IRC) by adding a requirement that tax-exempt hospitals complete a Community Health Needs Assessment (CHNA) at least once every three years for each of its facilities. 2021 marks the fourth CHNA that the Health care Association of Hawai‘i (“HAH”) has conducted on behalf of its member hospitals with prior CHNA’s conducted in 2013, 2015, and 2018.

The requirement to conduct a CHNA is intended to ensure that hospitals receiving tax benefits are in turn providing benefits to the communities they serve. The CHNA seeks to ensure understanding of the Significant Health Needs facing a hospital’s community, which is paired with an implementation strategy following that CNHA that identifies how the hospital intends to address Significant Health Needs.[2]

In 2018, the CHNA research and drafting was led by Islander Institute, “a local, civic enterprise working to bring about positive social, economic, and political change in Hawai‘i by partnering with individuals, communities, organizations, and networks committed to island values,” together with their subcontractor Hawai‘i Public Health Institute (HIPHI).

[1] Internal Revenue Service. “Community Health Needs Assessments for Charitable Hospital Organizations - Section 501(r)(3),” available at https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-org anizations-section-501r3 (referred to as “IRS Section 501(r)(3) Overview”).

[2] IRS Section 501(r)(3) Overview.

The 2018 process critically re-centered the work of the CHNA around community-driven definitions of "health" based upon the HAH stated commitment to "engaging in deep and transformative relationships with local communities to address the social determinants of health and increase access to high quality of care."[3] Understanding criticism of CHNA processes across the country that lacked a connection to community voices and understanding social determinants of health, Islander Institute laid the foundation that the "CHNA is meant to be a substantial step forward in addressing the root causes of health. It is a resource to be shared with all of Hawai'i for the creation of new strategies and partnerships." [4]

It is with that foundation that HAH sought a research partner to update the 2018 CHNA for 2021. Ward Research built a team to engage meaningfully with community members, organizations, organizers, leaders, and those involved in both direct healthcare and in addressing upstream social determinants that significantly impact health outcomes. The Ward Team intends that this 2021 CHNA be read as building upon and updating, not replacing or reimagining, the important work done in 2018.

"How do we build systems that build upon trust, community relevance, cultural relevance - to do that successfully in people's vulnerable spaces and times, in a way that is trustworthy and delivering the right information, at the right time, in the right way."

Social Work Educator

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[3] 2018 CHNA, HAH, page 9.
[4] 2018 CHNA, HAH, page 10.

The CHNA should… [5]	26 CFR Part 1
…lift up and listen to community voice; engage with and learn from community	§1.501(r)-3(b)(6)(i)(C) - the CHNA…must include…A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves §1.501(r)-3(b)(1)(iii) - In assessing the health needs of the community, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health §1.501(r)-3(b)(5)(ii) - …a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community
…aim to understand people with the greatest needs	§1.501(r)-3(b)(3) - In defining the community it serves… a hospital facility may not define its community to exclude medically underserved, low-income, or minority populations who live in the geographic areas from which the hospital facility draws its patients §1.501(r)-3(b)(5)(i)(B) - …a hospital facility must solicit and take into account input received from…Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations
…refocus on upstream causes of health	§1.501(r)-3(b)(4) - For these purposes, the health needs of a community…may include, for example, the need to address financial and other barriers to accessing care, to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community
…foster dialogue and help hospitals forge partnerships and take action	§1.501(r)-3(b)(1)(v) - Make the CHNA report widely available to the public §1.501(r)-3(b)(4) - To assess the health needs of the community…a hospital facility must…identify resources (such as organizations, facilities, and programs in the community, including those of the hospital facility) potentially available to address those health needs

[5] Table from 2018 CHNA with information adapted from IRS, Additional Requirements for Charitable Hospitals.

D. Partners

Healthcare Association of Hawai‘i (HAH)
HAH has been the leading voice of healthcare in Hawaii since 1939. Its 170 member organizations encompass acute care hospitals, skilled nursing facilities, assisted living facilities, Type II adult residential care homes, Medicare-certified home health agencies, and hospices. Additional members include home infusion/pharmacies, case management firms, air and ground ambulance providers, the Blood Bank of Hawaii, dialysis providers, and more. In a time of unprecedented change in healthcare, HAH is committed to working with providers across the continuum of care toward a healthcare system that offers the best possible quality of care to the people of Hawai‘i.

University of Hawai‘i Thompson School of Social Work & Public Health
From the start, it was clear that the CHNA process would benefit from the involvement of the University of Hawai‘i (UH). The UH Thompson School of Social Work & Public Health's vision is "achieving social justice and health equity for the people of Hawai‘i and citizens in a changing world." They hosted panel discussions around the emerging priorities with faculty topic area experts and have followed the work on the CHNA with great interest and hopes of future collaboration.

Ward Research
Ward Research is a Hawai‘i-based market research firm specializing in both qualitative and quantitative research, with a wide range of public and private sector partners. Ward Research has worked with Hawai‘i's healthcare systems for decades in supporting public health policy, understanding client experiences, evaluating existing programs in meeting client needs and focusing on health and human service needs.

Solutions Pacific
Solutions Pacific is a community-based planning company working to support the collaboration of community, industry, and government. Its Team seeks to develop meaningful relationships between organizations serving communities needs and Hawai‘i's communities with a particular focus on Native Hawaiian and other traditionally vulnerable and under-served communities, including Pacific Islander, immigrant communities, and those experiencing houselessess.

"Partnering with outside resources builds community trust, communicates to hospitals what the community needs are, strengthens the supports that exist outside of the hospital, and develops relationships with outside resources so that patients can access them sooner and seamlessly."

Hospital Social Worker

E. Methodology

26 CFR §1.501(r)(3) requires that the CHNA process ensures that perspectives from "medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations" are meaningfully incorporated into the final assessment and implementation plans. The following were identified as critical sub-populations to engage, often representing underserved populations, to ensure voices from a wide range of community perspectives:

Ethnic Communities	Geographic Regions	Vulnerable Populations
• Native Hawaiian • Pacific Islanders (especially COFA) • Filipino	• Rural O'ahu • Kaua'i, Maui Nui, and Hawai'i Island • Homestead communities	• Homeless households • Developmentally disabled persons • ALICE families • Kūpuna[6] • Persons with mental health needs • Domestic violence survivors

The Ward Team had prepared itself for potential participant fatigue given strong participation in 2018 and significant demands on time and resources due to COVID-19. However, community organizers and participants seemed eager to offer their perspectives, often honed through a lens impacted by COVID-19. Input was gathered through a range of methods, including community meetings, key informant interviews, and small groups.

Community Meetings
Organizations throughout the state, called "community connectors," helped to reach individuals from key communities for group talk story sessions. These organizations were invaluable partners, each trusted and recognized within their target communities, and willing both to provide input from their own work as well as create space and encourage their clients, partners, staff, and stakeholders to participate. Each meeting focused on both a geographic region and either an ethnic community or a vulnerable population.

COVID-19 presented unique challenges in engaging with Hawai'i's difficult to reach communities while remaining safe. Most organizations continued to have virtual gatherings or one-to-one services in lieu of gatherings spaces, making it difficult to bring out voices typically not heard. However, community groups were eager to provide an opportunity to share their experiences and lift up the voices of their clients and the communities they serve.

The Ward Team was able to join existing meetings of organizations both in person and virtually, gather in smaller groups, and host virtual events that provided resources to community organizations to help them with computer access and training. When appropriate and safe,

[6] Kupuna is the Hawaiian word for a "senior", with kūpuna as the plural form.

community meetings were conducted in the spaces where members of that community are accustomed to gathering, and refreshments were provided to encourage a relaxed environment.

Whether virtually or in person, meetings were generally approximately 90 minutes and included anywhere from 3 to 20 participants. Participants were primarily members of focus subpopulations or social workers and other community service providers doing frontline work with those communities. Facilitators from different islands would lead the group in an organic discussion beginning with the 2018 priorities and discussing top priorities that were similar to or different from today, understanding the impact of COVID-19, and teasing out opportunities for Hawai‘i hospitals to be a partner in addressing the community health needs identified both at the operational as well as the systemic level.

The Ward Team sought out a diversity of perspectives, including: geographic through having at least one meeting on each island; a mixture of those that participated in 2018 and those that did not; multiple different ethnic communities; and various vulnerable populations with unique health needs. Community meetings were conducted in various locations, from agricultural plots in Kunia, O‘ahu to youth residential facilities in Kailua, O‘ahu, and nonprofit offices in Līhu‘e, Kaua‘i. Every effort was made to ensure that Limited-English Proficient (LEP) and otherly-abled individuals were supported through interpretation, culturally appropriate facilitation, and graphic representations of the 2018 priorities. Participants were assured that their comments would be anonymous and their identity not included. In situations with especially vulnerable populations such as foreign-born folks or survivors of intimate partner violence, facilitators refrained from recording the meetings if the participants were uncomfortable.

Participants generally took some time to become comfortable, opening up as others shared experiences with the healthcare system.[7] On many occasions, participants became emotional and expressed distress or anger over how they and their ‘ohana were treated. This honesty seemed indicative of feeling safe and encouraged others to similarly share passionate perspectives. Discussions frequently included exploration of systemic racism, language bias, and discrimination based on substance abuse or sheltered status.

Each in their own ways, community meetings began with an opening of space and recognition of the place hosting the discussion. Discussion of the 2018 priorities helped to orient the discussion. The three subsections of Foundation, Community, and Healthcare provided a framework for understanding the various upstream determinants and downstream impacts.

“Foundational” elements are the furthest upstream determinants of health. Starting there allowed for a broader snapshot of the lived experiences of the participants. Housing and financial security were resounding themes among nearly every group. “Community” generally revealed

[7] Generally, this report refers to the “healthcare system” as the collective organizations and people, whose primary intent is to promote, restore or maintain health, typically through a more clinical setting such as hospitals and health centers. The “healthcare continuum” is used to reference the broader collective of organizations and people, who are involved in impacting the health of a person or community through a continuum of care, such as social work, skilled nursing, in-home care, non-clinical healthcare, and impacting upstream social determinants of health.

uniquenesses of different regional experiences. Response to sense of place, for example, was significantly different on the island of Hawai‘i versus in urban Honolulu.

“Healthcare” generally focused on the importance of trust in the healthcare system and accessibility of care. Most participants were comfortable enough to express both frustrations as well as positive experiences. To ensure all were heard, facilitators tried to conclude discussions by asking each participant: *1. What is the biggest obstacle to being healthy for you or your community?*, and *2. If you could give one piece of advice to hospital administrators about serving your community, what would it be?* The substantive suggestions from the community offered recommendations for how to develop trust, which was widely recognized as a key component in the ability for hospitals to meaningfully address the Significant Health Needs identified.

Key Informant Interviews

The Ward Team conducted 80 key informant interviews with individuals in key stakeholder positions able to provide input and insight on behalf of a target population. These tended to be organizational leaders serving stakeholder communities versus members of those actual populations that joined community meetings. Interviews were typically one on one between an interviewer and a key informant, lasting anywhere from 45 to 90 minutes.

Interviews included representation from a wide variety of stakeholder groups, including; all of the sponsoring Hawai‘i hospitals, Federally Qualified Health Centers (FQHCs), Native Hawaiian health centers, community clinics, community-based organizations doing health-related work, community-based organizations working in the areas of upstream determinants, community-based organizations specializing in working with particular subpopulations, recognized community leaders in hard to reach communities, and many that were referred as critical experts or community leaders throughout the CNHA process.

Discussions began with a review of the 2018 Statewide Priorities to assess current relevance, identifying where notable progress had been made, or ground had been lost, and asking if anything was found to be missing from the Priorities. The next set of questions addressed the influence of the COVID-19 pandemic on those priorities, asked participants to think about any fracture points in the system which had been illuminated by the pandemic, and sought to identify the short- and long-term impacts anticipated. Lastly, the perceived role of hospitals in addressing these health needs was discussed, with a particular interest in exploring aspects of building trust in the healthcare system and identifying actionable steps hospitals might take.

Key informant interviews were critical in capturing both the systemic as well as specific needs and opportunities for implementing best practices. Often interviewees were the key to unlocking critical dialogue with other parts of their communities of need. In many cases, the key informants participated in 2018 and offered valuable continuity perspectives. In all instances, informants offered generous input and unique viewpoints from direct and critical experiences. Appendix E includes the list of 2021 key informants, as well as the discussion outline used in the interviews.

UH Partnership

As the community health needs assessment process began, three key areas started to emerge as themes for a greater level of need and priority: housing, food security, and mental health needs. The Ward Team put together a series of opportunities to engage at different levels around each topic, entitled "*Impacts of COVID-19 on the Social Determinants of Health"*. (See Appendix F for a listing of the panel members and topics covered.) The Ward Team partnered with the University of Hawai'i, Thompson School of Social Work & Public Health, to host three separate panel presentations featuring faculty topic area experts. Co-moderated by Interim Dean Tetine Sentell, Ph.D., and a member of Team Ward and attended by interested members of the Steering Committee and the Community Advisory Committee (CAC), the discussions elicited rich systemwide input around these three priorities.

Held virtually on Zoom, attendees were encouraged to send questions in advance and/or put questions into the chat. The sessions began with a brief synopsis of CHNA learning to date on the topic area, introductions and brief presentations by each of the panelists, and subsequent discussion and Q&A. Dialogue around intersectionality explored how each priority integrates and works together for positive and negative health outcomes.

Small Groups

The Ward Team also held a series of private small group meetings with key leaders in three of these areas (food security, mental health, and housing). (Note that two of these necessitated additional one-on-one interviews, rather than small groups, given scheduling difficulties and the desire to speak with key individuals). These interviews followed the completion of most of the key informant interviews and community meetings and benefitted from that learning to date. The focus of discussion was around identifying COVID-19 adaptation strategies that worked and how that learning can be carried forward and built upon. Much of this discussion has augmented the Best Practice strategies highlighted in this report.

Secondary Data Compilation

Given the crucial secondary data collected in the 2018 CHNA, the Ward Team committed to updating that data to create trend information for this and future CHNA efforts. The secondary data included in the body of this report represents information relative to the four priority areas. Data related to the continuing Significant Health Needs are provided in a separate addendum to the report. It is important to note that while the data were updated, much of the "new" information is from 2019 or earlier, i.e., pre-pandemic, given the reporting lag. That data has been included, but caution is advised, as 2020 data forward may provide a different picture.

Literature Review

A literature review was conducted as part of the CHNA, reviewing four reports from other U.S. markets, as identified in the RFP and recommended by members of the Steering Committee. The review concentrated on best practices, particularly related to the prioritization process, and was shared with the Committee early in the assessment. This review resulted in the development of Hoʻolōkahi, the iterative process used by Team Ward, the Steering Committee, and the Community Advisory Committee.

Steering Committee

In 2018, the Steering Committee included hospital representatives, government agencies, and community members. In 2021, the process included a Steering Committee (composed of representatives from the hospitals) and a Community Advisory Committee (of other key stakeholders). Most Steering Committee members participated in key informant interviews to provide their perspectives on the current priorities and COVID-19 and its impacts. Members were extremely supportive in identifying community-based partners and organizations to reach out to and engage with to encourage participation. Through monthly meetings, members provided insight and feedback on the assessment progress, especially attentive to ensuring a wide range of perspectives was being included and community member voices from traditionally underrepresented populations were heard. Members are included in Appendix C.

Community Advisory Committee (CAC)

In 2021, the Community Advisory Committee (CAC) was composed of community leaders serving various target communities. CAC members were especially generous with their time, input, and expertise throughout the process. In addition to being key informants, they also participated in meetings during the last phase of the assessment and report and helped to make critical connections where there were gaps, ensure that things were ground-truthed with what they saw in their communities, and provided input as to how the priorities could be helpful both within the clinical and community-based contexts.

Finally, the CAC helped develop the final priorities and ensure that the Significant Health Needs, 2021 priorities, and COVID-19 all work together to paint the current picture of the community health needs. The rich input of this assessment, and the recommendation for future partnership opportunities, owe much to the invaluable input and support of the CAC members. Members are included in Appendix D.

"The opportunity that is ahead of us is to take what community has been doing, what the healthcare systems have been doing,
and how we have both responded and have had to partner to respond to COVID.

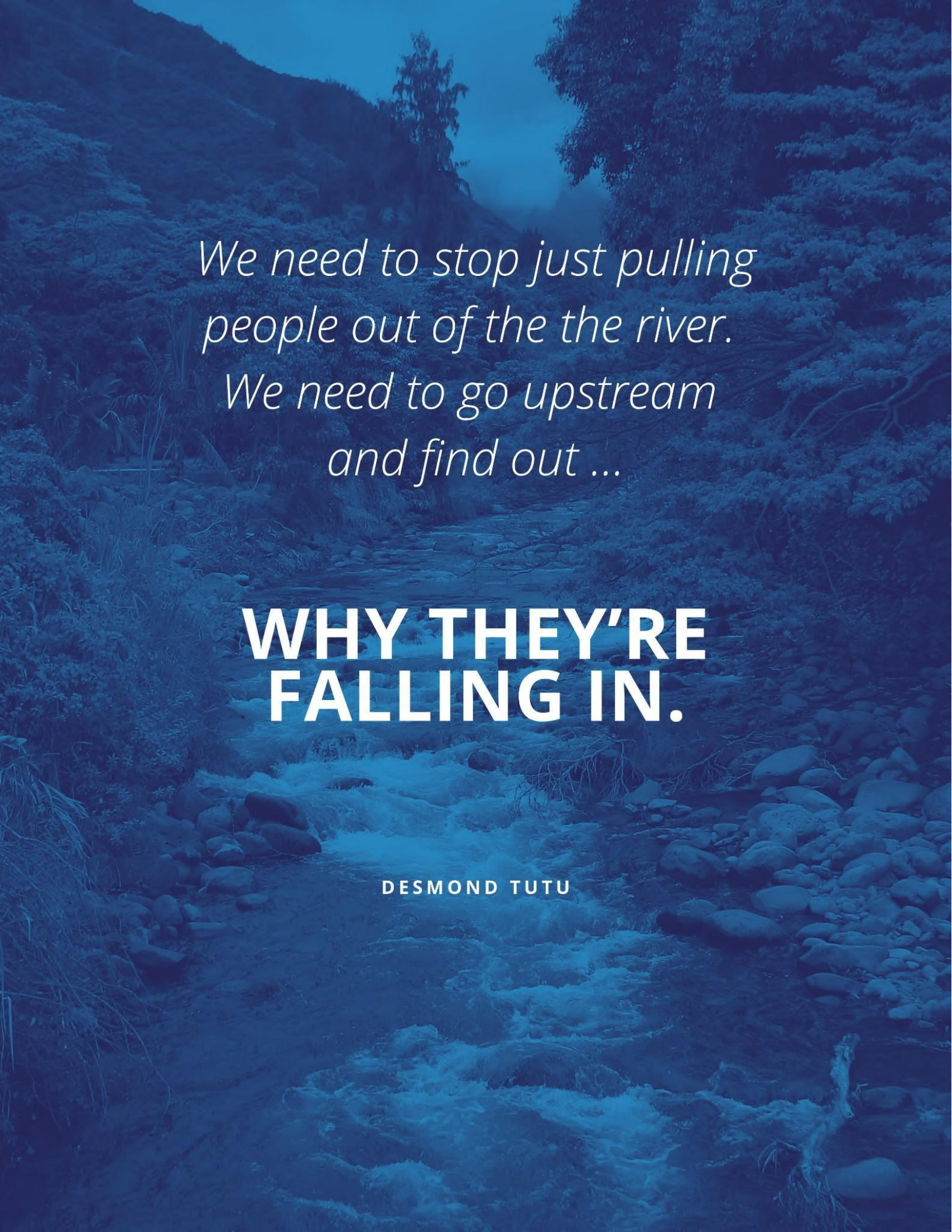
Community health workers are where we can use their expertise and our connectedness to community as the way that we move forward together."

CAC Member

Prioritization Process

In response to inquiries from a few members of the Steering Committee, the Ward Team developed a prioritization process influenced by a traditional Delphi Method structured for Hawai‘i and HAH. The central premise is a structured and iterative communication technique to integrate the input of experts towards a consensus.

The process that emerged was Ho‘olōkahi, “to bring into unison”. With the 2018 priorities as a basis, the Ward Team synthesized input from all sources and proposed prioritization options for feedback to the Steering Committee and CAC. The Ward Team guided this process by presenting progressive prioritizations for feedback, integrated input, refined the prioritization, and presented it again for feedback until agreed upon.


We need to stop just pulling people out of the the river. We need to go upstream and find out ...
WHY THEY'RE FALLING IN.
DESMOND TUTU

II. Statewide Assessment

A. COVID-19 Impacts

In early 2020, the world became aware of a highly contagious and rapidly spreading acute disease caused by the novel coronavirus SARS-CoV2 (COVID-19), with various short- and long-term symptoms ranging from asymptomatic to death.[8] By March 2020, the State of Hawai‘i joined the rest of the United States in declaring an emergency due to the COVID-19 pandemic. Throughout the next 22-months and ongoing as of the writing of this report, the pandemic has touched nearly every single part of life in Hawai‘i.

Hawai‘i health care systems have faced significant and ongoing strain, requiring HAH to request the support of hundreds of U.S. Federal Emergency Management Agency (FEMA) nurses throughout 2021 and causing one hospital to declare an emergency in August 2021. Non-emergent operations were canceled and postponed. Guests were strictly limited, even at the end of life. Emergency response capacity building measures were implemented including field clinics and on-site tent operations.

For almost a year, before COVID-19 vaccinations were made available to the greater general public, progressively restrictive limitations were placed at both the state and local levels to manage viral spread through person-to-person interactions and mitigate the devastating impacts of the virus, which had disproportionately negatively impacts on Native Hawaiians, Pacific Islander, seniors, and vulnerable populations with underlying health conditions. Ongoing health care needs transitioned nearly completely virtual where possible, as did much of life. However, many routine screenings and health maintenance visits were missed; ramifications that may not be fully appreciated for years to come.

Many businesses closed, travel in and out of the state was constricted for periods, unemployment rose to over 20%, schools were closed, and the federal government passed significant resources to help pay for the immediate health, community, and economic impacts on communities across the United States. Despite the significant impacts, the health-driven approach is largely believed to have saved hundreds if not thousands of lives, with just over 1,000 Hawai‘i residents having lost their lives due to COVID-19 as of the writing of this report. States that took less precautionary measures saw death per 100,000 people at nearly ten times the rate of Hawai‘i.[9]

The impact that COVID-19 has had and continues to have will take years to be fully understood and measured. Most of the Significant Health Needs identified in 2018 were discussed as having been exacerbated and exposed by COVID-19. In some cases, such as financial insecurity and mental health, COVID-19 introduced new and consequential stressors. Pre-existing inequities

[8] World Health Organization.
[9] Becker’s Hospital Review, describing the New York Times “Latest Map and Case Count” as of January 6, 2022. *See*: https://www.beckershospitalreview.com/public-health/us-coronavirus-deaths-by-state-july-1.html.

were exposed and put marginalized communities further at risk.[10] Many participants caution that these needs preexisted the COVID-19 pandemic. In many instances, participants described COVID-19 as shining a light on pre-existing fractures in our community foundations. Indeed, blaming COVID-19 for many of these chronic needs facing Hawai‘i's communities would be a misunderstanding of those impacts.

Many community participants even identified silver linings. This devastating event has allowed Hawai‘i to take a closer look at these needs that were long ignored, overlooked, or not profoundly understood before COVID-19. The last 20 months have forced all sectors and segments of life to see plainly many of the fracture points. The calls to reject a "return to normal" have been deafening. Community-based organizations have put forward visions for what Hawai’i can transform to as a post-pandemic world becomes a reality.

Although we have yet to see what will manifest, there have been significant “opportunity seeds” sown into the soil if only we water and nurture them. Needed resources coming in from the federal government have allowed the funding of long-overdue pilots and community-bas concepts. While it is unsure in the long run how these programs will be supported after the federal funding is exhausted, it has provided a unique opportunity to try the programs and determine what does and does not work.

Meaningful advancements have been made in digital and virtual engagement. Though this report will discuss some of that impact on those communities left behind, this event has forced systems to propel forward in ways that they have been trudging along for decades, with information technology professionals slowly pulling out their hair, hoping the rest of us will catch on. Perhaps the most exciting are the partnerships that have been born between community systems, across sectors, between government agencies, and interconnecting siloed efforts that have the potential to carry the future forward.

Throughout this report, COVID-19 impacts are uniquely discussed through each of the Significant Health Needs and 2021 priorities will be discussed in the relevant sections.

“What we know is that most of those risks are rooted in social determinants of health. And I love that very broadly, early on, we look at - how do we engage as a community to take responsibility for building stronger and more resilient communities that support individuals, so they do not end up experiencing the worst of the possible outcomes.”

Social Work Educator

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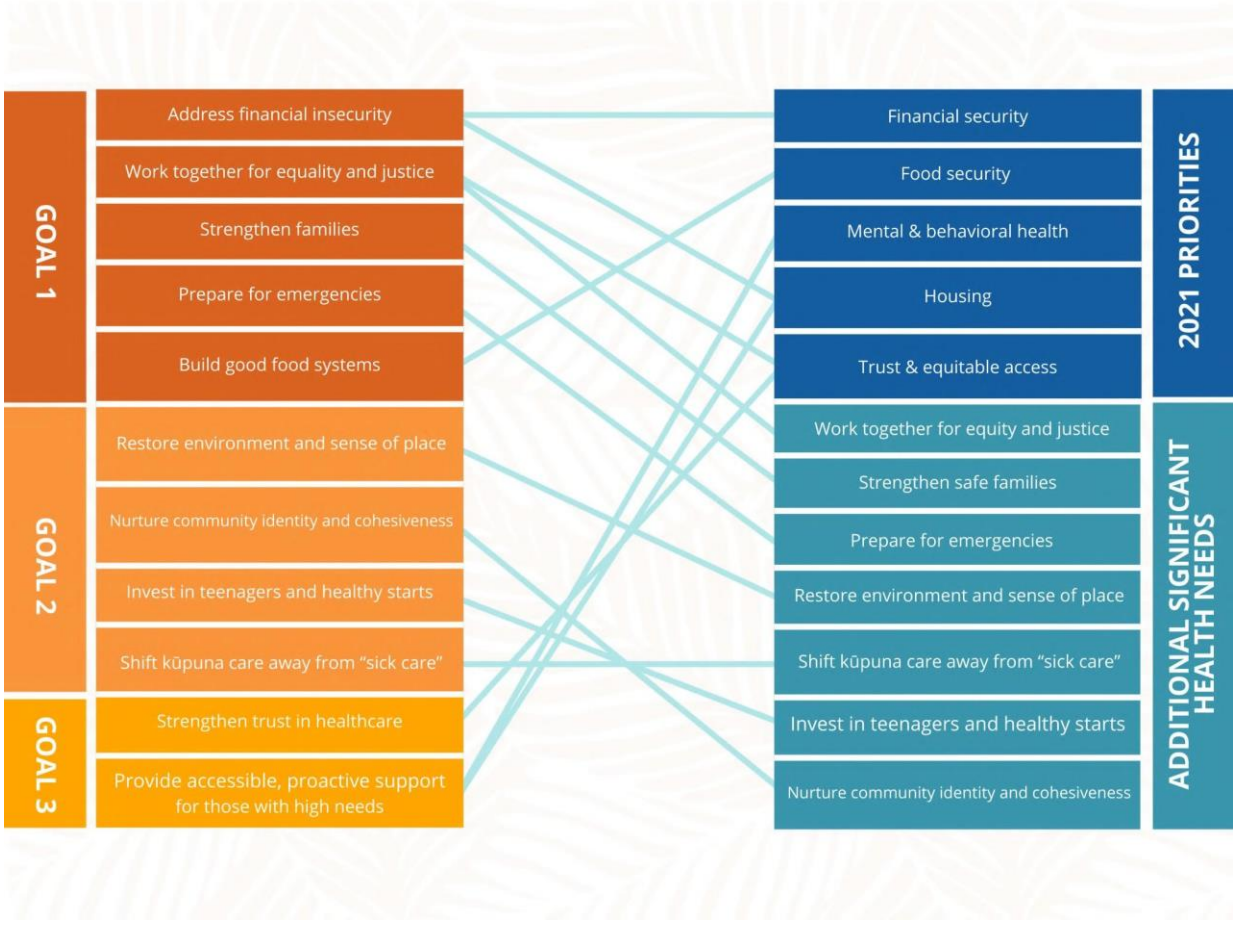
[10] For further exploration of how COVID-19 layered with pre-existing health inequities, see “COVID-19 In Hawai‘i: Addressing Health Equity in Diverse Populations” (March 2021), published by the Department of Health in partnership with the Native Hawaiian and Pacific Islander Hawai‘i COVID-19 Response Recovery Resiliency Team and the University of Hawai‘i published, *available at:* https://hawaiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report

B. 2021 Priorities

The IRS explains that to "assess the health needs of its community, a hospital facility must identify the Significant Health Needs of the community. It must also prioritize those health needs, as well as identify resources potentially available to address them." [11] Hospital facilities may decide whether a health need is significant by evaluating any of the information gathered or known about its community.

In 2018, the CHNA process identified 11 Priorities across 3 Goals. Each priority continued to maintain importance in 2021, and they are now called "Significant Health Needs." From those Significant Health Needs, the 2021 CHNA identified 5 Priorities. Aside from some changes in wording, the Significant Health Needs remain the same. Given the prioritization framework, the structure by goal was not maintained. The graphic below cross-walks the changes from 2018 Priorities (left in orange) to 2021 Priorities and Significant Health Needs (right in blue).



[11] IRS Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3).

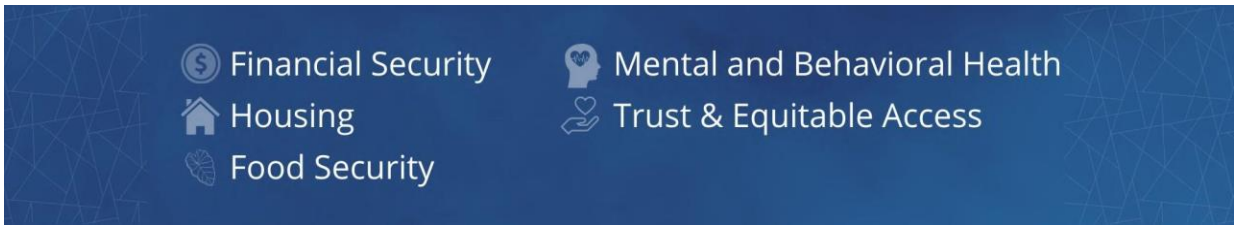
Roots - Significant Health Needs. Across all input methods, there was a resounding message that the 2018 priorities continued to be "Significant Health Needs" requiring attention. In some instances, participants reflected that progress had been made since 2018 but reiterated that more was needed to be done before it could be indicated as addressed.

Stream - 2021 Priorities. These five needs were elevated as the 2021 Priorities. They are pervasive needs that, when unaddressed, are barriers to healthy communities and, as water, demonstrate fundamental values interconnecting communities and healthcare systems and nourishing the positive outcomes. Wai in Hawaiian means water, waiwai means wealth, illustrating full and healthful communities when they have the water they need to thrive.

Branches - Strategy Concepts. Potential strategies for hospitals and communities to partner in connecting upstream social determinants of health to positive outcomes.

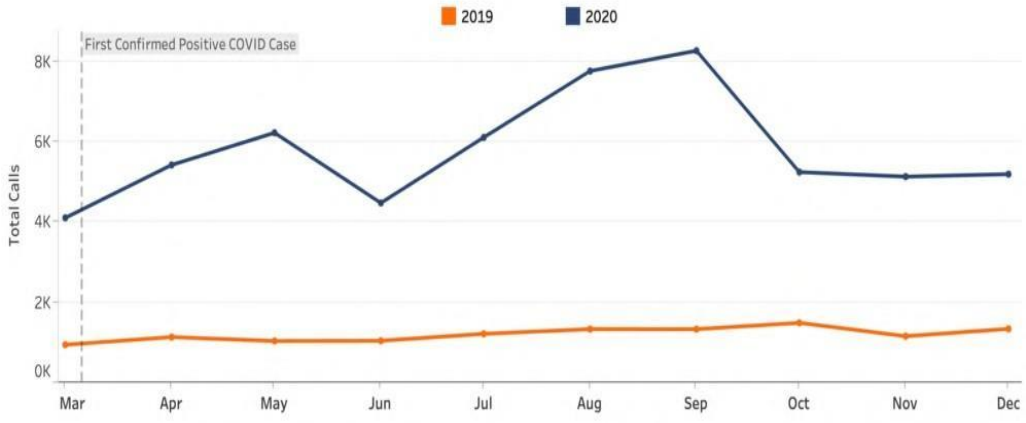
Leaves - Positive Health Outcomes. Comprise the positive health outcomes that can be achieved within communities as the Significant Health Needs and 2021 Priorities are addressed and help to strengthen the resilience of Hawai'i's communities.

With the endorsement that the Statewide Priorities from 2018 were all still relevant and should remain as Significant Health Needs, several of the social determinants were consistently identified by key informants, experts at the UH Thompson School of Social Work & Public Health, and community groups as being even more important in 2021, due in large part to the pandemic experience. These Significant Health Needs were in existence prior to the pandemic, with the COVID-19 experience highlighting the need to address these needs with greater urgency. While the social determinants of health, by their very nature, are interdependent and must be viewed holistically, the "once in 100 years" COVID-19 physical and societal impacts require focused efforts. The Significant Health Needs elevated to 2021 Priorities include:

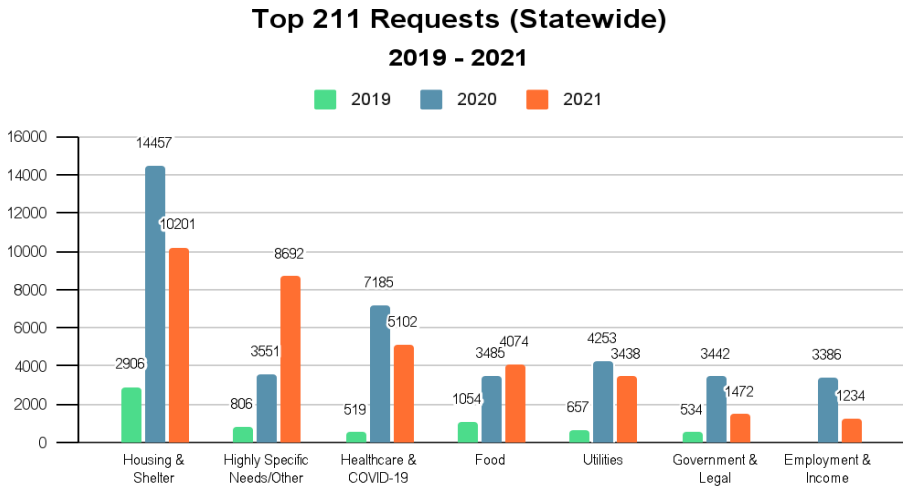


The increase in calls to Aloha United Way's 211 referral service corroborates several of the needs highlighted above, as the graph below illustrates. Calls to 211 related to housing increased almost 150% in 2020 over 2019, with dramatic increases in those related to healthcare, food, utilities, and financial assistance noted, as well.

2019 vs 2020 Comparison of Total Monthly Calls Processed by AUW 211

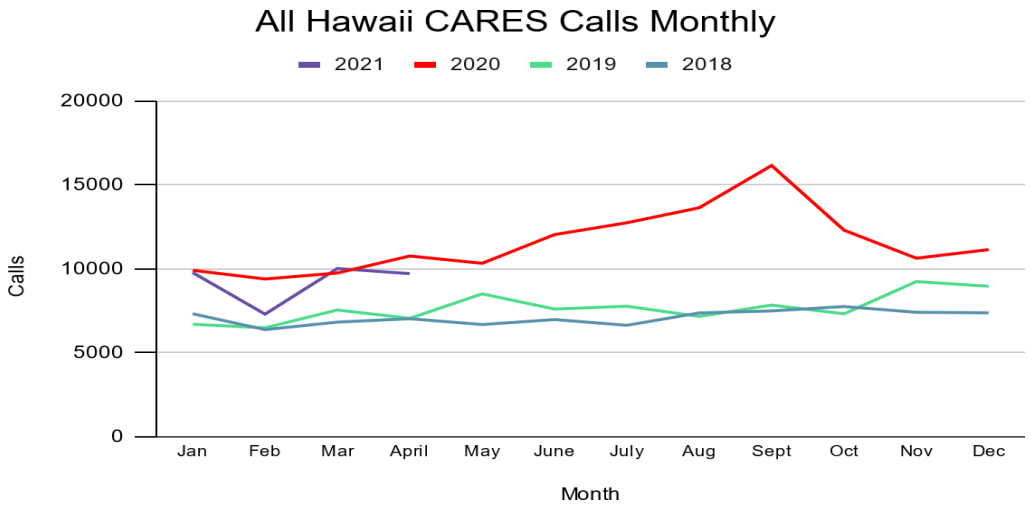


Hawaii Data Collaborative
https://www.hawaiidata.org/news/2021/3/3/partnering-to-build-robust-211-data-resource



Data provided by Aloha United Way/211
Note: Year 2019 shows data from July-December 2019 only.

Similarly, calls to Hawai‘i CARES, the crisis hotline staffed by trained counselors, fielded 46,598 more calls in 2020 than in 2019. The volume of calls fell off in 2021 but still far exceeds 2019 levels.



2021 reflects data from January to April 2021 only.

All Hawai'i CARES Calls			
85,327 2018	**92,258** 2019	**138,856** 2020	**29,908** 2021

The sections that follow discuss each of these elevated priority areas in greater detail, providing relevant secondary data to help build out the picture of each, valuable insights from community leaders, lived experiences of community members, best practices of healthcare programs that might prove a template for others, and the direct words of many of those that participated in this process. This report seeks to identify the priorities, understand and contextualize them, and identify potential strategies to address them.

Truly understanding these priorities will require direct investigation through continued and expanded outreach to community partners and often underrepresented communities. Addressing them meaningfully will require working hand in hand with the leaders of each of these unique communities and ongoing investment into the necessary competencies.

Community leaders throughout this assessment encouraged a greater level of self-efficacy than perhaps is typically acknowledged collectively. A self-efficacy that knows that we do have the tools, the knowledge, and the passion to take on these critical priorities with our community partners beyond healthcare. Acknowledging the intersectionality of many of the Significant Health Needs may provide a pathway towards stronger resiliency by understanding that social determinants of health can be impacted by the resources and talent of those already here in our community, both within healthcare and beyond.

"There are long term impacts for financial insecurity. Folks who are struggling to keep housing over their heads, or still not returning to work, that income insecurity has stretched out longer than we imagined.

Many parents have lost their jobs. So their children didn't go to college. When we look at our graduating class of 2020 and 2021, the decision-making for their parents and for themselves on whether they pursued a career, college, or post-secondary education, will impact the wealth of that family generationally."

Community Foundation Leader

FINANCIAL SECURITY

The Secondary Data Story

Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture will be even more critical.

Financial Hardship

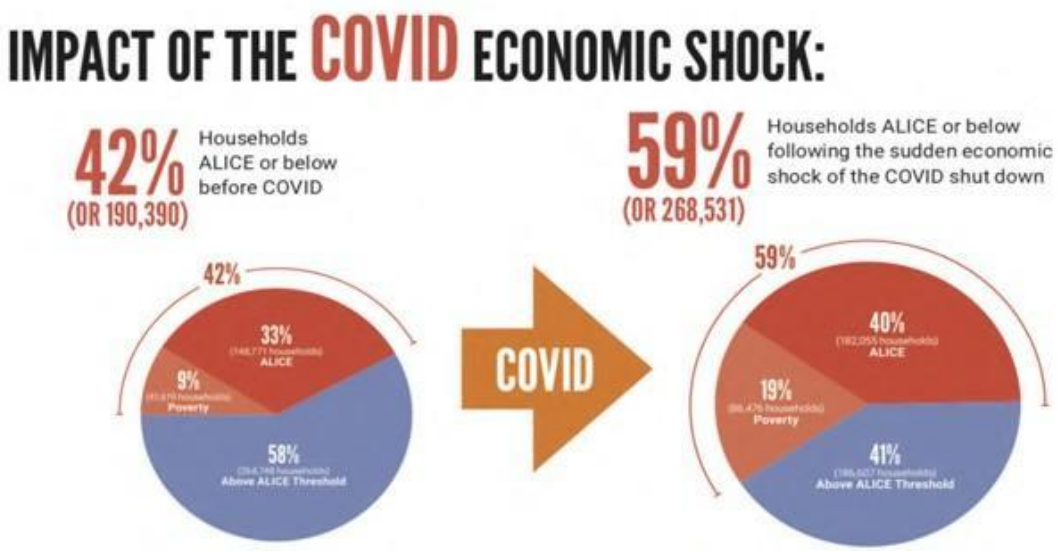
While many of Hawai‘i’s households have been severely impacted by the 2020 COVID-19 pandemic, understanding the economic environment before the pandemic paints a picture of a slowly recovering state, but one still in financially dire straits. Hawai‘i’s financially struggling families found it difficult to afford basic needs such as housing, food, childcare, healthcare, transportation, taxes, and, as seen from the pandemic, technology. The high cost of living in Hawai‘i outweighs their salary, which often leads to being forced to make difficult choices for their ‘ohana. The struggle of local families to survive on low-income, job instability, and limited access to build any financial cushion has caused many to fall into the ALICE category. Although only one indicator, financial stability is interconnected with community health through access and other barriers.

ALICE is defined as Asset Limited, Income Constrained, Employed households that earn more than the Federal Poverty Level (FPL) but less than the basic cost of living for the county (the ALICE Threshold). ALICE workers are an essential part of our society, from teacher assistants to health aides to hairstylists to sales clerks. These are residents who are employed but do not earn enough to provide basic needs for their families.

When you factor in ALICE with the poverty level, Hawai‘i was reported to have 148,771 ALICE households (33%) and nearly 9% (more than 41,619 people) living in poverty in 2018. Hawai‘i County (48%) continued to lead other counties in the proportion of ALICE households and those living below the federal poverty level. Estimates for 2020 are that ALICE households comprised 59% of Hawaii’s households post-shutdown, a shocking 17-point increase.

“I worry that we are hearing a lot about ‘budgeting’ for families. The reality is that the math doesn't work out for basic budgeting right now. It is a community responsibility, not an individual responsibility.”

Youth Policy Advocate



Source:
https://www.hawaiidata.org/news/2020/6/19/fifty-nine-percent-of-hawaii-households-estimated-to-experience-significant-financi al-hardship-by-the-end-of-2020

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2013-17	POVERTY	14.6%	10.3%	17.4%	10.0%	9.1%	9.1%
2015-19		13.4%	9.4%	15.6%	9.3%	8.3%	8.1%
Percentage of people living below the federal poverty level (FPL). *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019*							
2013	INSUFFICIENT LIQUID ASSETS	36.8%	N/A	37.0%	33.5%	30.7%	30.5%
2014		36.9%	N/A	36.6%	32.9%	30.4%	29.3%
Percentage of households without sufficient liquid assets to subsist at the poverty level for three months in the absence of income. *(Data: 2013). Source: Prosperity Now Estimates Using Survey of Income and Program Participation and American Community Survey, 2018* *(Data: 2014). Source: https://scorecard.prosperitynow.org/data-by-issue#finance/localoutcome/liquid-asset-poverty-rate*							
2015	ALICE + POVERTY	N/A	48%	55%	51%	46%	43%
2018		N/A	42%	48%	42%	40%	44%
Percentage of households Asset Limited, Income Constrained, and Employed with incomes above FPL but not high enough to afford a basic household budget + the %age of households below FPL = households struggling to afford basic necessities. *(Data: 2015). Source: United Way, ALICE: A Study Of Financial Hardship in Hawaiʻi, 2017* *(Data: 2018). Source: Alice Threshold, 2007-2018.American Community Survey, 2007-2018 https://www.unitedforalice.org/state-overview/Hawaii*							

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2013-17	CASH PUBLIC ASSISTANCE	2.6%	3.4%	4.4%	3.1%	3.3%	3.1%
2015-19		2.4%	2.9%	3.9%	2.4%	2.9%	1.9%

Percentage of households receiving general assistance and/or Temporary Assistance to Needy Families (TANF).
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
Data: 2015-19). Source: Hawaii Health Matters, U.S. Census, American Community Survey 5-year estimates, 2021

Unemployment

The state's unemployment rate remains high at 6.4%, compared to 4.6% nationally. In May 2020, the state's unemployment rate jumped to a peak of 21.9%. State mandates to curb the pandemic forced many local businesses to limit social interaction between the staff and business patrons. Businesses were faced with implementing social distancing measures by changing and scaling back operations, reducing business hours, and reducing staff.

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2019	UNEMPLOY - MENT	3.3%	2.8%	3.5%	2.7%	2.6%	2.8%
2020		7.7%	15.2%	13.5%	23.2%	13.6%	20.2%
2021		4.6%	6.4%	6.3%	8.1%	5.9%	8.4%

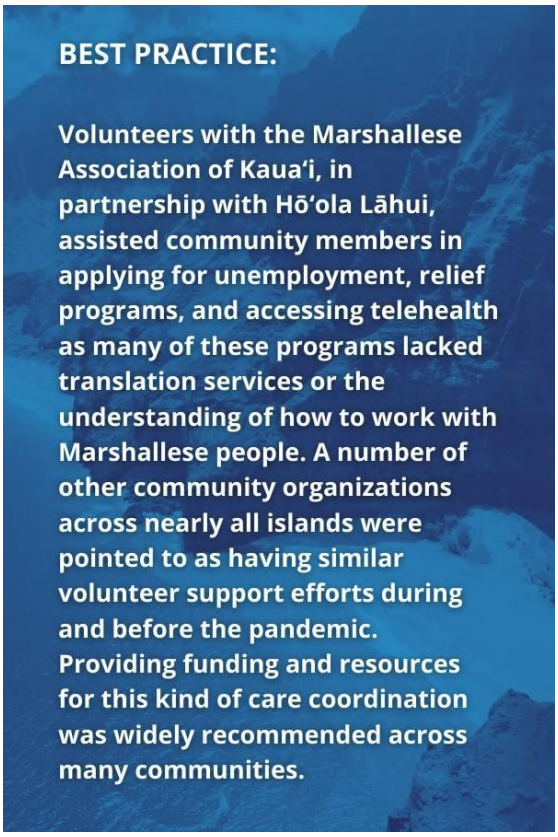
Civilians, 16 years of age and over, who are unemployed as a percent of the civilian labor force.
(Data: 2019). Source: Hawaiʻi Health Matters, US Bureau of Labor Statistics, 2019
(Data: 2020). Source: Hawaiʻi Health Matters, US Bureau of Labor Statistics, 2020
(Data: 2021). Source: Hawaiʻi Health Matters, US Bureau of Labor Statistics, 2021

"People just can't afford to live here."

Foundation Executive

Community voices shared the tremendous exacerbation of the financial strains upon all families, but especially those already struggling before the pandemic. Significant financial resources have poured into the state to deal with immediate impacts; however, community organizers expressed concerns over how their communities would fare as those state and county emergency relief programs draw to a close and families are left in a financial position that was already worsening before the pandemic and has been since compounded.

One of the areas of relief was Unemployment Insurance (UI), which provided some relief to over 564,972 residents from March 18, 2020, to January 7, 2022[12]. However, the system was not prepared to handle the tremendous volume, and residents reported waiting months for benefits, spending hours every day on the phone trying to get through to provide information to staff. A number of organizers talked about the stress this added to the stressors already on families. There were some residents unable to receive benefits at all.



Immigrant and COFA[13] migrant communities repeatedly discussed barriers to accessing UI, with many families never receiving financial assistance. Members of these communities were often filling essential worker jobs or had to take such positions because they were unable to access UI, and thus they and their families were further exposed to the spread of COVID-19. COFA communities across the state came together to support their families with food, quarantine housing, support in navigating programs, and all aspects of critical support systems. However, often, this work was done as volunteers with limited resources. The few paid positions were part-time or on-call and tended to focus on translation services alone rather than care coordination and helping to support community members to navigate processes. Those without access to family members or community leaders to assist them were often left behind.

"One of the reasons we formed the task force is that we would be left behind if we didn't. COVID exposed the health disparities. And we stood up to do something about it."

COFA Community Leader

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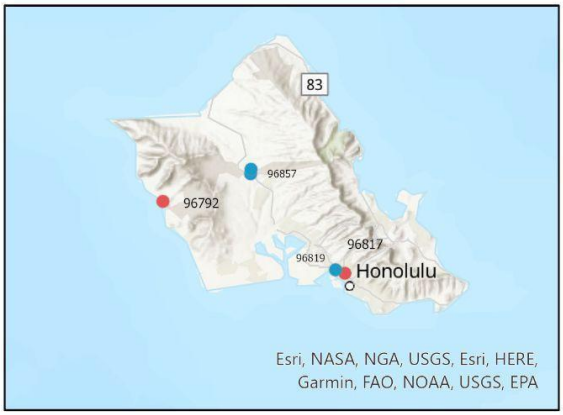
[12] State of Hawai'i, Unemployment Weekly Updates, *available at*: http://dbedt.hawaii.gov/economic/unemployment-2021-ui_state_2022/.

[13] COFA refers to the Compact of Free Association between the United States and these countries. COFA communities includes those from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

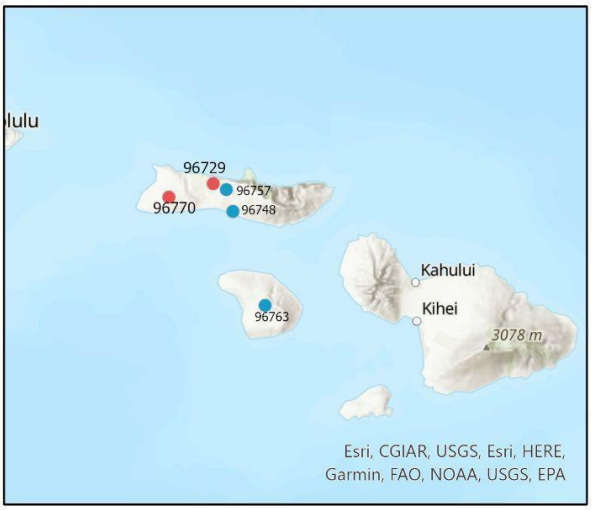


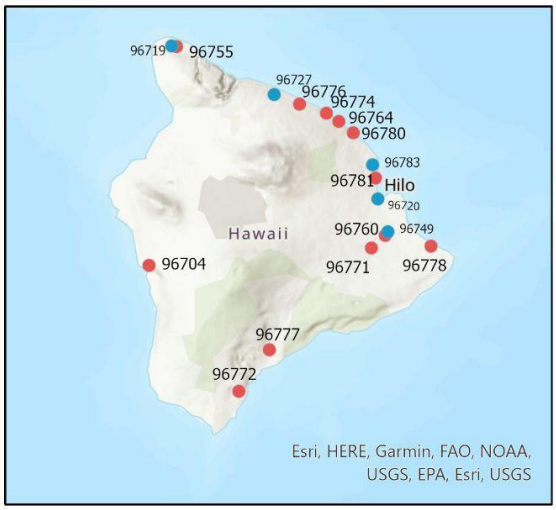
The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes, census tracts, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their index value. Red dots depict the highest levels (5) areas, while the blue dots represent the areas ranked as a 4.

The zip codes in Hawai‘i with the highest levels of socioeconomic need are found in the Maunaloa and Ho‘olehua areas in Maui County, the Nā‘ālehu, Kona, Pāhoa, Pāhala, Mountain View, Kurtistown, Papaikou, ‘Ō‘ōkala, Paauilo, Laupāhoehoe and Kapaau areas in Hawai‘i County, and the Wai‘anae and Urban Honolulu areas in Honolulu County. **Neither Kauai nor Maui Island had index values ranked as 5 or 4, based on ZIPCode data. This is most likely due to heterogeneous neighborhoods in ZIPCodes on those islands.**

Source: https://www.hawaiihealthmatters.org/index.php?module=indicators&controller=index&action=socioneeds





FOOD SECURITY

Recent natural disasters have shown just how vulnerable we are as a state, especially in rural areas and islands with varying periodic barge deliveries. It is estimated that 85-90% of Hawai‘i’s food is imported[14], proving the necessity to be more sustainable in order to face future threats. This priority seeks to understand and address both hunger and related food insecurity as well as food systems and pathways that can be strengthened for greater economic, ecological, and sustainable resiliency.

The Secondary Data Story

> Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture will be even more critical.

Access to Food

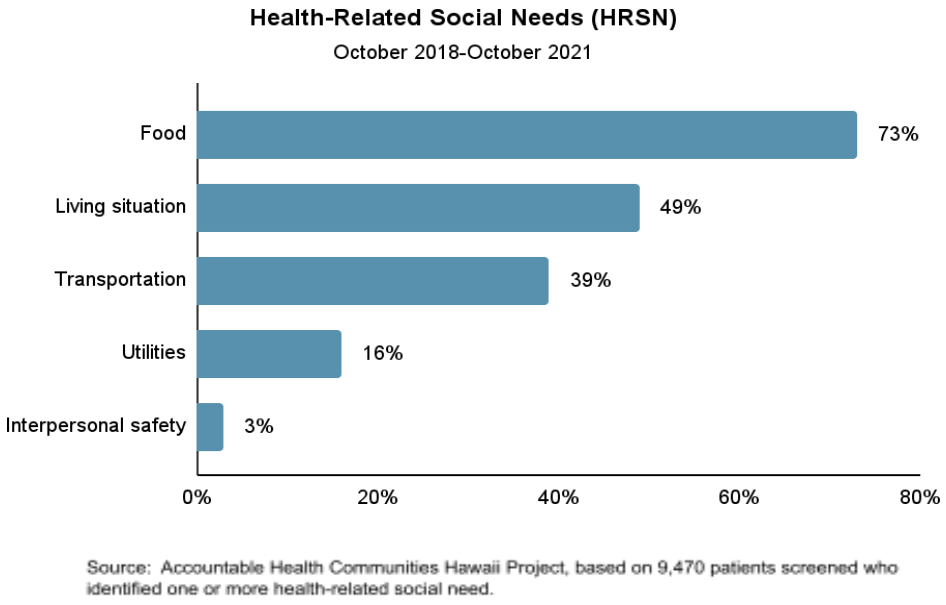
Despite federal stimulus payments and programs to assist in rent and food, residents still faced difficulty in providing basic needs. According to Feeding America data from 2019, 162,220 residents face hunger, with 54,700 of them children. In 2019, prior to the pandemic, 11.5% of Hawai‘i households were food insecure, meaning there was difficulty in providing good, healthy food to their ohana because of a lack of money. 13.1% of Hawai‘i County households were food insecure, as compared to 9.8 percent in Kaua‘i County.

Data from the Accountable Health Communities Hawai‘i Project shows food sitting atop the list of needs reported by individuals screened across practice sites at five O‘ahu facilities: The Queen’s Medical Center - Punchbowl and Queen’s Medical Center - West O‘ahu, Kalihi-Pālama Health Center, University Health Partners (Family Medicine Clinic), and Wai‘anae Coast Comprehensive Health Center. Note that data spans pre-pandemic through October 2021.

“There are Medicare gaps among our Seniors, where they make a little too much income to qualify for Medicaid, so they make food versus medicine choices and don’t get the treatment they need or use the hospital for care services.”

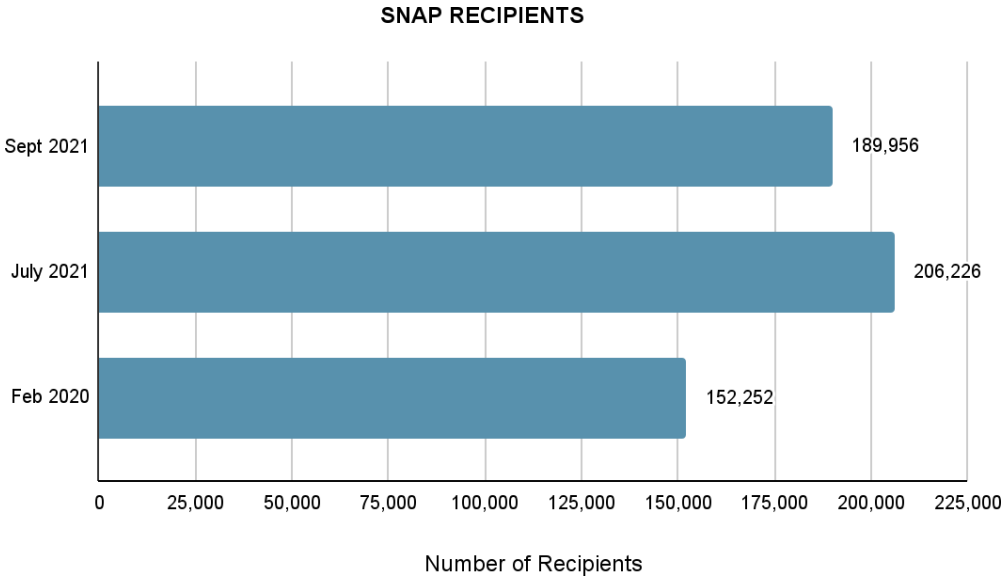
Government Leader, Maui Nui

[14]Office of Planning, DBEDT, State of Hawai‘i, “Increased Food Security and Food Self-Sufficiency Strategy” (October 2012).



Source: Accountable Health Communities Hawaii Project, based on 9,470 patients screened who identified one or more health-related social need.

While the pandemic exposed policy gaps for those most affected and with the least resources, some programs have been beneficial, such as the federally sponsored Supplemental Nutrition Assistance Program (SNAP). The State Department of Human Services reported that Hawai‘i had a total of 189,956 SNAP recipients in September 2021, which is down from the pandemic-era peak of 206,226 in July 2021 but higher than a pre-pandemic total of 152,252 in February 2020. 32.7% of households receiving SNAP benefits have children.

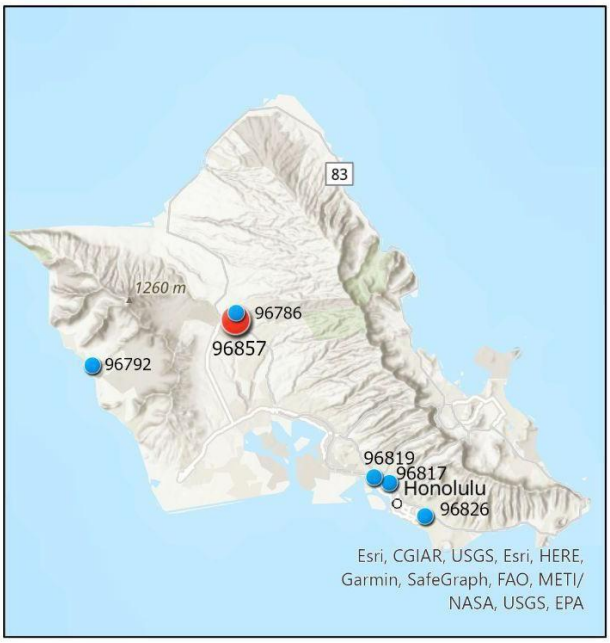


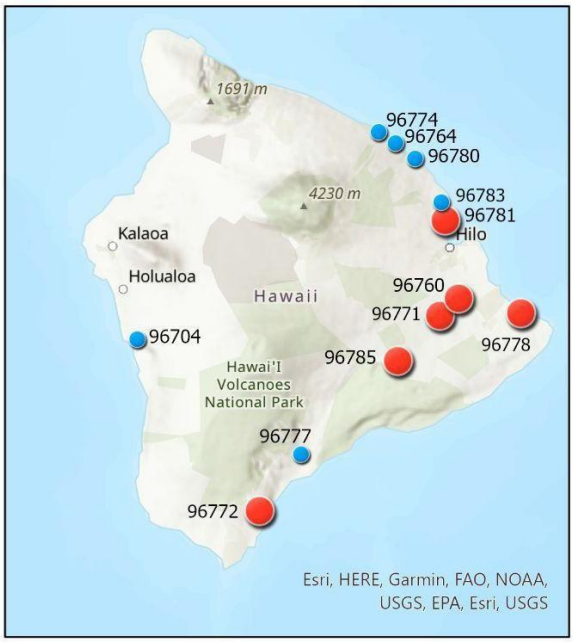
Prior to the pandemic, while the percentage of the statewide population that is classified as food insecure had fallen from 13.7% in 2014 to 11.5% in 2019, the proportion of food insecure individuals who qualified for SNAP benefits fell correspondingly from 57.0% to 48.0%.

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2014	FOOD INSECURITY	N/A	13.7%	13.1%	13.1%	13.0%	12.8%
2019		N/A	11.5%	13.1%	10.3%	10.5%	9.8%
Feeding America accounts for poverty, unemployment, and median income to project the number of "food insecure" individuals. *(Data: 2014). Source: Hawaiʻi Community Foundation, Hunger in Hawaiʻi; Feeding America, Map the Meal Gap, 2016 (Data: 2019). Source: Feeding America, Map the Meal Gap, 2020* https://map.feedingamerica.org/county/2019/overall/hawaii							
2014	FOOD INSECURE, % SNAP ELIGIBLE	N/A	57.0%	75.0%	65.0%	54.0%	66.0%
2019		N/A	48.0%	65.0%	52.0%	48.0%	56.0%
Feeding America identified "food insecure" individuals who live below 200% FPL and are eligible for government benefits. *(Data: 2014). Source: Hawaiʻi Community Foundation, Hunger in Hawaiʻi; Feeding America, Map the Meal Gap, 2016 (Data: 2019). Source: Feeding America, Map the Meal Gap, 2020* https://map.feedingamerica.org/county/2019/overall/hawaii							
2014	FOOD INSECURE, % NOT SNAP ELIGIBLE	N/A	43.0%	25.0%	35.0%	46.0%	34.0%
2019		N/A	52.0%	35.0%	48.0%	52.0%	44.0%
Feeding America identified "food insecure" individuals who live above 200% FPL and are disqualified from government benefits. *(Data: 2014). Source: Hawaiʻi Community Foundation, Hunger in Hawaiʻi; Feeding America, Map the Meal Gap, 2016 (Data: 2019). Source: Feeding America, Map the Meal Gap, 2020* https://map.feedingamerica.org/county/2019/overall/hawaii							

"When our State was considering closing schools due to COVID, the conversation quickly shifted to the kids that get their only meals from school. How would they eat? That was a lesson in the many fracture points prior to the pandemic."

Education Policy Organizer



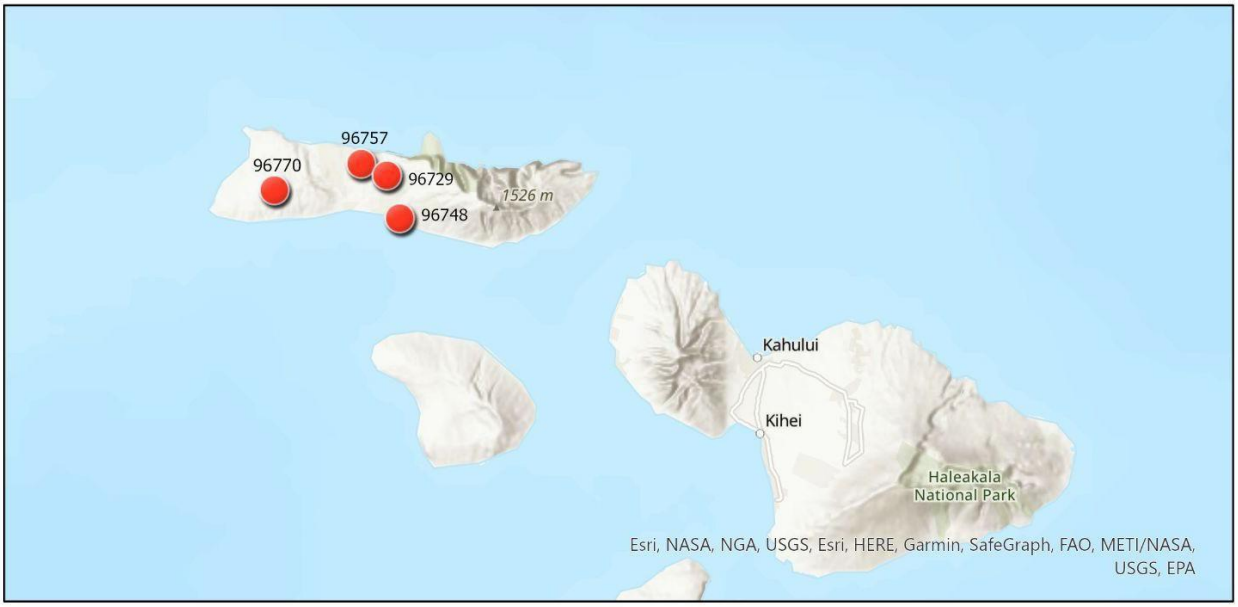


The 2021 Food Insecurity Index, created by Conduent Healthy Communities Institute, is a measure of food access that is correlated with economic and household hardship.

All zip codes, census tracts, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their index value. Red dots depict the highest levels (5) areas, while the blue dots represent the areas ranked as a 4.

The zip codes in Hawai'i with the highest levels of food insecurity are found in the Central Oahu area in Honolulu County, the Papaikou, Pahoa, Puna, Kurtistown, Mountain View, Volcano, and Naalehu areas in Hawai'i County, and Maunaloa, Kualapu'u, Ho`olehua and Kaunakakai areas in Maui County. **Neither Kauai nor Maui Island had index values ranked as 5 or 4, based on ZIPCode data. This is most likely due to heterogeneous neighborhoods in ZIPCodes on those islands.**

Source: https://www.hawaiihealthmatters.org/index.php?module=indicators&controller=index&action=foodinsecurity



Access to Healthy Food

In 2018, this was one of the 11 identified priorities, and there was robust discussion around access to healthy, locally grown, sustainable food. In 2021, with over a year of some
families not being able to access food at all, the importance of both individual and household level food security and communitywide food security became heightened. Some community members expressed concerns around backsliding of keiki[15] nutrition and interruptions to farmers markets.

With so much of Hawai‘i’s food supply reliant upon overseas and inter-island transport by ocean barges and/or container ships, the State Emergency Operations Plan notes that the hub-and-spoke model of Hawai'i's shipping network, the vulnerability of island ports and harbors, and the minimal logistics system for distribution of commodities has rendered problematic the development of a large and sustainable warehousing system with sufficient capacity to meet surges in demand and/or withstand long impacts or interruptions. There is an estimated 5-7 days of food supply in-state, and a disruption to the supply chain would have an almost immediate impact on the population.[16] Community participants in a number of rural areas noted that there were grocery stores in their communities during the pandemic that completely shut down due to supply chain issues.

These vulnerabilities are one reason that decades-long calls for investments in greater agriculture participation to support food security both as a normal course and especially in times of impact have grown. Countless articles over the past two years have discussed opportunities for investing the thousands of agriculturally zoned lands across the pae‘āina into agriculture, supporting local farmers, and making food security accessible on a household level through food gardens and other neighborhood solutions. Organizations like ‘Āina Aloha Economic Futures have put forward visions for how to rebuild towards a circular economy with restorative and regenerative economies with investment in local food security as a pillar.[17]

BEST PRACTICES

The Kūpuna Food Security Coalition emerged from the pandemic as a partnership among non-profit, government, community members, care facilities, hospitals, FQHCs, and private partners seeking to support the food needs of seniors, who were homebound during the beginning of the pandemic. Led by the Honolulu Executive Office on Aging, HIPHI, and AARP, the coalition took a strategy of partnership, relationship building across all partners seeking to meet the needs of seniors, and ultimately building a trust-based coalition that has since been leveraged to meet other senior needs including wellness checks and vaccinations.

BEST PRACTICES

In 2020, the City and County of Honolulu utilized CARES funds to build community food gardens at seven of its special needs housing projects housing homeless youth, domestic violence survivors, and kūpuna. These families expressed a desire for more significant food securities especially given the limited means. One of the housing programs for previously homeless families partnered with Kōkua Kalihi Valley to put together their gardens and utilize them as a curriculum for their youth.

[15] Keiki is the Hawaiian word for child or children
[16] State of Hawai‘i, Emergency Management Agency, “Emergency Operations Plan” (November 2019), available at: https://dod.hawaii.gov/hiema/files/2020/02/Hawaii-State-EOP-Fall-2019-Published.pdf.
[17] *See*: https://www.ainaalohafutures.com/.

Efforts like the Food Pantry, a no waste, healthy food resource using online ordering, helped to empower communities to come together. Community organizations played critical roles in helping to mitigate food insecurity in a wide range of ways. These grassroots partnerships coordinated and distributed local produce from local farms to families in need. While these community efforts proved effective, a University of Hawai‘i, College of Social Sciences study completed in March 2021, *“Addressing Hunger and Food Insecurity among Hawai‘i’s Families,”* observed several barriers that should be addressed:

- A lack of public awareness of available services
- Shame about needing to use food services
- Transportation (some food distributions are drive-up only)
- Difficulty receiving benefits without a stable address
- Lack of a coordinated plan statewide for addressing food insecurity

Despite the challenges, food distributions provided an opportunity for many non-profit programs to connect with their communities. Outreach was paired with wellness checks, vaccination access, checking in for intimate partner violence, assessments for in-home health services, and enrollment in SNAP benefits for those that were eligible. The industry coordination created mesh networks to meet broad communities while minimizing overlap. Those networks built important trust connections that may allow an even deeper ability to reach people where they are and support their health needs.

Greater opportunity exists to make families aware of resources available to them. Programs such as “Da Bux” helps to lower the cost of healthy food for SNAP eligible households and make healthy food more accessible. Building of gardens at affordable housing projects, where people are living and gathering, was an investment some organizations and counties made during the pandemic to help families to access healthy food right at their own homes - vegetables, fruit trees, herbs - with success at multi-family properties were enough families indicated in advance they were interested and would help care for a food garden if provided the opportunity.

“Many people have diabetes because of their unhealthy diet, where the only food that was fresh was fish or breadfruit. Everything else was canned - we did not grow up eating fruits and vegetables. You buy the food that is gonna feed your entire household.

It’s a matter of survival.”

COFA Community Leader, Maui

MENTAL & BEHAVIORAL HEALTH

The Secondary Data Story

Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture will be even more critical.

Severe Mental Illness and Addiction

In 2018, 10.3% of adults in Hawai‘i lived with a mental health illness. This included residents who experienced stress, depression, and emotional problems which lasted for more than 14 days during the past month. While the national figure had decreased from 2016 (15.0% to 13.0%), Hawai‘i’s population continued to see a moderate increase across the state. At 13.4%, Hawai‘i County was slightly higher than the national average of (13.0%), while Honolulu County had the greatest percentage point increase of 2.5 points (from 8.5% to 11.0%).

		US	HAWAI‘I	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2016	FREQUENT MENTAL DISTRESS	15.0%	9.6%	11.7%	10.2%	8.5%	9.4%
2018		13.0%	10.3%	13.4%	11.8%	11.0%	11.5%

Percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.
(Data: 2016). Source: Hawai‘i Health Matters, County Health Rankings, 2018 (Data: 2018). Source: Hawai‘i Health Matters, County Health Rankings, 2020

As stress and other emotional issues increased, substance abuse has increased, as well. Locally, heavy alcohol usage continues to outpace the national level, 8.3% and 6.5%, respectively. Maui County saw the highest percentage at 11.9% reporting heavy alcohol consumption, whereas Hawai‘i County decreased to 9.3%.

		US	HAWAI‘I	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2016	HEAVY DRINKING	6.5%	7.9%	11.6%	7.9%	7.4%	9.7%
2019		6.5%	8.3%	9.3%	11.9%	7.4%	8.9%

Percentage of adults who reported having more than two drinks per day on average (for men) or more than one drink per day on average (for women).
(Data: 2016). Source: Hawai‘i Health Matters, Hawai‘i DOH BRFSS, 2017 (Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH BRFSS, 2021

Mortality rates from drug overdoses have escalated both nationally and locally. While the overall overdose rate in Hawai'i is lower than the nationwide figure, it nevertheless still presents an ongoing and significant challenge for the state. The City and County of Honolulu (16.3%) and Kaua'i County (16.2%) reported the highest overdose rates, while Hawai'i County (10.8%) had the lowest.

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2014-16	DRUG OVERDOSE DEATHS (per 100,000)	16.9	12.1	10.9	12.8	12.2	12.1
2017-19		21.0	15.4	10.8	15.8	16.3	16.2
Death rate per 100,000 population due to drug poisoning (accidental or intentional) *(Data: 2014-16). Source: Hawaiʻi Health Matters, County Health Rankings, 2018 (Data: 2017-19). Source: Hawaiʻi Health Matters, County Health Rankings, 2021*							

Suicide is an overwhelming problem in modern society. The daily stresses, addiction, and despair have led to the steady rise in adult suicides from 12.9 to 14.8 per 100,000 Hawaiʻi residents since it was last reported in 2019. Kauaʻi had the highest rate increase, from 14.6 to 22.0 suicides per 100,000 people.

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2013-15	SUICIDE DEATH RATE (per 100,000)	13.3	12.9	20.4	15.9	10.3	14.6
2017-19		13.9	14.8	21.4	18.4	10.7	22.0
Age-adjusted death rate due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). *(Data: 2013-15). Source: Hawaiʻi Health Matters, Hawaiʻi DOH Vital Statistics, 2017 (Data: 2017-19). Source: Hawaiʻi Health Matters, Hawaiʻi DOH Vital Statistics, 2021*							

"Mental health will be the next great crisis."

LGBTQIA Community Advocate, Oʻahu

A current public messaging campaign from a Native American community simply, but effectively demonstrates the connections between upstream determinants of health and suicidal ideations. One ad states that people thing Suicide Preventon looks simply like a number for a hotline. Although important, it goes on to state that Suicide Prevention is actually: food security,

affordable housing, youth suicide prevention courses, peer norm activities, affordble healthcare, housing stabilizatoin policies, destigmatizing mental illnesses, community engagement activities, strengthening household financial security, increasing access and decreasing stigma to mental health care, parenting skills and family relationship programs, and family acceptance of individuals who identify as LGBTQIA+.

Among those interviewed, there was overwhelming agreement that the mental and behavioral health challenges that existed in Hawai‘i before the pandemic have only been exacerbated by the COVID-19 experience. Some hypothesized that it is in mental health where the greatest cracks in the system have long existed, with past cutbacks in state funding and a dearth of providers resulting in nowhere to send those screened and identified as needing assistance. Rebuilding the mental health system infrastructure was identified as critically necessary by a number of key informants.

Looking to the future, there is great concern about the long-term mental and behavioral health impacts of the pandemic experience, impacts that perhaps cannot yet be appreciated. The isolation and lack of social interaction on the part of school children, who may slow in social and academic development, likely will result in behavioral problems that manifest down the road. Kūpuna have suffered from limited social interaction, closure of senior daycares, and limited contact with their families. The stresses on families of parents working from home (if not laid off from their jobs), attending to their school-aged children struggling with distance learning, trying to manage financial needs, and dealing with healthcare challenges all will take a toll. Domestic violence and sexual abuse reports have increased. Reporting of child abuse cases declined dramatically when schools were closed, experts indicated, as schools were a primary source of identification.

“The COVID impact on mental and behavioral health will be long-lasting.
We don’t have a mental health hospital, no crisis center, etc.
We don’t have the safety net to address the issues on hand now, and more will come.”

Mental and Behavioral Health Service Provider, O‘ahu

Overall, communities across the state saw a decrease in the accessibility to mental health resources. Providers and patients alike shared an overall decrease in appointment availability, resulting in lengthy delays for patients needing to access mental health providers in the community. As appointments transitioned to telehealth, patients without access to a phone or computer, or with anxiety around use and lack of privacy at home, were negatively impacted.

Although a challenge for many, the growth of telehealth increased access for many as well. Community providers moved counseling sessions to video, breaking down geographic barriers. Whereas a family might have needed to bring their child across an island for counseling, for example – if transportation and time permitted – this barrier was now removed. Without geographic barriers, experts related that some services available on the U.S. continent could be remotely accessed, helping to address the shortage of providers available in Hawai‘i.

Telemedicine also has the potential to help address the shortage of mental health professionals in Hawai‘i, because providers can be anywhere. It is believed by mental health experts that the move to telehealth can be combined with in-person services as we emerge from the pandemic; that it will be one of the lasting positive impacts of the COVID-19 experience on mental health.

“I think there’s been a change in the lens, the paradigms through which we see some of these mental health issues. It’s a trauma-informed lens.

It’s a recognition that these are not broken people.

WE are not broken people.

We are people who have had particular sets of experiences that have been extraordinary, and our responses are actually normative in the sense that this is exactly what you would expect under such incredible circumstances.

Culturally and historically across time, these are events that have created ways of relating and understanding our world. And sometimes our coping strategies become potential barriers. And it becomes important to ***recognize the impacts of these traumas and the impacts and the consequences of these traumas.***

And recognize them rather than as abnormal reactions; instead, incredibly normal reactions to extraordinary circumstances.”

Behavioral Health Educator

HOUSING

Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture painted will be even more critical.

The Secondary Data Story

Income, Home ownership, housing supply

According to the 2020 U.S. Census, 41.1% of Hawai‘i residents (about 2 in 5) live in renter-occupied housing units; the City and County of Honolulu registered the highest among all counties, at 43.8%. The pandemic has brought more individuals to rethink their current living conditions, from living in the congested urban core to living in a less dense or even rural area. Low interest rates and the ability to work remotely have made Hawai‘i’s housing market even more competitive among local and out-of-state buyers, often purchasing above market price.

The U.S. Census American Community Survey’s 5-year estimate for 2015-2019 reported the median housing unit value in Hawai‘i was $615,300, while nationally, it was $217,500. A recent study from Title Guaranty Hawai‘i reported that in May 2021, the median sales price for a single-family home on Oahu was $980,000, and it has since exceeded $1,000,000.

In partnership with the counties, the State of Hawai‘i performs a housing gap study every three years. The need for housing at all income levels has steadily increased yearly since the study began. The most recent study in 2019 demonstrates that over 65,000 housing units are needed statewide to address housing needs by 2025. Housing is built at a rate of only a few thousand units per year. While just over half of those units are needed for families earning 80% or below the annual median income, considered low to moderate-income, it is clear that this is not a problem simply for low-income families.

Housing stability has an important upstream impact on mental and physical health. Instability and poor housing conditions lead to greater stress, increased exposure to unhealthy environments, and less access to healthy food options. A recent study illustrated that “poverty and poor housing together are implicated in high rates of chronic diseases. Studies show a correlation of housing conditions with asthma, diabetes, high blood pressure and stroke, heart disease, and anxiety and depression. This is borne out by data for Hawai'i showing the disproportionate prevalence of these conditions among low-income households.”[18]

[18] Good Health Depends On Decent Housing, Hawai‘i Budget and Policy Center (December 2021), *available at*: https://static1.squarespace.com/static/5ef66d594879125d04f91774/t/61cbb9d2e388e752f5626375/1640741331194/Health+%26+Housing+Handout.pdf

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2013-17	MEDIAN HOUSEHOLD INCOME	$57,652	$74,923	$56,395	$72,762	$80,078	$72,330
2015-19		$62,843	$81,275	$62,409	$80,948	$85,857	$83,554
Median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older. *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019*							
2018	HOME-OWNERSHIP	56.0%	49.4%	52.0%	44.7%	50.0%	46.4%
2021		56.2%	49.8%	53.6%	45.5%	50.1%	46.2%
Percentage of all housing units (i.e. occupied and unoccupied) that are occupied by homeowners. *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019*							
2013-17	MEDIAN HOUSING VALUE	$193,500	$563,900	$316,000	$569,100	$626,400	$520,100
2015-19		$217,500	$615,300	$350,000	$633,500	$678,200	$570,700
Median housing unit value. *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019*							
2013-17	VACANT HOUSING UNITS	12.2%	14.9%	22.3%	24.6%	10.1%	26.3%
2015-19		12.1%	15.3%	20.9%	25.5%	10.8%	26.9%
Percentage of total housing units that are vacant *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019*							
2010-14	SEVERE HOUSING PROBLEMS	18.8%	27.8%	26.9%	32.2%	27.3%	26.6%
2013-17		18.0%	26.7%	22.8%	28.6%	27.5%	23.4%
Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. *(Data: 2010-14). Source: Hawaiʻi Health Matters, County Health Rankings, 2018 (Data: 2013-17). Source: Hawaiʻi Health Matters, County Health Rankings, 2021*							

"Housing is out of reach even for middle income working families.
There has to be a major shift on housing - it is connected to everything.
Soon, we will have no choice but to move away."

Native Hawaiian Organization and Policy Leader

Nearly every key informant interview and community meeting included discussion on the need for housing, even where represented communities or organizations were not necessarily focused on housing. Some of the less obvious examples of the impact that were shared include:

- Domestic violence organizations talked about the lack of a place to go being a primary barrier in most survivors fleeing abusive households.
- Both Maui and Kauaʻi service providers shared a regular return of housing choice vouchers (Section 8) and other housing subsidies due to the inability to find a unit to rent, despite being able to pay market rent with the voucher.
- Overcrowded housing conditions for many families contributed to rapid and widespread COVID-19 impacts. Many low-income households were financially unable to afford to stop working or work remotely. These same families often struggled with being able to safely distance or quarantine within their home from family members when exposed to COVID-19. These compounding factors were identified as contributing to the disproportionate rate of death among Pacific Islander communities due to COVID-19.
- Hospitals reported holding patients who are homeless longer than medically necessary, unable to discharge because of lack of housing and no place to safely recover; adding to capacity issues at hospitals during COVID-19 surges.
- Every homeless provider discussed lack of housing as the most significant barrier in addressing houselessness. On Oʻahu alone, hundreds of individuals are considered "housing ready" and cannot even find rooms in a shared home or dorm-like dwelling to rent, much less a private unit.
- While many seniors and their families wish to age in place, the lack of affordable senior housing is a stated barrier for tens of thousands of local seniors. Senior housing and senior daycare can provide needed companionship and social opportunities for seniors who often face higher rates of depression, feelings of isolation, and suicide than the population.[19]

[19] "Four-Year Area Plan on Aging", Honolulu Elderly Affairs Division (2019 - 2023), *available at*: https://www.elderlyaffairs.com/Portals/_AgencySite/docs/Area_Plan_2019-2023_FINAL_DRAFT_10-01-19.pdf.

"COVID-19 made Kauaʻi itself a desirable location for people around the country to retreat to. This drove up housing prices and made purchasing a home almost unattainable for Kauaʻi locals.

There is a perception that:

'No matter how hard you work or how many jobs you have, we just can't get ahead.'"

Hospital Administrator

Homelessness is an important and critically related element of the housing crisis. Homeless service providers across the state indicated that while other issues impact houseless communities, there is no greater barrier to their having healthier lives than the lack of available, affordable, and accessible housing. An estimated 25% of persons experiencing homelessness on Oʻahu live with a mental health problem, 28% live with a physical or developmental disability, and 17% are survivors of domestic violence, 4% of whom are actively fleeing.[20] These challenges further demonstrate the layered relationships between the 2021 Priorities and the importance of interconnected approaches.

Housing First models have been successfully implemented in Hawaiʻi and demonstrate positive health outcomes by high likelihood of staying housed, decreased use of drugs and emergent care, and increases in social engagement. Additionally, the direct healthcare benefit includes an estimated healthcare cost savings of $6,197 per client per month, representing a 76% decrease in healthcare costs after housing placement.[21] Both national and local reports repeatedly demonstrate that the cost of addressing impacts of homelessness far exceed the cost of providing stable, permanent, supportive housing for those experiencing homelessness.[22]

Recently, Medicaid has added Community Integration Services (CIS) as eligible for coverage. This includes providing housing support services with the goals: "(1) Support the member's transition to housing; (2) Increase long-term stability in housing in the community; and (3) Avoid future periods of homelessness and institutionalization for members." [23] Two homeless service agencies have become or are in the process of becoming enrolled providers.

Going into the pandemic, in January 2020, the Point-in-Time Count performed by Partners in Care identified 6,458 individuals as homeless, with 3,650 of these unsheltered. Hawaiʻi's homeless rate leads the nation in dramatic numbers, at 45.5 per 10,000 (HI) vs. 17.3 (nation).

[20] 2020 Oʻahu Point in Time Count, Partners in Care (2020), *available at*: https://static1.squarespace.com/static/5db76f1aadbeba4fb77280f1/t/5efa984a8ae4f774863509e8/1593481306526/PIC+2020+PIT+Count+Report+Final.pdf

[21] Hawaiʻi Pathways Project, State of Hawaiʻi, *see:* https://homelessness.hawaii.gov/housing/.

[22] Good Health Depends On Decent Housing, Hawaiʻi Budget and Policy Center (December 2021).

[23] Medicaid Community Integration Services, Homelessness Initiative, *see*: http://homelessness.hawaii.gov/cis/.

Many of the unsheltered individuals face major health issues caused by exposure to the elements and safety issues.

		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2016	HOUSELESS (per 10,000)	18.3	55.4	70.2	69.2	49.8	61.4
2020		17.3	45.5	39.7	47.2	45.4	58.8

Rate of homelessness per 10,000 population.
(Data: 2016). Source: Hawaiʻi Health Matters, Hawaiʻi Dept. of Human Services, 2017. National figure from 2015. (Data: 2020). Source: Hawaiʻi Health Matters, Hawaiʻi Dept. of Human Services, 2020. National figure from 2019.

A sample of specific strategies recommended for potential hospital partnership included:

- Participate in workforce housing for hospital employees to provide affordable housing options, make existing inventory available to other families, and
- Support the integration of housing services into hospital programs now that it is an eligible Medicaid reimbursable expense
- Develop care coordinator relationships that create a "hand-off" from the hospital to the social service providers upon discharge
- Support existing street outreach programs that seek to meet people where they are

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"I think that we have not yet seen the worst of what is coming for youth homelessness. When the moratorium ends, they will lose housing.

It is hard for youth that were in job training programs that were shut down. The youth are no longer getting ahead, just treading water."

Youth Homeless Service Provider, Oʻahu

TRUST & EQUITABLE ACCESS

"Trust and access should really just be the theme for the entire report."

Community Organizer, Hawai'i Island

Both community members and hospitals highlighted various forms of access issues throughout the assessment process. Underserved communities are often so because there are barriers to accessing, understanding, or being aware of those services and offerings. Focusing on equitable access becomes an opportunity for hospitals to meet people where they are, apply trauma-informed care principles, and help build meaningful relationships with those communities. In doing so, trust can be built, or in some cases rebuilt, to allow communities to try to gain meaningful access and better address the population's needs.

Investments into building systems that will increase access to healthcare can also have a leveraging effect to increase access beyond healthcare and in support of addressing upstream determinants. For example, as will be discussed in more detail in Section III. B., hospitals' inclusion of community health workers can help people navigate the healthcare system and also be connected to existing services, programs, and organizations.

Throughout the assessment, community organizers emphasized their interest in supporting connectivity between hospitals and community service providers. Hospitals can be seen as an important entry point to existing services and programs beyond healthcare. Developing and improving direct relationships to support warm handoffs during discharge can help to make meaningful progress in increasing access beyond healthcare.

When discussing access to medical care or the broader healthcare system with neighbor island, rural, marginalized ethnic populations or kūpuna, consistent themes emerged around the following areas of systemic barriers:

- Transportation
- Language Access
- Cultural Competence
- Stigma & Bias
- Safety
- Digital Literacy & Access
- Insurance
- Trust

Transportation

While for some, the ability to work remotely and engage with telehealth has had a positive impact in increasing access, there are several ways in which transportation is a persistent barrier to healthcare for large portions of our community. The first is the proximity of clinics or hospitals to the populations that they serve and the viability of public transportation in relation to those places. Respondents on neighbor islands and rural areas of Oʻahu told stories of being discharged from the ER in the middle of the night and having no way to return home because they did not have a vehicle or a ride. Others talked about the difficulty of taking large chunks of time off from work to travel by bus to an appointment; making it less likely for them to keep up with recommended visits.

"If you are on Molokaʻi, then your options have gone backwards. You have to get on a very small plane. No available flights. If you use a wheelchair on Molokaʻi, they hoist you up on a forklift. Also, if you need nursing care, they have to ship you off island."

Kūpuna Care Provider, Maui

Among Neighbor island residents, Lānaʻi and Molokaʻi respondents were especially vocal concerning the lack of specialists or routine care that they could access on-island. One registered nurse on Lāna'i told the story of her own fight with breast cancer during the pandemic and needing to arrange flights during the inter-island travel ban or take a ferry to Maui. For those serving kūpuna on Molokaʻi, the consensus was that one could not age safely on-island due to the lack of complete care needs.

"I got breast cancer - I had a problem, needed to have radiation daily.
I had to change providers so that I could go to Maui instead of Oʻahu, so that I could go by boat and not fly during the COVID restrictions. The ferries were only running two days a week, so I had to stay on Maui for my treatment. I had a place to stay with friends and access to a car - but not everyone has those things."

Lānaʻi Caregiver

On Kauaʻi, the lack of residential treatment facilities means that those who get care are typically covered by insurance to travel to and stay on Oʻahu. Far more don't receive care, especially if it is difficult to find options with keiki care. Domestic violence survivors in an off-island program talked about how not having a place to go on Kauaʻi was a significant factor in their not leaving their abusive situation earlier.

"Language barrier is the top, number one. At the hospitals when you're visiting your doctor, a lot of interpreters don't know what the doctor said, and it might be because the interpreter does not understand the medical terminology.

During COVID, when you had to get tested or you had to get the vaccine, everybody had to go online and pre-register. Well, not everybody has access and internet. And on top of that, they don't understand the questions because they are all in English.
We helped. We just told people - give me your information and we will sign you up."

Kūpuna Care Provider, Maui

Language Access

Despite 18% of Hawai'i residents being foreign-born, accounting for approximately 255,499 people,[24] many of the Limited English Proficiency (LEP) communities that were interviewed for this survey felt that language access was the most significant barrier to receiving adequate care. Language access can be interpreted as shorthand for "culturally-competent, linguistically-appropriate care". The stories that immigrant participants often regaled were of extreme confusion concerning diagnosis, decision-making, and outpatient care.

One Chuukese community leader and interpreter told a harrowing story of having to tell her aunt that her uncle was terminally ill because she was the only Chuukese interpreter available. Others commented on the challenges that arose due to lack of understanding of cultural protocols by medical staff. The importance of language and cultural representation among medical staff can be illustrated by one Thai farmer who participated in a community meeting; despite living in Kunia he would travel, by bus, into Kalihi to visit Kōkua Kalihi Valley where he could be seen by a Thai doctor.

Cultural Competence

Community members pointed to the State Department of Health, Office of Health Equity as an important resource that was shut down and is perhaps now being revived. They also pointed to the Pacific Islander community liaison position developed by the City & County of Honolulu as an example of progress for government institutions seeking to build relationships with community groups.

"They look up your name and they hear your accent, and they know you Micronesian, so they don't rush to take care of you."

Chuukese participants, KKV, Oʻahu

[24] New American Economy, "Immigrants and Migrants in Hawai'i: Essential Contributors to the State's Workforce and Economy" (2021), *available at*: https://research.newamericaneconomy.org/wp-content/uploads/sites/2/2021/05/NAE_Hawaii_V7_FINAL.pd

Stigma & Bias

In conversations with Native Hawaiian, COFA status, housing insecure, and former or current drug users, the issue of stigma was reiterated often. The feeling that care was being withheld or that they were being intentionally ignored by providers was common. For the Micronesian and houseless population, several participants asserted that they were receiving subpar care because the provider knew they didn't have medical insurance. Such biases and feelings of exclusion work in both directions, creating a barrier for individuals to want to access care, even when it is desperately needed.

Behavioral health patients, as well as providers, sang a common refrain of clients receiving lower quality care due to judgments about addiction or mental health. The belief was that the stigma exists on the policy level as well, where resources, programs, and especially facilities are grossly lacking to provide the kind of care these populations need.

"One time I went to the hospital after my boyfriend bashed my head with a fishing rod. He told them it was an accident. The nurses knew me and knew he abused me, but I overheard them saying - 'don't worry, she's just a chronic'."

Domestic Violence Survivor

Safety

In relationships with intimate partner violence, safety is a significant barrier to receiving any medical care at all. Abusers isolate their partners, and keeping them from medical access is a form of maintaining control. When survivors do come into hospital settings, healthcare workers are not always trained in trauma-informed care and do not recognize the situation. Even when they do, and they find a way to privately offer assistance, without integrated services such as housing and safety plans, survivors feel they cannot risk leaving.

Recommendations included requiring training on how to ask important questions, provide posters in every exam room, bathroom, or other potential location. Collaboration with domestic violence providers is an opportunity to create more warm handoffs for care, where there seems to be very little currently. Housing support services, an eligible Medicaid expense, can also be of value here to have within the hospital setting for these and other populations where housing support is a critical element of the individual's health needs.

"You can't strengthen families if you don't know whether their family is a safe family. Kids living with families that are not safe do not have a healthy start at all. How do you treat the whole person if you are leaving out a whole portion of their reality?"

Domestic Violence Service Provider

While the physical and sexual violence data still reflects data from 2013, it is important to point out that Hawai'i's percentages are much higher than those for the nation overall. Domestic violence providers as well as hospital workers reported significant increases in intimate partner violence. "Safer at Home" slogans didn't apply to many people who were not safer at home but were afraid to go to shelters, which were facing the same constraints as other shelters with the need to spread out, and where their kids might get exposed to COVID-19, there were less opportunities to ask for help and develop safety plans, and courts were closed. Providers added services such as texting, online chat, and participated in at-home food delivery in order to meet people where they were and offer resources. One hospital worker indicated having patients that called 911 feigning illness to the Emergency Department and privately ask for help.

"The pandemic did not turn people into abusers. Stress does not cause domestic violence . . . abusers that relish the power and control they have over their partner had more power and control. Like exposing themselves to coronavirus and then [holding] that over their partners and threatening them."

Domestic Violence Service Provider

		US	HAWAI'I	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	INTIMATE PARTNER VIOLENCE- PHYSICAL	8.6%	9.5%	11.5%	14.3%	8.3%	10.7%
Percentage of adults who report they have ever been hit, slapped, kicked, or hurt in any way by a current or former intimate partner. *(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2015*							
2013	INTIMATE PARTNER VIOLENCE- SEXUAL	1.8%	3.6%	4.5%	5.5%	3.0%	3.8%
Percentage of adults who report they have ever experienced unwanted sex by a current or former intimate partner. *(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2015*							

Technology

While COVID-19 has thrust many of us into new digital spaces, these spaces are not always equitable. Across the state, broadband access is spotty, with rural populations suffering the most and entire communities unable to regularly connect to internet service. The rise of telehealth has broadened the barrier to care among folks without internet, a device, or the training to use one. Many participants serving kūpuna commented on how difficult it was to support their patients in using a device to make appointments, check their medical history, or keep up with public health information. For rural populations they simply lacked consistent access to broadband or did not have strong enough wifi to have multiple members of their household using it at the same time. Still, among Micronesian and Marshallese populations, few had regular access to a device, and the sites they needed to use were not translated.

As stated above, underserved populations are typically underserved because there are systemic barriers they consistently encounter. Although these challenges are entrenched, difficult to solve, and require many years of focused work, there were several programs and initiatives shared as making meaningful progress. Meeting people where they are, and tapping into the technology they are using, is an important approach. For example, Honolulu County has created kiosks in grocery stores to assist people with basic licensing and vehicle registration. Similar tools, or partnering with existing ones, may be one way to utilize technology to bring healthcare into communities where they are.

Many communities were delighted to see mobile and pop-up clinics coming to their neighborhood. Project Vision, Healthy Mothers Healthy Babies, Kaiser, HPH which were referenced often as excellent models, to be replicated and expanded. Progress was also made in addressing cultural and language barriers when Pacific Islander, Native Hawaiian, and Filipino COVID-19 coalitions were brought together and started pushing for more contact tracer, in-language health information, and vaccination sites in their own communities.

Insurance

For 25 years COFA communities were unable to access Medicaid after being removed in 1996. Although the state continued to cover the federal portion for a period, it was dramatically reduced in 2009. One Marshallese physician at the time recalled, "we heard stories of people actually going home to die because they couldn't get access to the health care they needed."[25] In December 2020, Congress restored COFA migrants as eligible for Medicaid, impacting an estimated 25,000 Hawai‘i residents, and efforts by community leaders to get their members enrolled are actively underway. But getting funding for those positions has been a challenge as organizations are largely left to grant processes.

In the meantime, damage has already been done to the COFA community and many community members' relationship with healthcare. For 25 years, many community members did not go to the doctor at all, even for life-threatening issues, and saved what little money they could to try to

[25] "How Decades of Advocacy Helped to Restore Medicaid Access to Micronesian Migrants." Honolulu Civil Beat (December 2020), *available at*: https://www.civilbeat.org/2020/12/how-decades-of-advocacy-helped-restore-medicaid-access-to-micronesian-migrants/.

afford to pay out of pocket for care for their children. Being impacted by and having to pay for healthcare needs has also worked to keep COFA communities in poverty. Trying to rebuild those relationships and habits will take time and concerted effort.

Trust

Many of these fractures in access and in social relationships and conditions as a whole work together to create a lack of trust between communities and institutions, including hospitals. The lack of trust in the healthcare system, combined with distrust of government, has made current conditions ripe for misinformation and prevents many from engaging with providers, health educators, and others. While the root causes of this distrust may go back generations and is important to understand, it is instructive to focus on: a) how it currently manifests and b) what actions are needed to rebuild trust.

Some examples of how this mistrust manifests that were shared in the course of the data collection include screening rates far below target thresholds, delaying early intervention until acute care is needed, and vaccine resistance.

Opinions on what is needed to build trust in the healthcare system, and specifically what hospitals could do in this regard, were virtually unanimous. The key, they said, is outreach to the community, building relationships now in preparation for the next crisis. Had the investment in these relationships already been made, our pandemic experience *might* have been different, they thought. By outreach, key informants and community members were talking about getting *out into the community, rather than waiting for the community to walk into the facility.* The suggestions centered around these themes are explored more below:

- Utilize and invest in community health workers
- Build cultural competencies
- Develop greater collaboration and trust within the healthcare system
- Address common/consistent messaging

Community Health Workers

The pandemic experience has underscored the need for increased investment in community health workers (CHW); persons *of* the community working *in* the community. The most successful efforts in educating underserved communities have been those that identified and trained trusted people in the target communities, sometimes going door-to-door to distribute flyers and encourage vaccination and promote healthy behaviors. The CHW can aid community members in navigating the complex healthcare system, provide health education, dispel myths, and meet people where they are. Many examples of this were given and complimented, but in almost every instance, the position had run out of funding and been terminated, had put the CHW on part-time or on-call, and the work reverted back to volunteers.

"If they're from that community, they will not only be trusted, but will be really vested in the mission of improving those health outcomes."

UH Faculty Professor — Nursing

At times, there was a disconnect in the definitions of community health workers. Community-based key informants see them as "of the community, in the community"; well trained but not necessarily requiring advanced education. Often, most effective because they are known to the community in other capacities. Some seek CHW applicants with a solid educational background. Adding to the confusion, some of the hospitals refer to medical social workers – often bilingual – in their Emergency Department as CHW. Clarity in the definition will be helpful to finding common ground.

Further complicating the discussion is whether and how a licensing process and regulation might work and to what degree it may be needed as a possible pathway to insurance reimbursement which would likely lead to better pay and job stability and security. Concerns are that this process and licensing costs may leave many of those integrated with the community behind another barrier, creating further divisions.

CHWs are currently housed both in clinical and non-clinical settings. In some cases, status as part-time, temporary, or contractors create barriers in having consistent services available. Community volunteers often help to fill similar roles. Perhaps more than any other single recommendation, the Ward Team heard the value of investing in greater capacity in this area. Many hospitals already support CHWs in some way, and there seems to be great opportunity to work together with community organizations to build additional capacity both within the hospital setting and within the community setting while avoiding the risk of pulling critical community-based resources out.

One of the challenges identified by some of the hospitals is the lack of reimbursement for CHW services. They identified the need for grants and health systems support, and endorsed the grant recently secured by the Department of Health to augment training programs statewide.[26] In 2018, Housing Services became eligible for Medicaid reimbursement. Hospitals may consider how to invest in these services to support the financial costs of CHW services. Additionally, having the resources available within the hospital makes them available for housing support and coordination with service providers as needed for domestic violence survivors and those experiencing houselessness. Although some homeless service providers have pursued certification, navigating the billable process is challenging for many non-profits and could be a partnership opportunity.

[26] *See*: https://governor.hawaii.gov/newsroom/doh-news-release-2-2-million-grant-to-augment-community-health-workforc e-training-programs-statewide/

"We put out a plea to folks to help us. We used CARES money to do medical services in-house. We established contracts with every health plan on island to provide medical care. We became a credentialed Medicaid provider."

Homeless Services Provider

Building Cultural Competencies

When speaking about building trust, participants talked about developing cultural competencies that go beyond staff training. Staff training certainly is a part of it, but to truly build that trust, they said, it needs to be operationalized. It needs to become part of the fabric of the organization, requiring a paradigm shift. An example during COVID-19 was the establishment of isolation/quarantine (ISO/Q) facilities for households unable to isolate or quarantine at home. Translation alone was not enough to make people comfortable to go to live in a place they did not know. A major shift happened with the COFA community when providers within their community were able to manage a ISO/Q hotel, helping to navigate people through the health system, making the property welcoming and warm, and managing it in a way that was culturally appropriate for community members to feel comfortable.

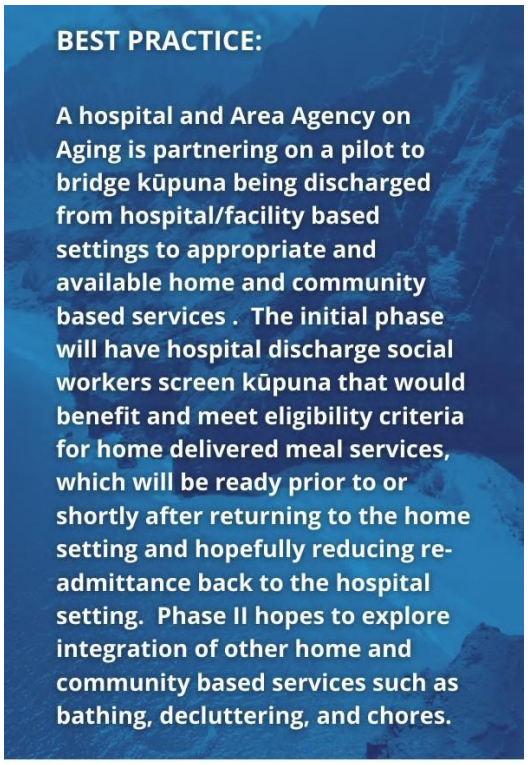
"When you take unique community needs to a large healthcare system, one that understands operational protocols, we fall short. We continue to not understand each other because there's no one translating the 'how'. It takes a special assertive role, like cultural programmer, and we often don't invest in those types of positions that help us to develop processes and protocols to operationalize trust in the context of care setting."

Hawai'i Hospital Representative

For some routinely underserved communities, such as the COFA population, leaders commented that individuals were quick to abort care if they felt misunderstood or care came in a culturally inappropriate manner; these individuals would then be less likely to return to that provider for any further services. While telephonic interpretation is often better than patients not being able to communicate at all with their provider, most participants felt that it was grossly inadequate to: communicate clearly with the patient their care pathway; assist the patient in making the appropriate decision for themselves; reduce the stress or concern present; and understand or address unspoken cultural barriers or misunderstandings. There was resounding support for increasing the number of bilingual medical social workers, medical interpreters, and culturally-competent providers as the most meaningful way to address barriers to care for LEP communities.

Greater Collaboration Within Healthcare and Beyond

An observation frequently mentioned in the key informant interviews was that greater collaboration within the healthcare industry would help build trust and better serve communities. They felt that competition within the healthcare industry may sometimes prevent community advancement, delay services, and ultimately further underserve marginalized populations. This perceived competition was not limited to the largest health systems, but was felt to permeate all parts of the healthcare industry – hospitals, urgent care clinics, FQHCs, primary care clinics, and eventually pharmacy-based primary care delivery – all competing for the same healthcare dollar. Greater collaboration would result in greater impact on the patients they serve and, potentially, lower healthcare costs, they thought.



Looking to the broader healthcare continuum, nearly every social service provider indicated that a warm hand-off strategy would tremendously improve the working relationship, trust, and patient care. While hospitals may not be positioned to provide all aspects of care an individual needs, establishing close referrals and hand-off relationships can help ensure that care is received.

Consistent Messaging

Perhaps reflecting the challenges of communicating during a rapidly-changing pandemic, some thought that inconsistent messaging contributes to a distrust of the healthcare system. This can be seen by some as a failure to collaborate or as an example of the variety of "facts" available. An important communication strategy in building community trust is sharing successes. As recommendations from this assessment are implemented, reporting back and sharing those milestones as a direct result of engagement through the process helps to further reinforce the *pilina* - or relationships - that are built through processes such as these.

C. Significant Health Needs

The 2018 CHNA identified eleven (11) Priorities across three (3) goals. Throughout the process of research and input gathering for the 2021 CHNA, five (5) priorities emerged as have been explored in depth above. However, the remaining 2018 Priorities were identified by community members and leaders as remaining critical to address. These continued needs are referred to as the "Significant Health Needs" by the IRS in Section 501(r)(3). Below is a brief update of key themes for each of the 11 Priorities from 2018. The table below provides brief themes and summaries taken from the statewide interviews and community conversations regarding each of the 11 Significant Health Needs.

SIGNIFICANT HEALTH NEED	2021 SUMMARY
Address financial insecurity. Create coordinated and systemic opportunities for communities and families to make good food and housing realistically accessible, develop workforce skills, create new economic opportunities, build financial assets, and reestablish active lifestyles.	Respondents felt that financial insecurity had increased dramatically. Housing prices are higher, inflation has impacted the cost of household items, and unemployment has touched many families. The most financially vulnerable said that unemployment and the Child Tax Credit had helped them significantly but those with more means had little recourse, and many faced food scarcity or eviction.
Work together for equity and justice. Work alongside affected populations to address inequitable treatment and opportunity.	Most respondents commented that not much had been done to shift systemic racism, gender equity, income disparities, or bias, but they felt that most people were now aware of the issues that had been present all along. This narrative shift and understanding was seen as the first step towards addressing the issue. Discussions highlighted that access, resources, and challenges were not experienced equally by all genders.
Strengthen safe families. Create the conditions and opportunities for families to be healing forces for its own members, including addressing financial stress that will enable more healthy time together.	Respondents largely commented that while communities had, at times, grown stronger due to COVID-19, families were less safe and under greater strain than in 2018. Many highlighted the increase in intimate partner violence and child abuse due to sheltering at home, doubling up households, and the lack of resources or contact with educators who could report abuse.
Prepare for emergencies. Mitigate future health impacts by engaging people, increasing understanding of the	This priority was seen as having made the most progress of the foundational goals. Folks largely credited the collaboration of agencies and

most vulnerable populations, building food systems, and strengthening relationships and community cohesion.	organizations that are traditionally siloed as the genesis of this progress. COVID-19 caused such an overwhelming emergency that traditional stakeholders had to get out of their comfort zone just to address basic needs of the community.
Build good food systems. Establish access to nutritious food so that it is available to all.	The public is now aware of how many keiki and kūpuna are food insecure and Hawai'i's reliance on imported foods. Many pointed to how folks began growing their own food, the creation of food hubs, and farmers' markets as positive steps forward. Increased usage of SNAP and "Da Bux" program, which partners with grocers to provide half off local produce, helped mitigate impacts.
Restore environment and sense of place. Better protect Hawai'i's natural resources, prepare adequately for climate change, develop good design and integration of the built environment, and reduce the negative environmental impacts of the visitor industry.	Respondents commented that the biggest impact they had seen on this issue was when Hawai'i shut down tourism, and our natural spaces were given room to heal. Many pointed to Hanauma Bay and other parks that were in better shape now. Most did not feel the current reliance on tourism is tenable or that enough is being done to mitigate the harm that tourism and climate change is having on our state. Over 80% of respondents to a 2021 health and well-being survey indicated the health of the land and ocean was important to their own well-being, with 63% of Native Hawaiians stating it was extremely important.[27]
Nurture community identity and cohesiveness. Support community-led efforts through shared activities and events, active organizing around shared purposes, and instilling community pride to foster greater trust and connectivity.	Two situations were regularly commented on with regard to this priority. The first was COVID-19 and how organizations and neighbors banded together to meet basic needs and support the most vulnerable. The second was the efforts to protect Mauna Kea, and the growth of a shared identity and purpose among some of the Native Hawaiian population working together.
Invest in teenagers and healthy starts. Invest in health and education at the earliest stages of life. Support school-based structures, community-based activities, and youth empowerment for pre-teens and teens.	Respondents were frequently distressed by this priority, with some commenting that it had regressed seriously in the last three years. Concerns were raised about increase in child neglect and the need for more training to identify signs. Teens no longer had access to their peers or after-school programs. Teen vaping and suicide rates rose. Access to early childhood care and

[27] 'Imi Pono Hawai'i Well-Being Survey 2021, *see*: https://marzanoresearch.shinyapps.io/HawaiiDashboard2/.

	support was similarly scarce and unreliable. Outcomes for homeless youth and youth identifying as LGBTQIA are especially disparate.[28] Those that have 4+ childhood traumas are 17 times more likely to experience substance abuse.
Shift kūpuna care away from "sick care." Build a new paradigm of aging so that healthy aging is available to more. Combat the grave threats of boredom, loneliness, purposelessness, inactivity, and other social and emotional hardships of aging.	Respondents commented that while much attention was given to the needs of kūpuna and things like "kūpuna shopping hours" were helpful; the lack of congregate, in-person activities, closure of adult daycares and senior centers had done serious damage to the population. Many died in isolation without their family around them.
Strengthen trust in healthcare. Rebuild and strengthen trust through listening, empathy, compassion, and treating the whole person, while also paying attention to the use of language and cultural nuances.	Respondents commented that at the beginning of the pandemic, some subpopulations had a lot of trust in the healthcare system while other communities routinely felt bypassed or judged by the healthcare system and providers. This was exacerbated after the COVID-19 vaccine mandates. Most respondents were wholly distressed by the breakdown of trust and concerned about effective strategies. Many examples and invitations were highlighted to build stronger relationships between hospitals and community organizations.
Provide accessible, proactive support for those with high needs. Identify, develop, and strengthen outreach, early intervention, free healthcare services, mental health, and oral health for those who are struggling with houselessness, mental illness, and addiction.	Responses to this question varied greatly from island to island and among different ethnic, linguistic, and marginalized communities. A few common issues were: lack of mental health resources, especially for youth or LEP individuals; telehealth and mobile clinics were two innovations that were universally seen as progress, but access to broadband and/or familiarity with technology were barriers; and the complexity of the healthcare system was routinely noted as especially difficult to overcome.

[28] The inaugural Hawai'i Sexual and Gender Minority Health Report, produced by the State Department of Health, is an invaluable resource for a more in-depth exploration of health needs impacting this community. *Available at*: https://health.hawaii.gov/surveillance/files/2017/05/HawaiiSexualandGenderMinorityHealthReport.pdf.

"Patients are not only a body, but a person with emotions, spiritual beliefs, life experiences, cultural identity, and social struggles."

Hospital Social Worker

D. Unique Populations

1. Geographic

Hawai'i County

Secondary data show Hawai'i County with many challenges in addition to the geographic challenges brought by the distinct demographic differences of the West and East sides. Population growth in Hawai'i County was among the highest for the state from 2010 to 2020, at 8.2%. At the same time, data show Hawai'i County with the lowest median household income, highest percentage of adults reporting frequent mental stress, and the second highest suicide rate (just slightly behind Kaua'i). The teen birth rate is the highest in the state, and early/adequate prenatal care for all women with a recent birth was the lowest. The proportion of single parent households is the highest in the state. The challenges of rural health on Hawai'i's largest island are currently being examined by the State Rural Health Association; State Department of Health, Office of Primary Care and Rural Health; in conjunction with community partners.

On the positive side of the ledger, with the lowest median housing prices in the state, the homeless rate is lower than other counties, as is the percentage reporting severe housing issues (overcrowding, high housing costs, lack of a kitchen, lack of plumbing). A higher percentage of Hawai'i County teens spend *less than* 2 hrs a day online in activities other than school-related, with the hope that they spend more time outside.

Kaua'i

Population growth in the past 10 years was the highest in the state, at 9.2%. This translates to an additional 6,200 people on this relatively small island, and contributes to traffic and congestion problems, escalating real estate prices, and housing challenges. The homeless rate on Kaua'i is the highest in the state, and service providers often cannot get families into housing even if they have Section 8, Housing First, or other vouchers that will pay market rents (with the latter true on Maui, as well). At the same time as these indicators are showing challenges, many of Kaua'i's health indicators are showing improvement, such as the percentage of adults who have had a routine medical checkup in the prior 12 months (prior to the pandemic) and those saying . While cancer prevalence is low, some cancer death rates also are among the lowest in the state.

Significantly, the incidence of breast cancer is the lowest in the state; and the death rate from breast cancer is lowest. The same is true for lung cancer. This suggests that it isn't lack of screening that results in low prevalence, given the relatively lower death rates, as well.

Given the relatively small population of Kauaʻi, the lack of facilities and health care/service providers is a significant barrier, especially in the area of mental and behavioral health. Women domestic violence survivors in residential treatment on Oʻahu who were from Kauaʻi indicated they would have gotten help earlier if there were resources and facilities on-island.

Maui County

The distinct characteristics of each of Maui County's tri-island population mask some of the challenges faced by residents. The map of areas of highest socioeconomic need in the state, for example, does not highlight any ZIPCodes on Maui, but rather multiple areas of Molokaʻi. It is likely the heterogeneity of Maui's residential areas – defined by ZIPCodes – that masks this. The median home prices are second only to Oʻahu, with a high vacancy rate (i.e. vacation rentals) rivaling that of Kauaʻi. Both Maui and Kauaʻi residents find themselves struggling with rising real estate costs due to increased demand from population growth and second home prices paid by outside buyers. The residual unemployment rate from the pandemic remains highest in Maui County and financial stresses (among other factors) likely contribute to the highest percentages of adults in the state reporting heavy drinking (two or more drinks per day) and intimate partner violence, both physical and sexual.

At the same time, Maui County reflects the lowest percentage of adults who did not participate in any physical activity or exercise outside of work in the 30 days prior to the survey. The mortality rate in the county is the lowest in the state. While cancer prevalence has fallen over the past several years, as it has around the state, Maui County's prevalence remains the highest, with certain cancer death rates among the highest, as well. Coronary heart disease and congestive heart failure rates are among the lowest.

"As goes Native Hawaiian health on Molokaʻi, so goes health on Molokaʻi", given that approximately 6 out of 10 residents of Molokaʻi have Native Hawaiian ancestry. The chronic conditions known to be overrepresented in the Native Hawaiian population all present challenges to health on Molokaʻi. So, too, does household income below 200% of the federal poverty level, which accounted for about 45% of the population before the pandemic. Subsistence farming, hunting, and fishing contribute to the family dinner table and serve to maintain the cultural connection to the ancestral way of life. The remoteness of Molokaʻi, combined with the population of approximately 7500, leads to a dearth of services and facilities for healthcare (and other goods). The people of Molokaʻi are extremely dependent on limited transportation services, especially for specialty care, much of which is extremely inconvenient and can be costly for accompanying caregivers.

City & County of Honolulu (Oʻahu)

As would be expected of an urban center, the stresses of long commute times, driving alone on a long commute, and other urban lifestyle indicators are clear in the secondary data. Another example is air quality, which is much worse on Oʻahu than on the Neighbor Islands. Insufficient sleep, defined as 7 hours or less per 24-hour period, was much higher on Oʻahu (45% of adults, contrasted to 38-40% on Neighbor Islands).

Certain health outcomes data, however, are generally better for residents of Oʻahu than for those on the Neighbor Islands, likely due to greater access to screening and preventive care. With

breast cancer, for example, the incidence is the highest in the state yet the death rate from breast cancer ranks among the lowest, which likely reflects greater access to care. The birth rate, which has fallen on Oʻahu and almost everywhere in the past several years, remains the highest in the state, while the teen birth rate is among the lowest. Data for teens show levels of fruit/vegetable consumption and sufficient sleep to be lower on Oʻahu than on the Neighbor Islands. However, the percentage of teens reporting being bullied or cyberbullied is lowest on Oʻahu, as is the percentage who reported at least one suicide attempt in the 12 months prior to being surveyed (as part of the Hawaiʻi DOH Youth Risk Behavior Surveillance System). Levels of teen vaping and alcohol use are reportedly lowest on Oʻahu, as well. This data may be a reflection of the highest median household income in the state and the proliferation of private schools on the island.

1. Healthy Women and Healthy Keiki

The old saying, it takes a village to raise a child can still be applied to modern society. However, in today's society, it takes a community to raise a healthy child. Building special relationships based on trust will open doors from a young age. From vaccinations to nutrition and fitness, by providing the tools to help children develop a healthy foundation at a young age will support their social emotional health to guide them to make responsible decisions. Furthermore, good nutrition and physical activity/exercise leads to self confidence.

In 2019, Hawaiʻi's population included 304,638 children under age 18 and 560,761 women over age 18. The population of women over age 18 in Hawaiʻi decreased when compared to the nation overall. The share of the state's population under 18 (21.4%) was smaller than the U.S. overall (22.6%) as of 2019. Hawaiʻi's female population is slightly older than the rest of the country, with a median age of 39.1 in 2019, compared to 38.1 for the nation.[1]

Nearly half of all children in Hawaiʻi identified as two or more races (41.5%), seven times the national average of 6.4%.[2] The percentages of children who identified as Asian and Native Hawaiian/Other Pacific Islander were also much higher in Hawaiʻi than in the U.S. as a whole. Only 18% of the population under age 18 identified as White only in 2017, compared to 67.4% of children under age 18 in the nation overall. In 2015, among women aged 18 and over, the largest proportion identified as White at 18%, followed by Native Hawaiian (those who identified as Native Hawaiian in combination with other races/ethnicities are included in the Native Hawaiian category) at 18% and Filipino at 15%. Black/African American, Hispanic/Latino, and Other race/ethnicity groups were much smaller in Hawaiʻi than in the rest of the U.S.[3]

Women in Hawaiʻi are well educated compared to the rest of the nation, as measured by the proportion of female residents aged 25 and over with at least a high school or a Bachelor's degree.[4] Despite this, racial disparities exist in Hawaiʻi in regards to educational obtainment. In 2017, 51% of women identifying as Asian and 33.7% of women identifying as white obtained a bachelor's degree, compared to just 18.8% of Native Hawaiian/Other Pacific Islander women. Women identifying as Black, Hispanic or Latino, and American Indian faced similar disparity, and their

[1] U.S. Census Bureau, American Community Survey, 2019 Estimates
[2] U.S. Census Bureau, American Community Survey, 2017 Estimates
[3] The Status of Women in Hawaiʻi Report 2017
[4] U.S. Census Bureau, American Community Survey, 2017 Estimates

educational attainment was much lower than the Asian and White population of women.

In 2017, 12.9% of Hawai‘i’s population under age 18 lived below poverty level, which was lower than the national value of 20.3%.[4] Among women over age 18, 11.2% lived below the poverty level in Hawai‘i, compared to 15.8% in the U.S. overall. Among both women and children in Hawai‘i, certain race/ethnic groups are more affected by poverty. Poverty rates are much higher among women and children identifying as Native Hawaiian, Other Pacific Islander, or Hispanic/Latino.

It is important to note, however, that federal definitions of poverty are not geographically adjusted, so the data may not adequately reflect the proportion of Hawai‘i residents who struggle to provide for themselves due to the high cost of living in the state.

The Asset Limited, Income Constrained, Employed (ALICE) Report provides a more accurate picture of economic hardship and survival in accordance with Hawai‘i’s relatively high cost of living, dominance of low wage jobs, lack of affordable housing, and gaps in public assistance.[5] This measure, developed by the United Way, provides estimates for those who live above the Federal Poverty Level but still struggle financially. The ALICE population is working, but they are typically just one major crisis (loss of job, health emergency, etc.) away from being at an increased risk for long term problems such as loss of housing or chronic health concerns. The 2020 ALICE Report determined that while 9% of Hawai’i households meet Federal Poverty Level guidelines for financial hardship, an additional 33% met ALICE criteria – a total of 42% of Hawai‘i households struggling to make ends meet.

According to the ALICE Report, women are among several demographics that are more likely to fall into the ALICE population. Children living with a single head of household are more likely to face financial hardship, with 80% of female-single-headed households with children falling below the ALICE threshold, while 62% of single-male-headed households with children fall below the ALICE threshold.

Healthy Starts

The birth rate in the state and nationally has decreased since 2015. Hawai‘i’s birth rate decreased to 11.9, while nationally the rate dropped to 11.6 per 1,000 total population in 2018. Unfortunately, Hawai‘i had a higher rate of newborns at low birth weight than the national figure of 8.3%. Hawai‘i County accounted for the highest at 8.6%, with Honolulu and Kaua‘i at 8.5%.

While the proportion of birth mothers with adequate prenatal care during pregnancy has decreased overall in the state (66.4% from 70.8%) and Honolulu County (63.4% from 72.7%) from 2013 to 2019, other counties saw a positive increase. Maui County saw the highest improvement from 67.3% to 83.1%, while Kaua‘i County remained the highest level of prenatal care delivered, at 91.7%. Teen pregnancy rates in the U.S and Hawai‘i have reflected a dramatic decrease from 2015.

[5] Hawai‘i United Way ALICE Report, 2020

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2015	BIRTH RATE (per 1,000 total population)	12.4	12.9	12.1	11.5	13.3	12.4
2018		11.6	11.9	11.1	10.9	12.4	10.4
The birth rate is an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, it depends on both the level of fertility and the age structure of the population. *(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017* *(Data: 2018). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2020*							

2015	TEEN BIRTH RATE (per 1,000 teen girls)	26.5	20.6	29.5	22.1	17.8	28.8
2018		17.4	17.2	24.0	20.2	15.4	14.8
Rate of live births to resident mothers between the ages of 15 and 19 years. *(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017; National figure from 2013 (Data: 2018). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2021; National figure from 2013*							

2013	EARLY/ ADEQUATE PRENATAL CARE	66.8%	70.8%	59.6%	67.3%	72.7%	81.4%
2019		66.8%	66.4%	60.9%	83.1%	63.4%	91.7%
Percentage of women with a recent birth who had adequate prenatal care according to the Adequacy of Prenatal Care Utilization Index. *(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH, Pregnancy Risk Assessment Monitoring System, 2017* *(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH, Pregnancy Risk Assessment Monitoring System, 2021. National figure from 2011.*							

2013	MOTHER SMOKED DURING PREGNANCY	9.0%	4.3%	7.0%	2.1%	4.0%	7.3%
Percentage of births to mothers who smoked during their pregnancy. *(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2015*							

2013	C-SECTION BIRTHS	26.9%	25.6%	32.8%	29.7%	23.5%	28.4%
2017		32.0%	25.9%	N/A	N/A	N/A	N/A
Percentage of births to resident mothers delivered by a cesarean delivery, or a C-section. *(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2015* *(Data: 2017). Source: https://www.cdc.gov/nchs/pressroom/sosmap/cesarean_births/cesareans.html*							

2013-15	EARLY PRETERM BIRTHS	1.5%	1.3%	1.4%	1.1%	1.3%	1.1%
2016-18		1.2%	1.1%	1.2%	1.0%	1.1%	1.2%
Percentage of births to resident mothers in which the baby had 32 to 33 weeks of gestation. *(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017 (Data: 2016-18). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2020*							

2013-15	LOW BIRTH WEIGHT	8.1%	8.3%	5.4%	4.6%	9.3%	4.7%
2016-18		8.3%	8.2%	8.6%	7.9%	8.5%	8.5%
Percentage of births to resident mothers in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces). *(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017 (Data: 2016-18). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2020*							

Food Security

Children experiencing food insecurity are more likely to experience developmental problems and perform poorly in school. The negative physiological and psychological impacts affect a child's behavioral and social development, which is likely to lead to future adverse health outcomes into adulthood.

Going into the pandemic, fewer Hawai'i students were eligible for the Free Lunch Program and the percentage of children living below poverty level had improved. However, when the pandemic closed public schools, meals were not provided to school aged children who depended on the daily nutritious meals.

Many families have also lost financial stability during the pandemic. Most children come from households where all parents are in the workforce. Overall, Hawai'i (74.2%) and its counties had more households with all parents holding down a job than was true nationally (71.5%), and, of course, multiple jobs are often necessary to keep up with the cost of living. Kaua'i County (82.9%) had the highest among the counties; while, Honolulu was 72.9%.

		US	**HAWAI`I**	**Hawai`i County**	**Maui County**	**C&C of Honolulu**	**Kaua`i County**
2015-16	STUDENTS ELIGIBLE FOR FREE LUNCH	42.6%	40.1%	58.3%	40.7%	36.1%	38.4%
2019-20		41.2%	36.5%	53.9%	34.5%	32.6%	35.5%
Percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program. *(Data: 2015-16). Source: Hawai'i Health Matters, National Center for Education Statistics, 2018 (Data: 2019-20). Source: Hawai'i Health Matters, National Center for Education Statistics, 2020. State figure is from 2018-19.*							
2013-17	CHILDREN BELOW POVERTY	20.3%	12.9%	23.7%	11.6%	11.2%	8.3%
2015-19		18.5%	11.9%	22.9%	10.7%	10.1%	9.0%
Percentage of people under the age of 18 who are living below the federal poverty level. *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019*							

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2013-17	PARENTS WORKING	70.7%	73.4%	73.8%	79.1%	71.7%	81.5%
2015-19		71.5%	74.2%	74.4%	77.8%	72.9%	82.9%

Percentage of households with children 6-17 years old and all parents in the family are in the workforce
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019

Stress

The percentage of children living in single parent households have remained steady since 2017. Today, single-parent families make up a large segment among family households at almost three out of ten. Overall, the state is below (28.7%) the national level (32.7%). However, three counties (Hawai‘i, Kaua‘i and Maui) are near or above the national figure.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2013-17	SINGLE PARENT HOUSEHOLDS	33.0%	29.1%	37.7%	33.8%	26.5%	30.9%
2015-19		32.7%	28.7%	38.1%	32.5%	25.8%	32.9%

Percentage of children living in single-parent family households (with a male or female householder and no spouse present) out of all children living in family households.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019

Health Insurance

Before the pandemic, the state had observed a slight improvement among children under the age of 19 who were covered by health insurance.

Since the beginning of the pandemic, there’s been an increase of residents enrolled in Medicaid coverage. Maui County (36%) had the highest portion of residents enrolled under Medicare since March 2020. It was recently reported on Hawaii News Now (dated September 29, 2021) that half of the children in Hawai‘i are covered under Medicaid.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2013-17	CHILDREN w/o HEALTH INSURANCE	5.7%	2.5%	2.7%	3.2%	2.4%	2.6%
2015-19		5.1%	2.3%	2.6%	3.3%	2.0%	3.0%

Percentage of children under 19 years who do not have health insurance.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019

Asthma

Asthma is a common chronic disease among young children. While the rates for childhood asthma are still relatively high (7.5%, state), it has improved since last reported (10.2%). Honolulu observed the most improvement from 10.1% to 7.2%. However, Kauaʻi County saw a rise to 12.5%, the highest among the counties.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2016	CHILDREN w/ASTHMA	9.2%	10.2%	11.9%	10.0%	10.1%	8.2%
2019		N/A	7.5%	6.9%	9.1%	7.2%	12.5%

Percentage of children under 18 years of age that currently have asthma. *(Data: 2016). Source: Hawaiʻi Health Matters, Hawaiʻi DOH BRFSS, 2018 (Data: 2019). Source: Hawaiʻi Health Matters, Hawaiʻi DOH BRFSS, 2021*

Education

Before the pandemic, there was a slight improvement in early childhood education enrollment among three- and four-year olds for Hawaiʻi and three of its counties. Only Maui County had experienced a downturn in enrollment, from 51.7% to 44.6%. The disruption in education caused by the pandemic prevented three- and four- year olds from being in a safe and nurturing environment to support their learning and developmental years. Thus, many childcare workers were faced with unemployment or termination as enrollment decreased or childcare centers closed. Before the pandemic, national (48.3%) and state (48.0%) figures for early childhood education enrollment remained stable and showed positive change.

Furthermore, daycare centers were shut down due to lack of workers or low student enrollment due to low immunization rates among preschoolers. During the pandemic, many residents avoided medical centers and doctor offices or lost health insurance coverage for their family because they were unable to work. This meant immunization among 3- and 4-year olds were postponed or ignored, for children who were about to start preschool or daycare. Thus, children were unable to enroll in daycare or preschool without the required immunization.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2013-17	EARLY CHILDHOOD EDUCATION	47.5%	47.6%	43.7%	51.7%	48.5%	35.8%
2015-19		48.3%	48.0%	44.1%	44.6%	49.9%	41.8%

Percentage of three- and four- year olds enrolled in school (public or private).
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019

Results of the Strive Hawai'i (DOE) testing in 2021 showed a sobering 26% decrease in math proficiency scores and a similar 20% drop in science scores. The disruption in in-classroom teaching is proving to be problematic in a child's early foundation for critical thinking and social wellbeing. It will be particularly challenging to assess the needs of certain at-risk groups (homeless, Micronesians, Pacific Islanders, and Native Hawaiians), where many opted to keep their children home rather than return back to the classroom for in-person learning.

Many students described to be at-risk were not equipped with a technological device nor internet access to participate in online learning. Thus, chronic absenteeism was observed among Micronesians (77%), English learners (72%), and among Pacific Islanders (55%). The Department of Education conducted a study amongst 90,000 students in grades 1 through 8. The study showed similar results to earlier studies, with a higher percentage of students who were performing below their grade level.

Children Living with Disabilities

When schools shut down and distance learning took into effect, it proved challenging for parents of school-aged children with disabilities and special needs. Daily routines utilizing specialized occupational exercises and tools could not be followed at home.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2013-17	CHILDREN W/DISABILITY <5 YRS	0.8%	0.5%	0.3%	0.6%	0.6%	0.7%
2015-19		0.7%	0.7%	0.8%	0.6%	0.7%	0.7%

Percentage of children less than 5 years old with any disability
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019

2013-17	CHILDREN W/DISABILITY 5-17 YRS	5.4%	3.7%	3.5%	4.1%	3.8%	2.9%
2015-19		5.5%	3.9%	5.3%	3.7%	3.8%	1.7%

Percentage of children 5 to 17 years old with any disability
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017 (Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019

Teens

The ongoing stress, fear, grief, and uncertainty created by the COVID-19 pandemic has impacted everyone, but many children and teens have had an especially tough time coping with the unknown. The social bonding in formative years has been severed due to school closures, separation of friends, and canceled activities. Anxiety, stress and mental health challenges are heightened concerns that need immediate attention.

Obesity and Eating Disorders

During the pandemic, as parents found themselves with more things to do but with less time to do it, fast food meals became the quick solution. A CDC study released in September 2021 showed significant weight gain nationally among children and teens between the ages of 2 and 19. Before the pandemic, child obesity levels were at 19%, increasing to 22% during the pandemic. Higher obesity levels translate to higher respiratory problems, diabetes and high blood pressure at an earlier age. And according to a recent report by the Robert Wood Johnson Foundation, the obesity rate for preteens and teens in Hawai‘i ages 10 to 17 showed a significant increase from 11.1% in 2018-2019 to 15.5% in the years 2019-2020.

The prevalence of eating disorders continues to rise at a steady pace for Hawai‘i’s teens. While Maui County showed a slight improvement at 23.4% from 22.4% in 2017, data from other counties indicated an increase.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2013	TEEN EATING DISORDER	N/A	20.8%	18.1%	23.4%	21.0%	19.9%
2019		N/A	21.5%	22.0%	22.4%	21.2%	22.3%

Percentage of public school students in grades 9-12 who went without eating for 24 hour or more, took diet pills, powders, or liquids without a doctor's advice, or vomited or took laxatives to lose weight or keep from gaining weight in the past 30 days.
(Data: 2013). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2017
(Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2021

Going into the pandemic, data show a decreasing percentage of Hawai‘i’s teens consuming a healthy diet.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN FRUIT/VEG CONSUMPTION	22.3%	14.2%	15.6%	15.6%	13.6%	14.1%
2019		22.3%	13.9%	16.6%	15.7%	13.2%	13.0%

Percentage public school students in grades 9-12 who ate fruits and vegetables five or more times per day during the seven days preceding the survey.
(Data: 2017). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2021. National figure from 2011.

Sufficient Sleep

Only one out of 4.5 Hawai‘i teens, on average, gets 8 or more hours of sleep per night. However, with the exception of Honolulu County (21.9%), the other counties reported a higher percentage of teens getting 8 or more hours of sleep on a school night than the national figure (22.1%).

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN w/SUFFICIENT SLEEP	27.3%	22.8%	26.6%	21.8%	22.2%	23.8%
2019		22.1%	22.8%	25.7%	23.5%	21.9%	26.0%

Percentage of public school students in grades 9-12 who got 8 or more hours of sleep on an average school night.
(Data: 2017). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2018 (Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2021

Online

On the positive side, prior to the pandemic, data show that local teens were more likely to spend less than 2 hours a day online (on activities other than school-related) than were their Mainland counterparts.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN <2 HOURS SCREEN TIME	58.3%	59.3%	61.3%	55.3%	59.2%	63.5%
2019		53.9%	58.2%	63.8%	54.4%	57.4%	62.0%

Percentage of public school students in grades 9-12 who play video or computer games or use a computer for something that is not school related for two hours or less on an average school day.
(Data: 2017). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2021

Bullying and cyberbullying showed moderate signs of improvement, but remain a concern. In 2019, 17.0% of island teens reportedly experienced bullying; whereas, it was at 18.4% in 2017.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN BULLIED	20.2%	18.4%	21.3%	21.7%	17.1%	19.9%
2019		19.5%	17.0%	20.7%	18.1%	15.8%	19.2%
Percentage of public school students in grades 9-12 who were bullied on school property in the 12 months preceding the survey. *(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018* *(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021*							
2017	TEEN CYBERBULLIED	15.5%	14.6%	15.1%	16.4%	14.0%	16.1%
2019		15.7%	13.1%	15.8%	14.0%	12.2%	14.5%
Percentage of public school students in grades 9-12 who were electronically bullied, including bullying through email, chat rooms, instant messaging, web sites, or texting, in the past 12 months. *(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018* *(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021*							

Suicide

A growing health concern is the increased numbers of teen suicide attempts in our island state. In 2019, the state surpassed the national figure, 3.2% versus 2.5%. In Hawai'i County, 4.3% of their public school teens reported a suicide attempt that required medical attention within the past year. Maui County also reported a high percentage at 4.0%. While the U.S. overall reflected a decrease from 2017 to 2019, Hawai'i's rates increased.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN SUICIDE ATTEMPT	2.8%	2.4%	3.5%	3.1%	2.1%	3.4%
2019		2.5%	3.2%	4.3%	4.0%	2.9%	3.0%
Percentage of public school students in grades 9-12 who reported at least one suicide attempt that required medical attention in the past 12 months. *(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018* *(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021*							

Trusted Adults and Role Models

Four out of five (79%) of Hawai'i teens reported that they had an adult or teacher they could confide in. However, when compared with data from 2017, these percentages have decreased in all counties, except Kaua'i, which remained the same.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN w/ADULT THEY CAN TALK TO	N/A	81.9%	84.4%	81.7%	81.5%	81.3%
2019		N/A	79.0%	78.7%	78.3%	79.0%	81.3%

Percentage of public school students in grades 9-12 who report they have an adult or teacher they can talk to about things that are important to them.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

Vaping

Currently, teen vaping is on the rise, both nationally and locally. It is a major health concern as numbers escalate for the state and each of the four counties. In 2017, Hawai'i reported that 42.3% of teens had tried vaping. Jumping to 2019, that number increased significantly to 48.3%. Three out of the four counties surpassed the national rate of 50.1%; Maui County having the highest at 58.1%.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN TRIED VAPING	N/A	42.3%	49.6%	50.7%	39.0%	45.3%
2019		50.1%	48.3%	56.5%	58.1%	44.5%	51.6%

Percentage of public school students in grades 9-12 who have ever tried an electronic vapor product (e.g. e-cigarettes, vaping pens).
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

Alcohol

Alcohol use among teens showed improvement in 2019, with consumption across the Islands down to 20.4% from 24.5%. This decrease can be seen in all four counties.

		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2017	TEEN ALCOHOL USE	32.8%	24.5%	32.1%	32.8%	21.0%	30.1%
2019		29.2%	20.4%	27.9%	27.7%	17.3%	24.3%

Percentage of public school students in grades 9-12 who had at least one drink of alcohol on at least one day in the past 30 days.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

Teen Meth

Hawai‘i’s teen methamphetamine trial and usage is more than double the national rate, 4.5% and 2.1% respectively. While Neighbor Island counties reflected decreases, the percentage of O‘ahu teens reporting using “ice” at least once in their life increased slightly. Similarly, the percentage of teens who reported being offered drugs at school is higher than is reported nationally.

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		US	HAWAI`I	Hawai`i County	Maui County	C&C of Honolulu	Kaua`i County
2018	TEEN METH USE	3.0%	4.8%	5.7%	6.2%	4.3%	5.4%
2021		2.1%	4.5%	4.7%	4.6%	4.4%	5.3%
Percentage of public school students in grades 9-12 who have used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life. *(Data: 2017). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2018* *(Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2021*							
2018	OFFERED DRUGS AT SCHOOL	21.7%	25.4%	26.8%	26.5%	25.3%	21.4%
Percentage of public school students in grades 9-12 who were offered, sold, or given illegal drugs on school property in the past 12 months. *(Data: 2015). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2016*							

“Our kids had a basic understanding of COVID but didn’t really realize how serious this disease could be. They were seeing their family members passing away right and left, but their public health understanding was very limited, so they would go to work, even if they had exposure. They also didn’t know that the eviction moratorium was in place.

We connected with a hospital to bring outreach workers to talk with our kids - that was great. The kids asked a lot of questions, and it was super helpful.”

Youth Career Program Leader

A single arrow is easily broken.
But not 10 in a bundle.

意味

JAPANESE & CHINESE PROVERB

III. Addressing Health Priorities

A. A Shared Kuleana for Community Health

The 2018 baseline CHNA proposed an empowering framework of shared kuleana. The following is an excerpt that is important to reassert, reestablish, and recommit towards.

> "At some point in history, a model of healthcare was established that went this way: It is up to the doctor to heal the patient, and it is up to the patient to comply with the doctor's orders. But even as our understanding of health grew to include public health, prevention, and social determinants, our concept of responsibility for health doesn't seem to have kept pace. We are still primarily looking to healthcare—now in the form of the healthcare industry—to drive the improvement of health, now including community health. In turn, the industry puts increasing onus on individuals to adopt "healthy lifestyles"—something that many in the community would say is essentially impossible for lack of a basic foundation for health. Expectations are unrealistic on both sides of the equation.
>
> Rather than pushing responsibility back and forth between individuals and the healthcare system, it is more realistic and more consistent with Hawai'i values to engage one another and share kuleana throughout the entire healthcare *ecosystem*."

The HAH CHNA process has adopted the understanding of upstream social determinants as directly connected to health and healthy outcomes. Hawai'i's hospitals, the health care ecosystem, and the broader community are capable of addressing these Significant Health Needs and the 2021 Priorities, and building a healthy Hawai'i. A Hawai'i that keeps its people safe, that provides enriched environments for its keiki to thrive, that provides a home to every family that wants one, where there is no stigma and discrimination, where healthcare meets people where they are, jobs can provide a good quality of life, that lives up to is promise of celebrating diversity, that seeks to heal generational trauma, where sustainable food and quality education are accessible for all, and where the 'āina and spaces in which we live are honored and respected. A Hawai'i that is **healthy**.

"If we believe that community is the solution to these issues, then we need to invest in a meaningful way that shows that we mean that. A priority is equality and justice - but people are so disconnected from believing that we can achieve equality and justice.

We forgot that we are the solution to the problems that we face."

Social Work Educator

B. Developing Strategies to Address Priorities

One of the requests from the Steering Committee was to include potential strategies that would allow hospitals to engage with and make an impact on relatively high-level priorities. The assessment process raised many recommendations and best practice examples, many of which are discussed throughout this report in their respective sections. This section includes two elements:

1. Recommendations that HAH members might consider approaching collectively, in order to make a noticeable and meaningful impact with communities while also leveraging resources, lessons learned, and symbiotic energy.
2. A table of the compiled strategies shared throughout the report.

Collective Strategies

These strategies might be considered collectively as an industry, where the sum is greater than its parts, and the ability to leverage synergies can improve the opportunity for impact.

Community Health Workers

As was explored in Section II. C., CHWs have had successes in helping many underserved communities to achieve healthy outcomes, and hospitals choosing to embrace these roles within the system could be an opportunity to address a number of the 2021 Priorities. Minimally, working together across the system and where CHWs currently operate to provide a shared definition and goals would be helpful in identifying where support can be most meaningful.

One of the challenges identified by some of the hospitals is the lack of reimbursement for CHW services. Hospitals may consider how to integrate housing services into these roles as they are eligible for Medicaid reimbursement. For residents over 60, hospitals might seek out the Area Agency on Aging for their respective County to determine how Older Americans Act funding might be available to support patient care coordination needs.

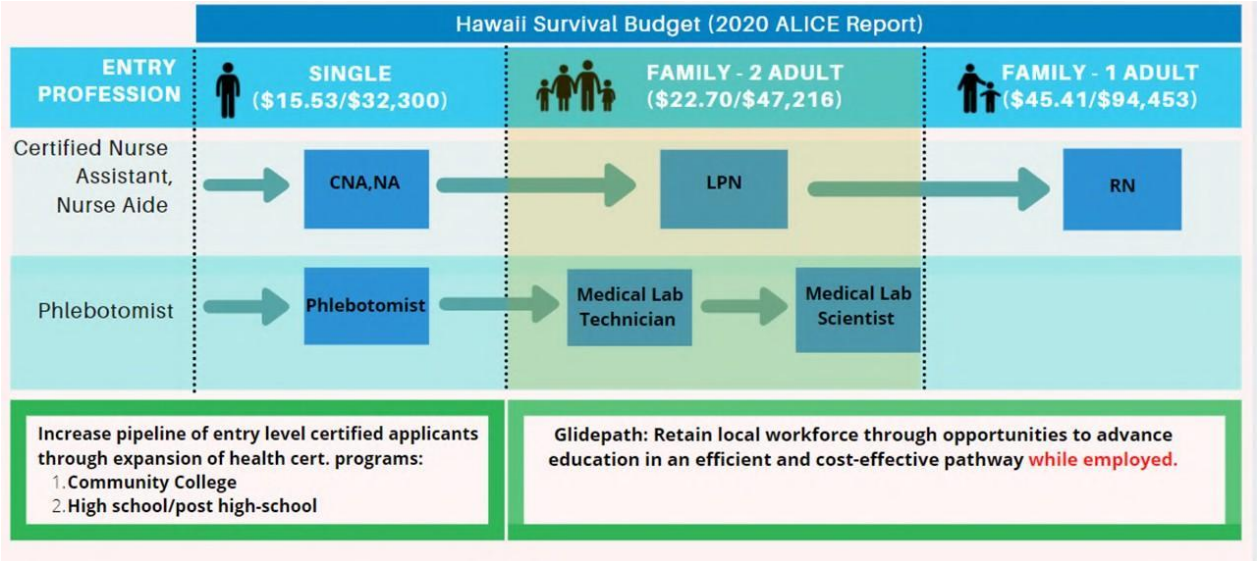
Workforce Development

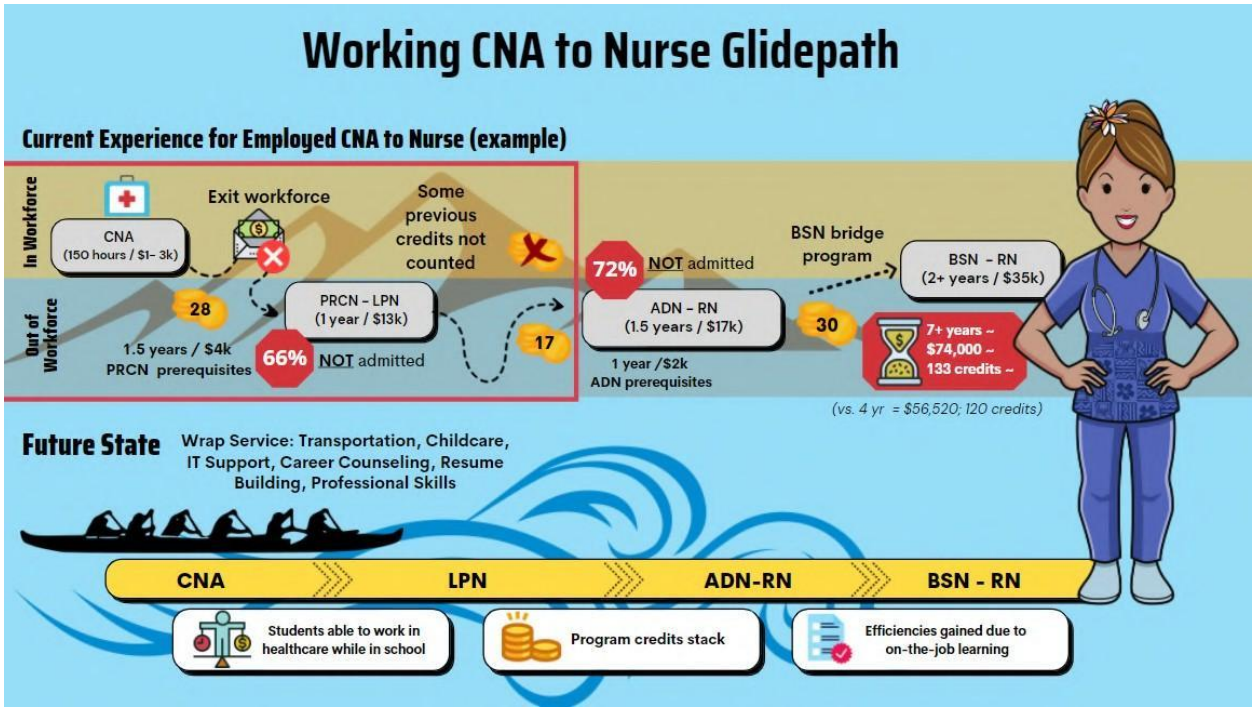
HAH has led a workforce development initiative since 2018, identifying workforce needs across the healthcare continuum. One key element identified is the need for growth and career advancement while continuing to work, which HAH calls the "glidepath." Community members working in and around financial insecurity for communities suggested that hospitals might consider introducing a living wage for their entry-level professionals and support "earn and learn" opportunities to advance to family-sustaining wages. This could help to address financial security for an important sector of the larger workforce and help with recruitment.

Workforce shortages were highlighted in other parts of the healthcare continuum as well, including social workers, homeless service providers, and in-home care providers. Elderly affairs agencies expressed that even when there is funding available to support in-home care workers and positions, providers have challenges finding people to fill positions.

While many hospitals reported working with local high schools and community colleges to provide education on healthcare careers, partnership potential may exist to expand programs and an even broader spectrum of career pathways with these providers through the UH System, local businesses, Department of Education schools, and in partnership with the State Workforce Development Council and Workforce Development Boards in each County, supported through funding by the U.S. Department of Labor.

Below is an example of a Nurse Assistant to Nurse glidepath from HAH, where some of the greatest needs lie.





Healthcare Facilities

The lack of critical facilities creates major fracture points that impact people throughout the healthcare system, a number of them identified both by hospitals and community leaders, who are engaging with the system on a daily basis and dealing with the repercussions of those limitations. Hospitals may consider how to partner within the industry and with external public, private, and non-profit partners to address some of these facility needs. A long-term residential (non-forensic) mental health facility has the potential to provide care to severely mentally ill persons there (rather than in hospital beds) and decrease homelessness. Short-term stabilization facilities within communities could assist with an alternate location for MH1s and provide for more comprehensive care. Treatment beds in residential facilities would allow for discharge from hospitals to appropriate care settings. Residential recovery programs can support behavioral health needs.

Continuing Education

Trauma-informed care and cultural competencies are important to be understood by all frontline workers. Even if CHWs are fully integrated into all hospitals, they are not going to, nor are they intended to, provide the full panoply of care to an individual and rather assist them in navigating it. Thus it is important that all frontline workers are regularly trained in care principles and they do not only live on planning documents. HAH members could consider a blue ribbon standard of requirements for all facilities to implement ongoing training that could be centrally coordinated and provided.

"It's really important for individuals to remember traumatic history when dealing with patients and be sure not to re-traumatize these individuals.

I've heard many examples of Native Hawaiians who come in to their doctors and talk about their traditional medicines that they've been using to try to heal themselves, and really received very dismissive treatment from medical professionals. That registry traumatizes individuals and communities.

It's really important that we create safe spaces for individuals, and also connect back to the ʻāina as much as possible."

Social Work Educator

Post-Federal Funding Planning

Well over $4 billion has entered the State of Hawaiʻi and its Counties by way of federal funds throughout the COVID-19 pandemic. These resources have come directly through state and local governments, as plus-ups to existing entitlement programs, relief aid to address emergencies, and funding to support community-level programs. The priorities have included both short term relief needs to address the impacts the COVID-19 pandemic has had on communities and families, as well as the long-term opportunities to invest in infrastructure and make structural changes to

strengthen the resiliency of government, systems, and communities to improve overall quality of life and prevent future events from having such devastating impacts.

As these funds have come in, they are complex, have a wide range of eligibility expenditures and priorities, vary in their jurisdictional implementation, and have differing expenditure deadlines. For example, the first significant tranche of funding came in 2020 through the "CARES Act," with an expenditure deadline of just over six months or funding would be lost. In addition to the complexities of the funding opportunities, the systems, and organizations responsible have to layer these duties on top of existing responsibilities, which in many cases were already over-taxed and under-resourced before the pandemic.

While having significant resources may sound like a great opportunity and, in many cases, has been lifesaving, it has been challenging to strategically coordinate and make planful long-term decisions around those resources. There is growing concern regarding what happens when those resources hit a cliff. For example, there are significant concerns about what happens to those trained staff and community resources, who were desperately needed and supported by federal funds through the pandemic, when the funding comes to a close. In other cases, redundant systems have been set up to address the volume of needs during the pandemic, which can negatively impact existing systems in the long-term. A number of agencies and community organizations have turned down funds fearing that capacity was lacking to responsibly implement new programs without detriment to existing programs and those that rely upon them.

While strategic planning is happening in pockets, several key stakeholders throughout the assessment process identified the great opportunity that the healthcare industry may have to participate in and support coordinated discussions among the healthcare continuum regarding those long-term planning needs, including making strategic decisions based upon the funding that is available now and how it can help to develop critical infrastructure that outlasts the current funding opportunities.

"Light was shone brightly on community health workers because of the pandemic. Their ability to connect to the community and translate what was happening, especially when you're dealing with communities that are so distrusting of government, was critical.

That is why the federal government is investing in building up this workforce."

Healthy Policy Leader

Summary of Suggested Strategies by 2021 Priority

Below is a table list of suggested strategies made throughout the assessment process for consideration by hospitals wishing to identify actionable steps in addressing the 2021 Priorities. The research team recognizes that many hospitals are already individually deploying some of these strategies, advocating for these policy changes, and/or participating in community initiatives for collective action. Indeed, all are integral parts of the communities in which they operate; and, by virtue of this involvement, work for the betterment of their communities. These are offered simply as a list of suggestions, requiring their own due diligence by respective and interested hospitals.

PRIORITY	SUGGESTED STRATEGIES
Financial Security	• Explore funding opportunities for care coordinators to assist households with accessing relief funding opportunities • Develop relationships with non-profit service providers addressing financial security within respective communities and establish systems for warm handoff of patients • Assist with accessing tax credits e.g. food tax credit • Implement high school and community training programs for entry-level healthcare jobs that are targeted to low-socioeconomic status communities and under-represented populations with a commitment to hire and provide support for career development • Evaluate a living wage minimum for all healthcare workers • Consider low-cost on-site child care for employees and/or other employer-funded child care options. Consider collaborating with other employers for joint employee child care initiatives • Utilize the hospital's purchasing power to build local wealth in the communities you serve by locally sourcing goods, services, and food, supporting diverse and locally owned vendors, and helping to incubate new community enterprises to fill supply chain gaps • Designate a percentage of the hospital facility's investment portfolio to provide affordable capital for projects in the hospital's service area that address the upstream drivers of health in collaboration with community partners, such as affordable housing, healthy food access, environmental disparities, and economic empowerment for underserved communities
Food Security	• Participate in communications around food as medicine • Greater collaboration between groups/coalitions being built • Purchasing food for hospital facilities from local farmers to support production and be resilient to external interruptions • Partner with healthy food providers to identify households in need coming in for care and providing meals upon discharge • Pursue collaborative funding to support meals at Title I schools • Support community farmers' markets and local grocery stores

	● Screen patients for food insecurity and implement “food as medicine” initiatives including: physician referrals to on-site food pantries, partnerships with healthy food providers to provide meals upon discharge, vouchers for local produce purchases at farmers markets ● Partner with schools to develop healthy eating curricula, school gardens, Farm to School networks, and healthy local meals ● Support Farmers Markets and development of healthy food options located at hospital facilities and in communities with low access to healthy food options ● Assist eligible patients to enroll in SNAP and contribute funding to SNAP “double bucks” voucher programs ● Utilize hospital cafeterias as sites for summer meal programs for school-age children, and kupuna meals/gathering places ● Provide space on hospital grounds for community garden; Utilize a hospital garden for culturally-based foods and medicinal plants ● Benchmark and leverage hospital purchasing power to buy local and support development of local healthy food systems
Housing	● Expand use of upstream determinants of health in screening questions; Note food or housing insecurity in patient history ● Explore the potential for developing workforce housing where facilities may have appropriate land available ● Partner to support workforce housing for healthcare workers ● Integrate housing services into hospital programs now that they are an eligible Medicaid reimbursable expense ● Partner with housing organizations for billing support ● Develop care coordinator relationships that create a “hand-off” from the hospital to the social service providers ● Engage in advocacy efforts to support affordable housing initiatives

Mental & Behavioral Health	● Support de-stigmatization and training for proper care and customer service, including considering mandatory training ● Message publicly the cost of treating negative outcomes being higher than re-investing in preventative treatment ● Encourage and further develop delivery of service to meet people where they are, via non-traditional channels, such as telehealth, street medicine, grocery kiosks, etc. ● Build or enhance psychiatric capacity in Emergency Rooms ● Address mental health needs of healthcare workers ● Training on trauma-informed care, seeing the person beyond the crisis ● Raise public awareness to help destigmatize mental and behavioral health as well as access to resources ● Engage in “normalizing strategies” such as supporting mental health professionals in school, screening for teens, coping skills training ● Partner with mental health service providers to address mental health needs while hospitalized, including discharge support and residential treatment, when needed

	● Engage in efforts to support development of mental and behavioral health workforce within our state ● Support up-stream investment in existing community-based programs ● Increase QUEST Field Service Coordination and allow for in-home visits to identify and address needs before they become a crisis ● Increase and develop mobile mental health resources and providers (Case Managers, LCSWs, Psychiatric APRNs, Psychiatrists, Pharmacists) to frequently go into the community to clients ● Seek partnerships to develop additional 24/7 mental health Crisis Shelters in the community, where individuals could go if experiencing a mental health crisis or high risk of substance abuse relapse and reduce Emergency Department visits

Trust & Equitable Access	● Greater collaboration with FQHCs and nonprofit organizations working within marginalized communities ● Invest in community health workers and medical social workers as important connectors to community ● Build cultural competencies through training and hiring more bilingual staff and those with deep community relationships ● Build competencies through training on trauma-informed care, understanding how to meet people where they are ● Conduct consistent outreach in underserved populations in collaboration with community partners ● Increase signage in all areas around safety and violence ● Support the cost of attendant travel for insurance purposes ● Expand mobile and pop-up clinics ● Expand and continue to promote telehealth initiatives ● Support the expansion of broadband and programs that provide service and equipment support to patients needing it ● Invest in built environments that seek to break down shame and bias ● Support healthcare in the schools such as the return of school health nurses and health screenings ● Partner to help address barriers to access such as transportation, child care, language, digital literacy, etc. ● Raise public awareness of need to destigmatize key populations or access to resources ● Increase digital access to patients, including technical assistance to support, such as through providing computers or kiosks on property ● Work with established kiosks such as AlohaQ to add healthcare and beyond services access and information ● Promote and implement programs to support diversity, equity, and inclusion internally within hospitals to guide internal hiring ● Support the development of culture that creates roles for non-clinical staff within emergency departments

"COVID laid it bare and showed us how weak our safety net is. Some of these messes, we didn't get into overnight."

Youth Policy Advocate

C. Policy Opportunities

Many community organizations working in upstream social determinants are involved in policy-making and advocacy around those issues. One of the critical ways that the CAC had identified that HAH and Hawai'i's hospitals could be involved in supporting those upstream determinants is by lending their voice to those policy discussions, whether at the executive branch, administrative, or legislative level. Hawai'i's hospitals are well respected and have an impactful voice in these spaces and could help to establish and reinforce these social determinants as intrinsically related to health. Supporting select advocacy efforts could also help to develop stronger working relationships with community-based organizations and broaden the coalition of those advocating for a better quality of life for Hawai'i residents.

Potential example policy initiatives are included below. A number of hospitals already support various important social determinants. This report encourages hospitals to further connect with the community and policy organizations working within the upstream social determinants to discuss where there is alignment and greatest opportunity for healthcare voices to be effective.

- Advocating for a healthy Hawai'i through policy change, such as increased regulation of tobacco products, sugary beverage fees, bringing more local produce into schools, and other initiatives
- Raising Hawai'i's minimum wage, currently $10.10/hr ($21,008/year full time)
- Prohibiting housing discrimination against renters based upon source of income, so those with vouchers cannot be excluded so long as they can pay the rent
- Supporting Operating and Capital budget allocations to support any of the priorities
- Allowing homeless youth in shelters without parental consent
- Strengthening protections for domestic violence survivors
- Support language access compliance in all state agencies and funding for in-state medical interpreter training initiatives
- Support taxing items to disincentivize such as sugar-sweetened beverages, tobacco, etc.
- Supporting progressive tax structure efforts that provide for sustained investment in these community-based health programs versus one-off grants

D. Kapi‘olani’s Selected Priority Health Needs

In 2016, the Hawai‘i Pacific Health system undertook an internal planning process to provide focus for HPH’s community health initiatives and develop a strategy to more meaningfully address the social (non-clinical) determinants of health. A work group made up of leadership from across the HPH system conducted “listening sessions” with a wide range of community organizations to learn about critical social issues impacting the health of our community, with special attention to vulnerable populations.

As a result of this process, HPH adopted the following priority areas of focus for its community health partnerships: *Strengthening families and developing resilient children by promoting 1) Economic Empowerment through food security, housing stability, and self-sufficiency; and 2) Education through holistic child development and family educational attainment*.

This CHNA identified five priority health needs: Financial Security, Food Security, Mental Health, and Housing. The Ward Team synthesized input from all sources and proposed prioritization options for feedback to the Steering Committee and CAC. The Ward Team guided this process by presenting progressive prioritizations for feedback, integrated input, refined the prioritization, and presented it again for feedback until agreed upon.

To identify the community health priorities that Kapi‘olani will address in its 2023-2025 Implementation Strategy, a committee of community benefits professionals from across HPH, including Kapi‘olani, evaluated the priority health needs identified in this CHNA using the following criteria:

- Alignment with the above HPH community health focus areas,
- Opportunity to leverage planned and existing HPH community partnerships and initiatives,
- Alignment with HPH’s resources and expertise, and
- Potential to make a measurable impact in collaboration with partners.

Based on these criteria, Kapi‘olani Medical Center for Women & Children selected:

- Financial Security
- Food Security
- Trust & Equitable Access

E. Evaluation of Prior 2020-2022 Implementation Strategy Activities

Over the past three years, Kapi‘olani Medical Center for Women & Children conducted the following community benefit activities to address the four priority community health needs identified in Kapi‘olani’s 2019 Community Health Needs Assessment: *Strengthen Families, Build Good Food Systems, Invest in Teenagers and Healthy Starts, and Provide Accessible Proactive Support for Those with High Needs*. Due to COVID-related restrictions on in-person gatherings and other precautions, certain programs outlined in Kapi‘olani’s 2020-2022 Implementation Strategy were revised or suspended. Kapi‘olani also stepped up to address pressing community health issues and social needs triggered by the pandemic.

Community Support to Address the Pandemic

Kapiʻolani provided extensive community support to address the COVID public health emergency, including standing up community COVID testing sites and vaccination clinics as well as collaborating extensively with state agencies and other health care systems to provide expertise, assistance and public health education. From December 2020 through March 2022, Kapiʻolani administered 48,700 COVID vaccinations.

Priority 1: Strengthen Families by Addressing Financial Stress

Strategy 1.1: Increase affordable financial services and other economic empowerment programs for low-income working families

- **Hawaiʻi Community Lending:** Kapiʻolani partnered with Hawaiʻi Community Lending, a community development financial institution, to provide emergency micro-loans, along with financial counseling, to aid low-income families experiencing hardship due to the economic impacts of the COVID-19 pandemic. Collectively, funding from the hospitals of Hawaiʻi Pacific Health, Hawaiʻi Community Foundation, the Chan Zuckerberg Foundation, the County of Kauaʻi and the City & County of Honolulu provided 890 at-risk residents of Kauaʻi and Oʻahu with emergency loans that helped them to sustain their housing and prevent homelessness. All borrowers received financial counseling and established emergency household budgets to help them meet financial goals.

- **Health Careers Job Training**: Kapiʻolani and the other HPH hospitals partnered with the Hawaiʻi Department of Education, Kamehameha Schools, Lili`uoukalani Trust, and Residential Youth Services and Empowerment to provide training in entry level allied health occupations such as medical assistant, nurse aide and patient services representative. These highly-in-demand health care positions pay starting salaries above Hawaiʻi's minimum wage and offer living wage career pathways. More than 250 students have successfully completed an HPH training program and more than 50 of them were hired by HPH.

Priority 2: Build Good Food Systems

Strategy 2.1: Increase access to healthy foods for food insecure families

- **SNAP Double-Up Food Bucks Incentives:** In Hawaiʻi, food insecurity increased significantly due to economic fall-out from the pandemic, with nearly half of all children identified as "food insecure." Kapiʻolani partnered with a multisector coalition to support a fund that offers double the value for all purchases of fresh, local produce made with SNAP-EBT. Programs such as this have been demonstrated to increase consumption of fruits and vegetables among SNAP-eligible households, as well as increase household income. The program also strengthens Hawaiʻi's food system by supporting local small farmers. From 2018 to 2020 SNAP-participating

households with access to a Double-Up Food Bucks retailer near them increased by 272%, resulting in 77% of all SNAP-participating households having access to a Double-Up Food Bucks retailer within shopping distance of their homes. In 2020 and 2021, the program paid out $2,641,387 in incentives, doubling the purchaser's value on 373,375 local fruit and vegetable purchases. An estimated 7,500 individuals benefited from the program each year.

- **Farm to Preschool**: In 2021, Kapiʻolani, together with the other hospitals of Hawaiʻi Pacific Health and partner Kamehameha Schools, initiated a jointly-funded project to pilot a Farm to Preschool program at two KS preschools on Kauaʻi. In the first six months of the pilot, school gardens have been planted at both preschools, 18 teachers have participated in 6 hours of professional development, serving 120 children and their families. Locally grown fruit was purchased from local farmers and served to all 120 children with accompanying curricula.

- **Grab and Go Meals for Preschoolers:** Kapiʻolani provided financial support for Parents and Children Together's 2020 meal program for pre-school children. For many children, school meals are a primary source of nutrition, and the grab and go meal program provided access to healthy meals while schools were closed due to pandemic restrictions. In 2020, PACT provided 15,191 meals to 502 preschool age children and 276 pregnant mothers and toddlers living in socio-economically disadvantaged communities.

Priority 3: Invest in Teenagers and Healthy Starts

Strategy 3.1: Address obesity among vulnerable children and youth

- **Healthy Weight and Your Child** is an intensive, family-based adolescent weight management program to combat childhood obesity. Kapiʻolani and the other hospitals of Hawaiʻi Pacific Health, partnered with the YMCA of Honolulu and the Kidney Foundation of Hawaiʻi to make the program accessible to families across Oʻahu right in their communities. In 2019 and early 2020, 4 cohorts were conducted reaching 32 participants and their families. More than 60% of participants were in populations with health disparities, including Native Hawaiian, Pacific Islander, and Filipino. Due to pandemic restrictions on in person gathering, the program was suspended during the early part of the pandemic and then re-designed so it could be delivered in an entirely virtual format to participants in their homes. In 2021 and 2022, 3 cohorts were conducted in this new format, with 13 participants and their families successfully completing the program.

Strategy 3.2: Increase age-appropriate services that support healthy development and resilience among vulnerable children and youth

- **Residential Youth Services & Empowerment (RYSE):** Kapiʻolani provided financial support to this youth-specific shelter providing temporary overnight lodging and support services to help homeless youth achieve housing, employment and self-

sufficiency. From 2020 to 2022, RYSE served over 300 youth and added three additional shelter locations.

Strategy 3.3: Prevent child injuries

- **Child Passenger Safety Program** promotes public awareness of the importance of using child passenger restraints and seat belts to prevent child injuries, and provides assistance with the proper fit and installation of various car seats and booster seats at a variety of community events and locations. The program also assists families that have financial need to obtain low- or no-cost child safety seats. July 1, 2019 to April 1, 2020, Kapiʻolani provided free car seat checks, trainings and educational programs at 21 community events, assisting 485 families with car seat installation and safety education. Due to the pandemic, events were cancelled after April 2020.

Priority 4: Provide accessible, proactive support for those with high needs

Strategy 4.1: Increase access to clinical services and improve health literacy for under-served families and individuals

- **Kahauiki Village** is an affordable rental community for families who previously experienced homelessness. Kapiʻolani has been providing on-site health education, screenings and check-ups for residents at periodic community Wellness Day events. However, these activities were suspended from April 2020 to April 2022, due to pandemic restrictions. At events in July 2019 and January 2020, attended by more than 200 Kahauiki Village tenants, Kapiʻolani and the other hospitals of Hawaiʻi Pacific Health provided back to school children's health screenings, biometric screenings for adults, oral health screenings, and health literacy and nutrition education.

- **Medical Transport Services**: Kapiʻolani provides inter-hospital transports from the neighbor islands to Oʻahu, where Kapiʻolani is located, and to the mainland, for critical neonatal and pediatric patients requiring access to specialty care not available in their communities. In fiscal years 2020 to 2022, Kapiʻolani provided transport for more than 1,221 patients.

- **Cancer Research Clinical Trials:** Kapiʻolani, together with the other hospitals of Hawaiʻi Pacific Health, Queens Medical Center, and Kuakini Medical Center, donated to the Cancer Research Center of Hawaiʻi to enhance the quality and breadth of cancer care in Hawaiʻi by supporting enhanced patient access to clinical trials, state-of-the-art treatment, and innovative therapies near to home.

UA OLA LOKO I KE ALOHA

Love is integral to mental and physical wellbeing

ʻŌLELO NOʻEAU #2836

IV. Conclusion

A. Mahalo from the Research Team

The past nine months of this assessment has provided such an incredible experience. The research team has had the opportunity to engage with over 200 people across our island home, who care so deeply about our Hawai‘i. Social workers, teachers, farmers, doctors, policy advocates, mothers, daughters, survivors, students, policy makers, nurses . . . all asking the question, **“What makes Ours a Healthy Community?” For the communities in which they live, the clients they serve, the people they love.**

With a charge of updating the 2018 Community Health Needs Assessment (CHNA) and with considerable recognition of the pandemic effects on the social determinants of health, the 2021 CHNA research team sought out a wide range of voices, perspectives, and communities to understand the unique and Significant Health Needs facing Hawai‘i’s communities. The foundations laid in 2018 focusing on upstream social determinants provided a critical backdrop for building upon and delving into the barriers to healthy communities and people today.

While there initially were concerns about possible survey and interview fatigue and the thought that these might dampen participation, it was clear that the pandemic experience had sharpened community focus on the social determinants of health and, indeed, had resulted in a generous willingness to participate. There was tremendous recognition of the sacrifices and contributions of hospitals and the entire continuum of healthcare throughout the last two years, and what could even be described as excitement for an opportunity to identify ways to **strengthen healthcare systems and build trust with communities.**

Recommendations and best practices were bountiful. This report seeks to lift those up and provide specific pathways for hospitals to consider being part of addressing Significant Health Needs. Trauma experienced throughout the community is profound, both individually and collectively. This report seeks to honor and learn from those experiences.

We were inspired by community members that shared stories of the strength of honoring place and acknowledge the healing that Hawai‘i’s ‘āina can provide. We were influenced by the ‘ōlelo no‘eau: **“Mōhala i ka wai ka maka o ka pua,” - people, like flowers, thrive where there is water and resources for a good quality of life.** We are honored to have been a small part of the important work of keeping our communities alive and thriving, and we believe the hospitals o Hawai‘i have the power and passion to be life bringing wai to Hawai‘i’s communities.

Me ka mahalo a me ke aloha pumehana. E mālama. E ola.

Becki & Becky

B. Acknowledgments

Many people throughout the healthcare community, healthcare continuum, and our community broadly helped input into this 2021 update of the Community Health Needs Assessment. The research team saw its role primarily as a conduit for a deep well of knowledge to provide a framework for understanding the complex and **interconnected needs facing our communities** today and a pathway with **actionable and achievable next steps**.

Our client and partner in this process was HAH. Mahalo to the executive leadership and the Steering Committee, who entrusted us with this critical responsibility. We also want to offer special thanks to **Jodi Hashimoto**, who served as our project manager, and **Lori Henning**, without whom this CHNA would not have come together as it did. The critical project management, expertise, and leadership they provided were invaluable and helped keep every stakeholder engaged and every critical deliverable on track. We highly recommend that future CHNA's include strong project management support.

We also want to extend **gratitude to the 2018 research team**, who moved mountains in shifting the lens of this vital work from clinically focused to more broadly understanding and embracing the social determinants of health as the framework for this work moving forward. Building upon that foundation was an honor, and we sincerely appreciate the 2018 team and those involved in that report.

In addition to the formal partners, stakeholders, key informants, community connectors, and stakeholders identified throughout this report and its appendices, many individuals served as kumu - sources of knowledge and mentorship - to our team. Out of respect for the preferred anonymity of many, we simply say, our most sincere ***mahalo***.

"In public health, we often think about our objectivity and being actually removed from communities, when in fact we should be embedded, immersed, and part of.

How do we make communities more resilient?

What we know is that trauma isolates, and we know that that isolation keeps people separate from others who could be resources, both formal and informal. And we know that the healing process for trauma means bringing people together."

Social Work Educator

V. Appendices

A. Appendix A - Shared Kuleana Strategies

The resources below are a sample of projects and special programs currently operating within community around the 2021 Priorities. It is not an exhaustive list of all programs and is not intended as a list of providers, although they are referenced and mentioned where appropriate or where a specific program wasn't named but housed within an organization.

1. Coalitions

There are a number of coalitions working in and around the various 2021 Priorities and other Significant Health Needs. Some hospitals already participate. These could be good opportunities to join existing work and support the collective work being done with communities around social determinants of health. Suggested examples include:

- Affordable Housing Coalition: https://www.ahafellows.com/home
- Hawai'i Coalition for Immigrant Rights: https://www.hicir.org/
- Hawai'i Oral Health Coalition: https://www.hiphi.org/hawaii-oral-health-coalition/
- Kūpuna Food Security Coalition: https://www.hiphi.org/kupuna-food-security-coalition/
- Obesity Prevention Task Force (OPTF) - originally convened through statute by the Department of Health, the OPTF continues to meet and is convened by HIPHI: https://www.hiphi.org/heal/healthy-eating-active-living-coalitions/
- Partners in Care (PIC): https://www.partnersincareoahu.org/
- Working Families Coalition: https://www.workingfamilieshawaii.org/

2. Financial Security

ALICE. Aloha United Way recently released a report, ALICE: A STUDY OF FINANCIAL HARDSHIP IN HAWAI'I. ALICE (Asset Limited, Income Constrained, Employed) individuals and families are those who have at least one job yet cannot afford housing, child care, food, transportation and health care. Nearly one in two households in Hawai'i are ALICE and below. Since releasing its report, AUW has focused on supporting the ALICE community on strengthening their financial health. AUW embraces the reality that sustainable social change must involve cross-sector coordination, long-term commitment, and investment in deeper relationships with strategic partners. Additionally AUW hotline at 211 provides referrals to relevant programs. (https://www.auw.org/alice)

Hawai‘i Budget & Policy Center (HBPC). A program of Hawai‘i Appleseed, HBPC works on state and local economic policies to increase opportunity for all residents by analyzing and understanding the implications of tax and budget decisions and educating public and policy-makers. The HBPC's advisory board includes representatives from Kaiser Hospital, Federally Qualified Health Centers, the University of Hawai‘i System, and community-based organizations. (https://hibudget.org and https://hiappleseed.org)

Maui Economic Opportunity (MEO). A nonprofit Community Action Agency committed to helping low-income individuals and families become stable and achieve economic security, MEO provides many important programs. This report focuses on its
transportation services. On Maui and Moloka‘i, van drivers transport their participants to doctor's offices. The services, funded largely via County of Maui grant appropriation, include transport for services such as Ala Hou, Easter Seals & Adult Day Care, Employment for the Disabled, Dialysis, Low-income and Economically Challenged, Kaunoa Leisure Program, Ka Lima O Maui Program, Rural Shuttle, Senior Nutrition Program, Youth and Community, HeadStart Program, Hospice of Maui, Independent charter, Maui Memorial Medical Center, and Medicaid. (http://www.meoinc.org)

Working Families Coalition: Organized by Hawai‘i Children's Action Network, this coalition of advocacy and service-providing organizations advocates for pro-working family policies including raising the minimum wage, Earned Income Tax Credit and affordable child/elder care.
(https://www.workingfamilieshawaii.org)

3. Food Security

‘Āina Pono: Farm to School Program , Hawai‘i State Department of Education (HIDOE). This program is increasing local food in student meals as well as connecting keiki with the ‘āina through their food, using produce from local farms. HIDOE has
established partnerships that include the Office of the Lieutenant Governor, the Hawai‘i Department of Agriculture (HDOA), the Hawai‘i State Department of Health (DOH),
The Kohala Center, Kōkua Hawai‘i Foundation, Ulupono Initiative, the Hawai‘i Farm to School Hui, Dorrance Family Foundation, Hawai‘i Appleseed, Johnson ‘Ohana Charitable Foundation, Kaiser Permanente, the Hawai‘i Farm Bureau Federation
(HFBF) and HMSA.

Blue Zones Project. Dan Buettner's book, *The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest* , evolved into a worldwide network of "community-wide well-being improvement initiatives" intended to help people live longer, healthier, and happier lives. The Hawai‘i Medical Service Association (HMSA) brought the Blue Zones Project to Hawai‘i, with program staff implementing various activities in communities throughout the state. For example, in September 2018, Blue Zones held a Big Island Food Policy Summit in Hilo that convened close to 100

stakeholders from agriculture, the food industry, health, education, local government, and various parts of the community to build a common agenda for Hawai‘i Island’s food self-reliance and work toward creating a healthy food system for Hawai‘i Island. (https://hawaii.bluezonesproject.com)

The Bodacious Women of Pāhoa, Nānāwale, Hawai‘i. What began as a small group of friends getting together to socialize grew to volunteers helping with a monthly food pantry. In the summer of 2014, when Hurricane Iselle hit Hawai‘i Island, isolating many communities from assistance, the group began to aggregate and distribute hundreds of bags of groceries to households that needed food. Following that experience, Bodacious stationed shipping containers stocked with food in several Puna communities to prepare for future disasters. (https://www.punalavaflow2018.com/bodacious)

Community Meal, St. James’ Church, Waimea, Hawai‘i Island . The Community Meal is a weekly Thursday evening dinner hosted by St. James’ Church in Kamuela, which began as a meal for the “homeless, working poor, lonely and downright hungry in our community.” It has grown into a popular and diverse community event for everyone. Local farmers and ranchers contribute food to the meal; volunteers cook, bake and serve; and leftovers are delivered to senior homes, houseless shelters, and to the homes of families who need food. Many cite the weekly event as a source of community pride, bringing people together to build relationships and help each other. (http://stjameshawaii.org/community-meal)

Community “Poi Day,” Waipā Foundation. This community gathering happens every Thursday at 5 am when community volunteers gather to process cooked kalo into poi
and lunch is served when the job is done. Poi Day was started about 30 years ago by the Hawaiian families along Kaua‘i’s north shore to keep poi available and affordable. Today, Waipā distributes poi to kūpuna and ‘ohana throughout the
island. (http://waipafoundation.org/community_poi)

Double Up Food Bucks. This program helps low-income people who are on SNAP or food stamp benefits buy more healthy fruits and vegetables at participating markets and grocery stores. As its name suggests, the program doubles the value of benefits that enables people to eat local produce and support local farmers. Many organizations are offering this program throughout Hawai‘i, including The Food Basket (Hawai‘i Island’s Food Bank), Sust‘āinable Moloka‘i, Mālama Kaua‘i, Mālama Learning Center’s Mākeke Kapolei market, Wai‘anae Coast Comprehensive Health Center’s Mākeke
Wai‘anae, Kōkua Kalihi Valley, and others. (http://www.doubleupfoodbucks.org)

Farm to School Hui Under the Hawai‘i Public Health Institute, this hui aims to strengthen the farm-to-school movement in Hawai‘i. It does this by supporting networks on five islands by sharing resources, capacity building, professional development, and advocacy. It works with community organizations, and representatives of the Hawai‘i departments of agriculture, education, health, and the University of Hawai‘i. (https://www.hiphi.org/farmtoschool)

Hawai‘i Good Food Alliance. The Hawai‘i Good Food Alliance is a diverse hui of community leaders who share in the production, aggregation and distribution of food to re-build thriving community food systems in Hawai‘i. Partners work in and with the community for community-led economic and social development. hawaiigoodfoodalliance.org

Keiki Produce Prescription . The Mākeke Wai‘anae Farmacy Keiki Produce Prescription Pilot Project provides children and their families with produce prescriptions, redeemable for locally grown produce at Mākeke Wai‘anae (farmers market). Each “prescription” is good for three $24 refills to be distributed to patients monthly when they visit the Wai‘anae Farmers Market. The objective of the project is to increase access to healthy, locally grown food, improve diet quality and reduce the burden of childhood obesity and risk for future chronic disease.

KEY Project Kūpuna Program . The Kūpuna Program promotes socialization, culture, exercise, and access to healthy foods. On Wednesdays and Fridays, up to 100 senior citizens fill into the KEY Project campus to have fellowship and a freshly prepared meal. The program involves many other activities, like ukulele and art classes, field trips, and guest speakers. (https://keyproject.org/index.php/senior-citizens-kupuna)

Kūpuna Food Security Coalition: Recently organized to meet the immediate nutritional needs of elders during 2020 and the start of the COVID-19 pandemic, the coalition brings together nonprofits, community leaders, and government entities to ensure that kūpuna have access to food. (https://www.hiphi.org/kupuna-food-security-coalition/)

Roots Mobile Market, Kōkua Kalihi Valley . The Mobile Market is a mobile produce service, bringing local farmers’ products right to local businesses, agencies, or community sites. The Mobile Market began as a way to distribute produce to KKV employees who couldn’t make it to the market during their work day. (https://www.rootskalihi.com)

Transforming Hawai‘i Food Systems. An newly formed initiative that seeks to build statewide capacity and pave the way for a robust, sustainable and resilient food system. The initiative harnesses innovation and momentum developed in response to the COVID-19 pandemic, documents lessons learned, articulates policy and planning recommendations, and sets up the State to expand large-scale institutional purchasing of local foods. (https://transforminghawaiifoodsystem.org/)

4. Mental & Behavioral Health

Hawai‘i Health and Harm Reduction Center (H3RC). The Hawai'i Health and Harm Reduction Center serves Hawai’i communities by reducing the harm and fighting the

stigma of HIV, hepatitis, homelessness, substance use, mental illness, and poverty in our community. They focus efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and the transgender, LGBQ and the Native Hawaiian communities. They seek to foster health, wellness, and systemic change in Hawai'i and the Pacific through care services, advocacy, training, prevention, education, and capacity building. (https://www.hhhrc.org/)

Ho'omau Ke Ola. A residential treatment and recovery program, they base their approach on a philosophy of creating a learning environment that is based on cultural and spiritual values from Hawai'i's rich past. Mo'olelo, or storytelling of some Hawai'i's legends and history, can engage those who have been reluctant to share their own history and pain. They are working to create an 'āīna-based program that will pair traditional farming and learning to help restore severed connections to land, families, and culture. (http://www.hoomaukeola.org/)

Kōkua Kalihi Valley (KKV) Elder Services. KKV's Elder Care Programs provide Kalihi seniors from all cultural backgrounds with holistic care. At KKV's Elder Center and at the nearby public housing community of Kūhiō Park, elderly clients gain daily opportunities for social engagement, physical activity health education, and primary health care. (http://kkv.net/index.php/elder-care)

Kōkua Life, Suicide Prevention App for Hawai'i . Kōkua Life is a suicide prevention app that provides users with Hawai'i resources and tools related to suicide prevention. It is designed for use by both healthcare or other professionals and the general public to find help for oneself or others. It includes a resource directory for mental health and social service providers on each island. Kōkua Life was created by Mental Health America of Hawai'i with funding from the State of Hawai'i Department of Health. (https://kokualife.org)

Mental Health Kōkua. Mental Health Kokua assists people with mental health and related challenges, to achieve optimum recovery and functioning in the community. MHK has grown to an organization serving a broad range of behavioral health needs, with 40 locations throughout Oahu, Maui, Kauai, and on the Island of Hawaii. (https://mhkhawaii.weebly.com/)

School-Based Health Centers . Wai'anae Coast Comprehensive Health Center manages three School-Based Health Centers located at Wai'anae High, Wai'anae Intermediate, and Nānākuli High & Intermediate Schools so that students are able to receive primary care and behavioral health services at school. The Health Centers offer a full range of health services, from sick visits to sports physicals, keeping students healthy and focused on their studies. (http://www.wcchc.com/SBHC)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This treatment for children and adolescents impacted by trauma and their parents or caregivers successfully removes a broad array of emotional and behavioral difficulties associated with trauma. There are 30 providers being trained in TF-CBT on Kaua‘i, including organizations such as the YWCA of Kaua‘i. (https://tfcbt.org)

5. **Housing**

ALEA Bridge. Based in Wahiawā, ALEA Bridge works with at-risk individuals, families, youths, and veterans including people who are houseless through a personal, respectful, collaborative and grassroots approach. They help with finding employment and housing; managing finances; and placing people into substance abuse and behavioral health program. They often partner with Wahiawā General Hospital. (http://www.aleabridge.org)

Hawai‘i Housing Coalition. The Federal Reserve Bank of San Francisco has been convening a group of Hawai‘i stakeholders to develop a vision and strategy for establishing a multi-sector, community-driven coalition that promotes affordable housing for low-income residents of Hawai‘i. (https://www.frbsf.org)

Hawaiian Community Assets. HCA helps low- and moderate-income communities, particularly Native Hawaiians, become more self-sufficient in their housing and finances. They provide workshops in housing and financial education, counseling for individuals, and access to asset building services—all of which are grounded in Native Hawaiian culture. HCA has been playing a critical role in assisting with relief and recovery efforts in the aftermath of the 2018 natural disasters on Hawai‘i Island and Kaua‘i—providing housing counseling, financial coaching, emergency financial planning, and access to grants and loans for assistance. (http://www.hawaiiancommunity.net)

Kahauiki Village. This housing community will provide long-term, permanent, affordable housing for approximately 153 currently houseless families with children on O‘ahu. Kahauiki Village is a community of approximately 144 one- and two-bedroom homes being built on 11.3 acres of land located between Nimitz Highway, Keehi Lagoon Park, and Sand Island. When completed, Kahauiki Village is expected to house over 600 adults and children. This project, led by the State of Hawai‘i, City and County of
Honolulu, and aio Foundation, has another goal to provide employment opportunities within walking distance for houseless parents. (http://www.kahauiki.org)

Housing Now! A coalition project by Faith Action, a grassroots interfaith non-profit organization seeking to collectively address the root causes of social justice challenges facing our community. Housing advocacy has been a critical element of building healthy and just communities. (https://www.faithactionhawaii.org/)

Pūnāwai Housing by Pacific Housing Alliance Corporation (PHAC). A project of the City & County of Honolulu, Pūnāwai is a comprehensive project seeking to address the wide range of needs of those experiencing homelessness. The project is located in Iwilei and includes a hygiene center, clinic, respite housing, and permanent supportive housing for those transitioning out of homelessness.

6. Trust and Equitable Access

The Baldrige Award. This program, established by Congress in 1987 and administered by the National Institute of Standards and Technology within the U.S. Department of Commerce, recognizes U.S. organizations and businesses that demonstrate "an unceasing drive for radical innovation, thoughtful leadership, and administrative improvement." Adventist Health Castle won the Malcolm Baldrige National Quality Award in 2017, becoming the first recipient of the Baldrige Award in Hawai'i. Castle was recognized for its "demonstrated continuous improvement practices for delivering health care services, exhibited efficient and effective operations, and revealed systematic methods for engaging and responding to patients and other stakeholders." (https://www.nist.gov/baldrige)

Basic Adult Dental Care for Medicaid Members in Hawai'i. AlohaCare and 'Ohana Health Plan will offer basic adult dental care coverage beginning January 1, 2019. Since 2009, dental care coverage for adults enrolled in the state's Medicaid program has been limited to emergency care. (https://www.wellcare.com/Hawai'i and https://www.alohacare.org)

Cardiac Rehab Lab. At the Cardiac Rehab Lab at Wilcox Medical Center, patients receive customized treatment plans that focus on their own conditions and limitations. The Cardiac Rehab Lab utilizes exercise treadmills, bikes, cross-trainers, and free weights. The program was launched in 2012 in response to a lack of rehab options for residents of Kaua'i following cardiac interventions. (https://www.hawaiipacifichealth.org/wilcox/services/heart-health)

Care for houseless discharged from hospital facilities. OHANA (O'ahu Health Access and Network Association) project provides case management and short-term residential care that allows houseless individuals discharged from Queen's Medical Center and Adventist Health Castle the opportunity to rest in a safe environment while accessing medical care. Tūtū Bert's Homes, an 8-bed private medical respite, offer medically frail houseless individuals who are no longer in need of in-patient hospitalization but still too frail to recuperate on the streets. The house facilitates short-term stabilization and supportive case management that accelerates their transition out of houselessness, and into available housing options. (http://www.kphc.org/patient/healthcare-homeless)

Chief Community Health Officer. At a systemwide level, Kaiser Permanente established a position of Chief Community Health Officer, reporting directly to the Chief Executive Officer, reflecting an effort to move beyond the minimum compliance of "community benefit" and elevating the centrality of place in building health and
well-being.
(https://share.kaiserpermanente.org/article/kaiser-permanente-names-bechara-choucair- md-m s-as-first-chief-community-health-officer)

Community Health Workers Association. A Community Health Worker (CHW) is a trusted member of the community and a valuable member of a healthcare or social services team. Maui College and Kapiolani Community College offer Certificate programs for CHWs, and Hawai'i Public Health Institute is helping to develop and facilitate a statewide network of CHWs. The Hawai'i CHW Association seeks to bring together their voices to further expand the role and presence of Community Health Workers in the state. (Hichw.org http://maui.hawaii.edu/communityhealth ; https://www.kapiolani.hawaii.edu/academics/programs-of-study/community-health-wo rker)

Hāna Ola Project . Hāna Ola aims to reduce the burden of obesity and other cardiovascular disease risk factors among Native Hawaiians. The project utilizes community practices of lo'i restoration, organic agriculture, kūpuna assisted living, and ku'i (the cultural practice of pounding kalo or taro into pa'i 'ai and poi). It is a partnership between Ma Ka Hana Ka 'Ike and Queen's Medical Center. (https://hanabuild.org)

Hawai'i Oral Health Coalition. Working to expand access and restore access to dental services for adults from all income backgrounds. Subcommittees on advocacy, access, education, workforce development and oral health surveillance. (https://www.hiphi.org/hawaii-oral-health-coalition/)

Healthy Mothers Healthy Babies Coalition of Hawai'i. This local nonprofit, with offices in Chinatown, Honolulu, is part of a national network of organizations and individuals committed to improving Hawai'i's maternal, child and family health. Their program includes creating support groups and community spaces for mothers and
children to connect. Their mobile clinic has offered on-site vaccination and postpartum care. (https://www.hmhb-hawaii.org)

Hawai'i County Fire Department Paramedicine Program. The Hawai'i Fire Department has been focusing on advocating for vulnerable populations that have become disconnected from health care for any of a variety of reasons. These groups could include the elderly, the medically fragile, the houseless, high utilizers of the EMS system, and those at high risk of falling. This program tries to identify these individuals, assess their situation and work as their advocates to find solutions that will improve their overall health and wellness. (http://www.hawaiicounty.gov/fire)

Kailua Homeless Aid . On the fourth Tuesday of each month, the Windward branch of the YMCA of Honolulu and neighboring Daybreak Church provide support for houseless people in Kailua. Supported by Alexander & Baldwin and the Harold K.L. Castle Foundation, partner agencies include AlohaCare, Waimānalo Health Center, Veteran Services, Residential Youth Services Empowerment, Catholic Charities, Legal Aid, Institute for Human Services, Child and Family Services, Hiehie Mobile Hygiene, and Community Outreach Court. (https://www.daybreakhawaii.church and https://www.ymcahonolulu.org/locations/windward)

Kukui Ahi Patient Navigation Program. Molokaʻi General Hospital's Patient Navigation Program, Kukui Ahi, helps patients, families and their caregivers navigate the healthcare system. They assist with coordination of air and ground transportation and lodging for patients requiring services and treatment on the neighbor islands. Patient navigation services are tailored to the individual patient's needs and provide culturally sensitive care. They work closely with community organizations such as Molokaʻi Cancer Fund, Cancer Care, Pacific Cancer Foundation, Senior Aging Services, and American Cancer Society. (https://www.queens.org/molokai/patients-and-visitors/patient-tools-resources/patient-naviga tion-mgh)

Medical-Legal Partnership for Children in Hawaiʻi . MPLC provides legal services to low-income clients in a community health setting. These populations may not know they have a legal issue or know how to get help, and health centers are spaces more familiar than legal service offices. MPLC is a partnership between the William S. Richardson School of Law (University of Hawaiʻi at Mānoa), Kōkua Kalihi Valley Comprehensive Family Services, and Waikīkī Health Center. (http://www.mlpchawaii.org)

The Native Hawaiian Traditional Healing Center, Waiʻanae Coast Comprehensive Health Center. The center promotes traditional Native Hawaiian healing and cultural education, practices, and traditions. The primary practices include lomilomi, lāʻau lapaʻau, lāʻau kāhea (spiritual healing), and hoʻoponopono (conflict resolution). (http://www.wcchc.com/Healing)

PILI ʻOhana Partnership (POP). POP addresses obesity in Hawaiʻi and the larger Pacific. It integrates community wisdom with scientific methods to conduct research in Native Hawaiian and Pacific Peoples (including Filipinos, Chuukese, and other Pacific Islanders). The partnership includes Hawaiʻi Maoli of the Association of Hawaiian Civic Clubs; Kula no nā Poʻe Hawaiʻi of the Papakōlea, Kewalo, and Kalāwahine Hawaiian Homestead communities; Ke Ola Mamo; Kōkua Kalihi Valley; the Pacific Chronic Disease Coalition; the Department of Native Hawaiian Health at the University of Hawaiʻi at Mānoa; and the Office of Hawaiian Affairs. (http://www2.jabsom.hawaii.edu/pili/about.html)

PRAPARE . The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health. Health centers and other providers can define and document the increased
complexity of their patients, transform care with integrated services and community partnerships, advocate for change in their communities, and demonstrate the value they bring to patients, communities, and payers. PRAPARE is being used by facilities in Hawai‘i, including West Hawai‘i Community Health Center and Wai‘anae Coast Comprehensive Health Center.
(http://www.nachc.org/research-and-data/prapare)

Project Hiehie Mobile Hygiene Services . This mobile unit, named after "the Hawaiian way to express an inalienable sense of dignity," provides access to bathing and hygiene services to houseless individuals—to reduce infections and disease, improve feeling of self-worth, and allow houseless individuals to connect with social and community services without having to "walk through an office door." (http://hiehie.org)

Waipahū Safe Haven Immigrant Resource Center. In 2015, Safe Haven began as a computer access center for youth and adults in Waipahu, and a site to help train and develop women's sewing skills so that they would be able to use their skills for their families and as a source of income. The center's mission expanded to include a focus on improving the success of the community and helping individuals and families out of poverty. Currently, the center provides services to a variety of migrant and immigrant populations, including Samoan and Filipino, and the majority are Marshallese and Chuukese families. (https://www.waipahusafehaven.com)

Other Health Resources

Community First, Hilo, Hawai‘i. Community First is a non-profit organization established in 2014 in East Hawai‘i to change the definition of healthcare to caring for health and not just treating disease. Community First formed a Regional Health Improvement Collaborative (RHIC), which aims to fundamentally reform healthcare payment. (https://www.communityfirsthawaii.org)

Epigenetics Study in Wai‘anae. The University of Hawai‘i at Mānoa and MA‘O Organic Farms is researching community health impact of ‘āina or land-based
programs in Wai‘anae. The study hopes to identify how a community program such as MA‘O's community-based program focused on restoring our connection to ‘āina can actually impact the health of individuals, especially in the reduction of obesity and other cardio-metabolic disorders. The study is sponsored by the HMSA Foundation
and Kamehameha Schools. (http://mauliolanetwork.com)

Hui Pono, the Ornish Lifestyle Medicine at Hilo Medical Center. The Intensive Cardiac Rehabilitation program helps participants adopt and sustain lifestyle changes in what they eat; how active they are; how they respond to stress; and how much love and support they have in their lives. The result is a decrease in their reliance on medication, avoidance of future surgeries, and most importantly, control of their health. (https://www.hilomedicalcenter.org/the-ornish-lifestyle-medicine.html)

Keiki to Career Kauaʻi . Launched in 2012, Keiki to Career Kauaʻi is a network of partners in education, health, human service and youth programs, families, and businesses working together to ensure Kauaʻi's young people are "ready to learn and ready for life." The goal of Keiki to Career is for every young person to be ready for each key transition point in their life—entry to kindergarten, middle school, high school, and college or work. (http://keikitocareer.org)

Lānaʻi mural project. A partnership between Lānaʻi Culture & Heritage Center, Lānaʻi High & Elementary School, and local artist collective 808 Urban created a large-scale mural at Lānaʻi High & Elementary School depicting scenes from Lānaʻi's history—creation, settlement, native lore, historic era, plantation, and ongoing practices. The creation of the mural included artists and students visiting some of
Lānaʻi's storied places and conducting interviews with elder residents to develop the themes for the mural. The mural has become a source of community pride. (https://www.lanaichc.org/mural-project.html)

Milestones Hawaiʻi. Milestones was founded in 2018 by a team of physicians and therapists who saw an opportunity and unmet need for a unified effort to improve care for children with neurodevelopmental and behavioral conditions in Hawaiʻi. They
provide medical assessments and treatments for children with disabilities; interisland and rural care; child-centered therapy for children on the autism spectrum; and care for children ages 0-5 with behavioral conditions. (https://www.milestoneshawaii.org)

Molokaʻi Child Abuse Prevention Pathways (MCAPP). Launched in 2013 by the Consuelo Foundation as an exploratory pilot program, MCAPP addresses childhood sexual violence on Molokaʻi through primary prevention education. The program partners with schools to educate children in a culturally responsive way on how to
address and prevent this devastating problem. (https://www.molokaicapp.org)

NHPI 3R. The Native Hawaiian & Pacific Islander Hawaiʻi COVID-19 Response, Recovery & Resilience Team (NHPI 3R) was established in May 2020, in alignment with the national NHPI Response Team, to improve the collection and reporting of accurate data, identify and lend support to initiatives across the Hawaiian Islands working to
address COVID-19 among Native Hawaiians and Pacific Islanders, and unify to establish a presence in the decision-making processes and policies that impact our communities. More than 40 agencies, organizations, and departments comprise the NHPI 3R Team. (https://www.nhpicovidhawaii.net/)

PATH (Peoples Advocacy for Trails Hawai‘i)**.** This advocacy organization aims to safely connect people and places on Hawai‘i Island with pathways and bikeways. (https://pathhawaii.org/about-path)

The Sundays Project of the Parents and Children Together Family Center at Kūhiō Park Terrace. This program aims to reduce the high rates of absenteeism in public schools among children from The Federated States of Micronesia, the Marshall Island, Palau, and others who are new to Hawai‘i. It provides learning opportunities grounded in culture for families. (https://pacthawaii.org)

Sustainable Transportation Coalition of Hawai‘i. This network of organizations and individuals aims to reduce the use of cars. The work of the coalition has direct health implications, whether related to active modes of transportation such as bicycling and walking, or reducing the stress and time of commutes with car sharing, carpooling, and public transportation. (http://www.stchawaii.org)

Transition to Success (TTS). Transition to Success, which began in Detroit in 2006, coordinates care across healthcare, human services, government, faith-based organizations and education to work on social determinants affecting low-income families. This includes racism, low-paying jobs, and lack of food, healthcare, transportation, affordable housing, reliable, stable child care and education. TTS is being piloted in Hawai‘i by Child & Family Service through its Family Centers on Maui, Moloka‘i, and Kaua‘i, with hopes to expand statewide. (http://transitiontosuccess.org) (https://www.childandfamilyservice.org)

Walking School Bus. The Walking School Bus is a program in which children walk to school as a group, led by parents or another adult. Students are picked up in front of their home or at a designated stop. Children and their parents can choose when they participate. The goal of the “walking school bus” is to increase children‘s rates of active commuting to school and physical activity. Communities throughout Hawai‘i, including Kaua‘i and Hawai‘i Island, have experimented with the Walking School Bus program. (http://www.walkingschoolbus.org)

Walk with a Doc. Started in 2005 by a cardiologist in Columbus, Ohio who began inviting his patients to go for a walk with him in a local park, Walk with a Doc has grown as a grassroots effort. In association with North Hawai‘i Community Hospital, it is a simple model that involves a doctor giving a brief presentation on a health topic and then leading participants on a walk at their own pace. (https://walkwithadoc.org)

B. Existing Healthcare Facilities

This CHNA calls for a healthcare ecosystem approach to community health that includes *all* community entities, too numerous to list in this document. Among those are healthcare facilities that serve the public, updated from the 2018 list. HAH member hospitals are specifically required by the IRS to describe "existing health care facilities and resources within the community that are available to respond to the health needs in the community." Health care facilities in Hawai'i registered with the federal Health Resources and Services Administration (https://findahealthcenter.hrsa.gov), U.S. Department of Veterans Affairs (https://www.va.gov/find-locations), and Hawai'i State Office of Health Care Assurance (http://health.hawaii.gov/ohca) are listed, by island, below.

HAWAI'I ISLAND	
Health Centers	
Bay Clinic, Inc.	https://www.bayclinic.org/
Hāmākua Health Center	http://www.hamakua-health.org/
Hui Mālama Ola Nā 'Ōiwi	https://hmono.org/
West Hawai'i Community Health Center	https://www.westhawaiichc.org/
Rural Health Clinics	
Kīpuka o ke Ola	https://www.kipukaokeola.com/
Ka'ū Hospital Rural Health Clinic	https://www.kauhospital.org/rural-health-clinic.html
Medical/Surgical/Critical Care/Obstetric	
Hilo Medical Center	https://www.hilomedicalcenter.org/
Kona Community Hospital	https://kch.hhsc.org/
North Hawai'i Community Hospital	https://www.queens.org/north-hawaii/north-hawaii-communi ty-hospital
Acute Care, Skilled Nursing Facility (SNF), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	

Hale Hoʻola Hāmākua	https://www.halehoolahamakua.org/
Kaʻū Hospital	https://www.kauhospital.org/
Kohala Hospital	https://kohala.hhsc.org/
Skilled Nursing Facility (SNF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
Hale ʻĀnuenue Restorative Care Center	http://haleanuenuecarecenter.com/
Hilo Medical Center	https://www.hilomedicalcenter.org/
Legacy Hilo Rehab & Nursing	https://ohanapacific.com/legacy-hilo-rehab-nursing
Life Care Center of Hilo	http://lifecarecenterofhilo.com/
Life Care Center of Kona	http://lifecarecenterofkona.com/
VA Facilities	
VA Hilo Community Based Outpatient Clinic	https://www.hawaii.va.gov/locations/Hilo_Hawaii.asp
VA Kona Community Based Outpatient Clinic	https://www.hawaii.va.gov/locations/Kailua_Kona_Hawaii.asp
Yukio Okutsu State Veterans Home	https://www.yukiookutsustateveteranshome.org
Psychiatric	
Hilo Medical Center	https://www.hilomedicalcenter.org/
Kona Community Hospital	https://kch.hhsc.org/
Ambulatory Surgery Centers	

Big Island Endoscopy Center, LLC	http://www.bigislandgastro.com/

Hilo Community Surgery Center	http://www.hiloeye.com/hilo-community-surgery-center.html
Kona Ambulatory Surgery Center, LLC.	http://www.konasurgerycenter.com/
The Endoscopy Center	http://www.hawaiigastro.com/treatment/endoscopy-center
End Stage Renal Disease Programs	
Liberty Dialysis – Hawaii LLC – Hilo Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/hilo/
Liberty Dialysis – Hawaii LLC – Kona Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/kailua-kona/
Liberty Dialysis – North Hawai‘i LLC	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/kamuela/
Home Health Care	
Bayada Home Health Care — Hilo	https://www.bayada.com/offices/hi/hilo/68-kekuanaoa-st/home-health
Hilo Medical Center Home Care	https://www.hilomedicalcenter.org/long-term-care.html
Kohala Home Health Care	https://www.queens.org/north-hawaii/services/kohala-home-health-care/kohala-home-health-care-nhch
Kokua Nurses, Inc. Home Health Services, Inc.	http://kokuanurses.com/
Mastercare, Homecare, and Healthcare	https://www.gomastercare.com/homecare/
Hospice	

Hawai‘i Care Choices formerly Hospice of Hilo	https://www.hawaiicarechoices.org/
Hospice of Kona	https://hospiceofkona.org/
North Hawai‘i Hospice, Inc.	https://northhawaiihospice.org/

Special Treatment Facility	
C.A.R.E. Cottage - Hilo	
Care Hawai‘i Licensed Crisis Residential Services	https://www.carehawaii.info/programs/crisis-services/
Hawai‘i Island Recovery	https://hawaiianrecovery.com/
Ku Ho‘omana Family Intervention Services - Hilo	
The Exclusive Addiction Treatment Center	https://theexclusivehawaii.com/
MAUI	
Health Centers	
Hāna Health	http://hanahealth.org/
Hui No Ke Ola Pono	http://hnkop.org/
Mālama I Ke Ola Health Center	http://ccmaui.org/
Rural Health Clinics	
Kīhei Clinic	https://healthy.kaiserpermanente.org/hawaii/facilities/kaiser-permanente kihei-clinic-100440
Lahaina Clinic	https://healthy.kaiserpermanente.org/hawaii/facilities/Kaiser-Permanente Lahaina-Clinic-100437

Medical/Surgical/Critical Care/Obstetric	
Maui Memorial Medical Center	https://www.mauihealthsystem.org/

Acute Care, Skilled Nursing Facility (SNF), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
Kula Hospital	https://www.mauihealthsystem.org/kula-hospital/
Skilled Nursing Facility (SNF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
Hale Makua -- Kahului	https://www.halemakua.org/
Hale Makua -- Wailuku	https://www.halemakua.org/
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
The Arc Of Maui (Hale Kanaloa)	http://www.arcofmaui.org/
The Arc Of Maui (Hale Kīhei)	http://www.arcofmaui.org/
The Arc Of Maui (Mana Ola Na Keanuenue)	http://www.arcofmaui.org/
VA Facilities	
VA Maui Community Based Outpatient Clinic	https://www.hawaii.va.gov/locations/Maui.asp
Psychiatric	
Maui Memorial Medical Center	https://www.mauihealthsystem.org/

Ambulatory Surgery Centers	
Aloha Eye Clinic Surgical Center, LLC	https://alohaeyeclinic.com/
Aloha Surgery Center	https://alohasurgicalcenter.com/

Kaiser Wailuku Clinic Asc	https://healthy.kaiserpermanente.org/hawaii/facilities/Kaiser-Permanente Wailuku-Medical-Office-100431
End Stage Renal Disease Programs	
Liberty Dialysis – Hawai‘i LLC – Kahana Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/lahaina/4405 -honoapiilani-hwy-96761/7385
Liberty Dialysis – Maui Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawai i/wailuku/105- mauilani-pkwy-96793/7375
Rainbow Dialysis Lahaina	https://www.mauihealthsystem.org/
Rainbow Dialysis Wailuku	https://www.mauihealthsystem.org/
Home Health Care	
Bayada Home Health Care — Wailuku	https://www.bayada.com/offices/hi/wailuku/2200-main-stre et--suite-660/home-health
Cradles n Crayons - Kahului	https://cradlesncrayons.com/
Hale Makua Home Health Care Agency — Wailuku	https://www.halemakua.org/home-health
HiHomeCare - Kahului	https://hihealthcarehawaii.com/
Home Health by Hale Makua	https://www.halemakua.org/home-health
Kaiser Permanente Home Health Agency—Maui	https://kpinhawaii.org/

Mastercare Homecare & Healthcare - Wailuku	https://www.gomasatercare.com/
Hospice	
Hospice Maui, Inc.	https://www.hospicemaui.org/
Special Treatment Facility	

Ai Pono Maui	https://www.aipono.com/
Aloha House, Inc	http://www.aloha-house.org/
Nova Luna, Inc.	https://www.novalunacenter.com/
MOLOKA‘I	
Health Centers	
Moloka‘i Community Health Center	http://molokaichc.org/
Na Pu‘uwai	https://www.napuuwai.org/
Rural Health Clinics	
Molokai General Hospital Rural Health Clinic	https://www.queens.org/molokai/molokai-general-hospital
Obstetric, Acute Care, Skilled Nursing Facility (SNF)	
Molokai General Hospital	https://www.queens.org/molokai/molokai-general-hospital
VA Facilities	

VA Molokai Outreach Clinic	https://www.hawaii.va.gov/locations/molokai.asp
Hansen's Disease	
Kalaupapa Care Home	https://www.nps.gov/kala/index.htm
End Stage Renal Disease Programs	
Liberty Dialysis – Hawai‘i LLC –	https://www.freseniuskidneycare.com/dialysis-centers/hawa

Molokai Dialysis Facility	ii/kaunakakai/ 28-kamoi-street-96748/7382
Home Health Care	
Careresource Hawai‘i — Molokai	http://www.careresourcehawaii.org/
Hospice	
Hospice Hawai‘i -- Molokai	https://www.hospicehawaii.org/
LĀNA‘I	
Health Centers	
Lāna‘i Community Health Center	https://lanaihealth.org/
Ke Ola Hou o Lāna‘i Na Pu‘uwai	https://www.napuuwai.org/
Home Health Care	
Lāna‘i Kina‘ole, Inc.	https://www.lanai9673.com/businessprofile/lanai-kinaole-inc/

Medical/Surgical, Skilled Nursing Facility (SNF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
Lānaʻi Community Hospital	https://www.mauihealthsystem.org/lanai-hospital/
VA Facilities	
VA Lānaʻi Outreach Clinic	https://www.hawaii.va.gov/locations/lanai.asp
End Stage Renal Disease Programs	
Fresenius Medical Care – Lānaʻi	https://www.freseniuskidneycare.com/dialysis-centers/hawa ii/lanai-city/62 8-7th-st-96763/2809
Hospice	
Hospice Hawaiʻi — Lānaʻi	https://www.hospicehawaii.org/our-services/care-settings/la nai-hope-hous e/
O‘AHU	
Health Centers	
Kalihi-Pālama Health Center	http://www.kphc.org/
Ke Ola Mamo	http://www.keolamamo.org/
Koʻolauloa Health Center	https://koolauloachc.org/
Kōkua Kalihi Valley	http://kkv.net/
Wahiawā Center for Community Health	https://www.wahiawahealth.org/
Waiʻanae Coast Comprehensive Health Center	http://www.wcchc.com/
Waikīkī Health	http://waikikihc.org/
Waimānalo Health Center	https://waimanalohealth.org/

Rural Health Clinics	
Castle Health Clinic of Lā‘ie	https://www.adventisthealth.org/locations/health-clinic-of-lai e/
Kahuku Clinic	http://www.kmc-hi.org/
Medical/Surgical/Critical Care/Obstetric	

Adventist Health Castle	https://www.adventisthealth.org/castle/
The Queen’s Medical Center	https://www.queens.org/the-queens-medical-center/queens- medical-cente r
Kaiser Permanente – Moanalua Medical Center	https://healthy.kaiserpermanente.org/hawaii/facilities/kaiser-permanente moanalua-medical-center-100434
Kap‘iolani Medical Center for Women & Children	https://www.hawaiipacifichealth.org/kapiolani/
Medical/Surgical/Critical Care	
Kuakini Medical Center	https://www.kuakini.org/
Pali Momi Medical Center	https://www.hawaiipacifichealth.org/pali-momi/
Straub Medical Center	https://www.hawaiipacifichealth.org/straub/
Wahiawā General Hospital	https://wahiawageneral.org/
Pediatric, Neonatal ICU	
Kaiser Permanente – Moanalua Medical Center	https://healthy.kaiserpermanente.org/hawaii/facilities/kaiser-permanente moanalua-medical-center-100434
Kap‘iolani Medical Center for Women & Children	https://www.hawaiipacifichealth.org/kapiolani/

Child Ortho	
Shriners Hospital for Children -- Honolulu	https://www.shrinershospitalsforchildren.org/honolulu
Acute Care, Skilled Nursing Facility (SNF), and Long Term Care (LTC)	
Wahiawā General Hospital	https://wahiawageneral.org/

Skilled Nursing Facility (SNF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
15 Craigside	https://arcadia.org/companies/15-craigside/
Aloha Nursing & Rehab Centre	http://www.alohanursing.com/
Ann Pearl Nursing Facility	http://www.ohanapacific.com/locations/oahu/kaneohe/ann-pearl/
Arcadia Retirement Residence	https://arcadia.org/companies/arcadia/
Avalon Care Center -- Honolulu	https://www.avalonhealthcare.com/honolulu/
Care Center of Honolulu	https://www.ccoh.us/
Clarence T.C. Ching Villas at St. Francis	https://www.ohanapacific.com/the-villas-post-acute-care-rehab
Hale Ho Aloha	http://halehoaloha.com/
Hale Malamalama	http://www.halemalamalamanursing.com/
Hale Nani Rehabilitation & Nursing Center	https://www.avalonhealthcare.com/halenani/
Hale Ola Kino	https://www.haleolakino.com/
Harry & Jeannette Weinberg Care Center at Pohai Nani	https://www.good-sam.com/locations/pohai-nani

Hiʻolani Care Center at Kahala Nui	http://www.kahalanui.com/
Liliha Healthcare Center	https://www.newfamilyhealthhi.com/liliha-healthcare-center
Ka Punawai Ola	http://kapunawaiola.com/
Kalākaua Gardens	http://kalakauagardens.com/
Kuakini Geriatric Care, Inc	https://www.kuakini.org/wps/portal/public/Programs-Servic es/Geriatric-Ca re-Services
Kūlana Mālama	http://kulanamalama.com/
Leahi Hospital	https://leahi.hhsc.org/
Maluhia Hospital	https://maluhia.hhsc.org/

Mānoa Cottage Kaimukī	https://manoacottage.com/
Maunalani Nursing and Rehabilitation Center	https://maunalaninursing.org/
Nuʻuanu Hale	https://www.newfamilyhealthhi.com/nuuanu-hale
Oʻahu Care Facility	http://oahucarefacility.com/
Palolo Chinese Home	https://palolohome.org/
Pearl City Nursing Home	http://pearlcitynursinghome.com/
Puʻuwai ʻO Mākaha	http://www.ohanapacific.com/locations/oahu/waianae/puuwa i-o-makaha/
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
Opportunities And Resources, Inc.	http://www.ori-hawaii.com/
The Arc In Hawaiʻi (6a)	http://www.thearcinhawaii.org/
The Arc In Hawaiʻi (6b)	http://www.thearcinhawaii.org/
The Arc In Hawaiʻi (ʻEwa B)	http://www.thearcinhawaii.org/

The Arc In Hawai‘i (‘Ewa C)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (Kaimukī A)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (Kaimukī B)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (Wahiawā A)	http://www.thearcinhawaii.org/
VA Facilities	
Spark M. Matsunaga VA Medical Center	https://www.hawaii.va.gov/locations/directions.asp
Tripler Army Medical Center	https://www.tamc.amedd.army.mil/
VA Leeward Community Based Outpatient Clinic	https://www.hawaii.va.gov/locations/Leeward.asp

National Center for PTSD	https://www.ptsd.va.gov/
Rehabilitation Facility	
Rehabilitation Hospital of the Pacific	https://www.rehabhospital.org/
Psychiatric	
Adventist Health Castle	https://www.adventisthealth.org/castle/
The Queen’s Medical Center	https://www.queens.org
The Queen’s Medical Center – West O‘ahu	https://www.queens.org/west-oahu/queens-medical-center-w est-oahu
Hawai‘i State Hospital	http://health.hawaii.gov/amhd/hawaii-state-hospital-about-us/
Kāhi Mōhala Behavioral Health	https://www.sutterhealth.org/kahi

Ambulatory Surgery Centers	
Asia Pacific Surgery, LLC	https://www.drshimching.com/
Cataract And Vision Center Of Hawai‘i	https://www.cataractandvisioncenter.com/
Endoscopy Institute Of Hawai‘i	https://endoscopyhawaii.com/
Eye Surgery Center Of Hawai‘i	http://www.eyesurgeryhi.com/
Hawai‘i Endoscopy Centers, L.L.C.	http://www.hawaiiec.com/
Hawaiian Eye Surgicenter	http://www.hawaiianeye.com/
Honolulu Spine Center	https://www.honoluluspine.com/
Kaiser Permanente Mapunapuna Clinic – Asc	https://healthy.kaiserpermanente.org/hawaii/facilities/Kaiser-Permanente Mapunapuna-Medical-Office-100428
Minimally Invasive Surgery Of Hawai‘i	http://www.mishawaii.com/
Pacific Endoscopy Center, LLC	http://pacificendoscopy.com/
Surgicare Of Hawai‘i	https://surgicareofhawaii.com/
The Surgical Suites, LLC	http://www.thesurgicalsuites.org/
Windward Surgery Center	http://windwardsurgerycenter.com/
Hansen’s Disease	
Hale Mohalu Hospital	https://leahi.hhsc.org/
End Stage Renal Disease Programs	
DSI – Aloha Dialysis	http://www.usrenalcare.com/locations/aloha
DSI – Honolulu Dialysis	http://www.usrenalcare.com/locations/honolulu
DSI – Kapahulu Dialysis	http://www.usrenalcare.com/locations/kapahulu

DSI – Kapolei Dialysis	http://www.usrenalcare.com/locations/kapolei
DSI – Koʻolau Dialysis	http://www.usrenalcare.com/locations/ko%20olau
DSI – Pearlridge Dialysis	http://www.usrenalcare.com/locations/pearlridge
DSI – Wahiawā Dialysis	http://www.usrenalcare.com/locations/wahiawa
DSI – Windward Dialysis	http://www.usrenalcare.com/locations/windward
Liberty Dialysis – Hawaiʻi – Kaimuki Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/honolulu/36 25-harding-ave-96816/7381
Liberty Dialysis – Hawaiʻi LLC – Ala Moana Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/honolulu/50 0-ala-moana-blvd-96813/100115
Liberty Dialysis – Hawaiʻi LLC – Hawaiʻi Kai Dialysis	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/honolulu/71 92-kalanianaole-hwy-96825/7384
Liberty Dialysis – Hawaiʻi LLC –	https://www.freseniuskidneycare.com/dialysis-centers/hawa

Kailua Dialysis Facility	ii/kailua/25-ka neohe-bay-dr-96734/7372
Liberty Dialysis – Hawaiʻi LLC – Leeward Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/honolulu/22 30-liliha-st-96817/7379
Liberty Dialysis – Hawaiʻi LLC – Mililani Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawa ii/mililani/95-1 105-ainamakua-drive-96789/9226
Liberty Dialysis – Hawaiʻi LLC – Salt Lake Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/honolulu/43 80-lawehana-st-96818/9227
Liberty Dialysis – Hawaiʻi LLC – Siemsen Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/honolulu/22 26-liliha-st-96817/7380
Liberty Dialysis – Hawaiʻi LLC – Waiʻanae Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawa ii/waianae/86- 080-farrington-hwy-96792/7389
Liberty Dialysis – Hawaiʻi LLC – Waipahu Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawa ii/waipahu/94- 450-mokuola-st-96797/7388
U.S. Renal Care Beretania Dialysis	http://www.usrenalcare.com/locations/beretania-2
U.S. Renal Care Waipahu Dialysis	http://www.usrenalcare.com/locations/waipahu%20home

U.S. Renal Care West O‘ahu Dialysis	http://www.usrenalcare.com/locations/west-oahu
Home Health Care	
Adventist Health Castle Home Care	https://www.adventisthealth.org/home-care-services/locations/castle/
Arcadia Home Health And Home Care Services	http://www.arcadiahomecare.com/
Attention Plus Care	https://www.attentionplus.com/
Bayada Home Health Care — Honolulu	https://www.bayada.com/offices/hi/honolulu
Careresource Hawai‘i — Honolulu	http://www.careresourcehawaii.org/
Cradles n Crayons	https://cradlesncrayons.com/
HiHomeCare	https://hihealthcarehawaii.com/
Ho‘okele Health Navigators, LLC	https://www.hookelehealth.com/

Kaiser Home Health Agency--O‘ahu	https://kpinhawaii.org/
Lou’s Quality Home Health Care Services, LLC	http://louscare.com/
Mastercare Homecare & Healthcare	https://www.gomastercare.com/
O‘ahu Home Healthcare	http://www.oahuhomehealthcare.com/
Prime Care Services Hawai‘i, Inc.	http://primecarehawaii.com/
Wilson Homecare	https://www.wilsoncare.com/
Hospice	
Bristol Hospice, Hawai‘i LLC	https://bristolhospice-hawaii.com/
Islands Hospice	https://www.islandshospice.com/

Mālama Ola Health Services, LLC	https://malamaolacares.com
Navian Hawai‘i	https://www.navianhawaii.org/
St. Francis Hospice	http://www.stfrancishawaii.org/services/hospice
Special Treatment Facility	
Benchmark Behavioral Health System	https://www.bbhsnet.com/
Bobby Benson Center	http://bobbybenson.org/dev/
Habilitat, Inc	https://www.habilitat.com/
Hina Mauka	http://www.hinamauka.org/
Ho‘omau Ke Ola	http://www.hoomaukeola.org/
Hope Inc	http://www.hopehi.com/
Ka Pa Ola	https://www.childandfamilyservice.org/programs/kapaola/
Pearl City Specialized Residential Services Population	https://www.carehawaii.info/

Po‘ailani, Inc -- Kailua	https://poailani.org/
Po‘ailani, Inc -- Kāne‘ohe	https://poailani.org/
The Salvation Army Addiction Treatment Services	https://hawaii.salvationarmy.org/hawaii/ats
The Salvation Army Family Treatment Services	https://hawaii.salvationarmy.org/hawaii/fts
KAUA‘I	
Health Centers	
Ho‘ōla Lāhui Hawai‘i	http://www.hoolalahui.org/

Medical/Surgical/Critical Care/Obstetric	
Wilcox Memorial Hospital	https://www.hawaiipacifichealth.org/wilcox/
Medical/Surgical/Acute Care/Skilled Nursing Facility (SNF)	
Samuel Mahelona Memorial Hospital	http://smmh.hhsc.org/
Medical/Surgical/Critical Care/Skilled Nursing Facility (SNF), and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
Kauaʻi Veterans Memorial Hospital (KVMH)	http://kvmh.hhsc.org/
Skilled Nursing Facility (SNF) and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)	
Garden Isle Rehabilitation & Healthcare Center	http://www.ohanapacific.com/locations/kauai/lihue/garden-i sle-rehabilitati on-healthcare-center/
Hale Kūpuna Heritage Home	http://www.ohanapacific.com/locations/kauai/koloa/hale-ku puna-heritage home/

Kauaʻi Care Center	http://www.regency-pacific.com/senior-living/hi/waimea/ka uai-care-center/
VA Facilities	
VA Kauaʻi Community Based Outpatient Clinic	https://www.hawaii.va.gov/locations/
Psychiatric	
Samuel Mahelona Memorial Hospital	http://smmh.hhsc.org/
West Kauaʻi Medical Center (KVMH)	http://kvmh.hhsc.org/

End Stage Renal Disease Programs	
Liberty Dialysis – Hawaii LLC – Kaua‘i Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawa ii/lihue/3224-e lua-st-96766/7386
Liberty Dialysis – Hawaii LLC – West Kaua‘i Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers
Home Health Care	
Haumea Home Health Agency, LLC	
Mastercare Homecare & Healthcare	https://gomastercare.com
‘Ohana Home Health, LLC	http://ohanahomehealthllc.com/
Stay At Home Healthcare Services	http://www.ohanapacific.com/locations/kauai/lihue/stay-at- home-healthca re-services/
Hospice	
Kaua‘i Hospice	http://kauaihospice.org/

C. Appendix C - Steering Committee

COMMITTEE MEMBER		ORGANIZATION
Tracie Ann Tjapkes (Director, Wellness, Lifestyle Medicine, Community Outreach)		Adventist Health Castle
Alan MacPhee (Chief Executive Officer)		Kahuku Medical Center
David Tumilowicz (Vice President, Public Relations, Communications, and Brand Management	Nina Miyata (Manager, Community Benefit & Community Relations), Mehrnaz Davoudi (Senior Manager, LEAP & Community Health), Suzanne Rauzon (Director of Community Health, University of California)	Kaiser Permanente – Moanalua Medical Center
Gregg Oishi (Senior Vice President & Chief Administrative Officer)		Kuakini Medical Center
Mike Robinson (Vice President, Government Relations/ Community Affairs)	Lorraine Lunow Luke (Manager, Community Benefits)	Hawai‘i Pacific Health ● Kapi‘olani Center for Women and Children ● Pali Momi Medical Center ● Straub Medical Center ● Wilcox Memorial Medical Center
Jim Diegel (Chief Strategy Officer)		Maui Health System ● Maui Memorial Medical Center ● Kula Hospital ● Lāna‘i Community Hospital
Punahele Alcon (Director of Outpatient and Business Services)		Moloka‘i General Hospital (The Queen’s Health Systems)
Cindy Kamikawa (President)		North Hawai‘i Community Hospital (The Queen’s Health Systems)
Rowena Buffett Timms (Executive Vice President and Chief Administrative Officer)	Sonya Greck (Consultant)	The Queen’s Health Systems ● The Queen’s Medical Center – Punchbowl ● The Queen’s Medical Center - West O‘ahu

Kyle Maschhoff (Community Engagement Liaison)		Rehabilitation Hospital of the Pacific
Makana McClellan (Director of Business Development and Community Relations)	Anita Becker (Interim Administrator, Nurse Executive, Director of Patient Care Services)	Shriners Children's Hawai'i
Quin Ogawa (Chief Financial Officer)		Sutter Health Kāhi Mōhala
Brian Cunningham (Chief Executive Officer)		Wahiawā General Hospital

D. Appendix D - Community Advisory Council

COMMITTEE MEMBER	ORGANIZATION
Bob Agres	Department of Research & Development, County of Hawai‘i
Carla Houser	Residential Youth Services & Empowerment (RYSE) Hawai‘i
Connie Mitchell	The Institute for Human Services, Inc.
Darrah Kauhane	Project Vision Hawai‘i
Deborah Zysman	Hawai‘i Children’s Action Network (HCAN)
Derrick Ariyoshi	Elderly Affairs Division, City and County of Honolulu
Heather Lusk	Hawai‘i Health and Harm Reduction Center
Janet Berreman, M.D.	Kaua‘i District Health Office, Hawai‘i Department of Health
Jessica Yamauchi	Hawai‘i Public Health Institute
Josie Howard	We Are Oceania (WAO)
Lisa Kimura	Aloha United Way
Lola Irvin	State Department of Health, Chronic Disease Prevention
Michelle Kauhane	Hawai‘i Community Foundation
Nanci Kreidman	Domestic Violence Action Center (DVAC)
Randy Kurohara	Community First Hawai‘i
Sheri-Ann Daniels	Papa Ola Lōkahi
Wilfred Alik, M.D.	Big Island Marshallese Community Association

E. Appendix E - Community Meetings

Meeting Location	Connectors	Communities of Need	2018 Location	Mokupuni
In-person Confidential	Domestic Violence Action Center	DV Survivors	No	Oʻahu
Kunia Farm Lots	Pacific Gateway Center	Refugees, asylees, victims of trafficking	No	Oʻahu
Virtual	FilCom and FilAm-Maui	Filipinos, ALICE	No	Oʻahu ; Maui
Virtual	Parents and Children Together Hawaiʻi	DV Survivors	No	Maui
Virtual	Family Hui	Families of young keiki	No	Maui
In-Person	Residential Youth Services & Empowerment	Youth experiencing homelessness	No	Oʻahu
Virtual	Nā Hoaloha	Kūpuna	Yes	Maui
Kalihi	Kōkua Kalihi Valley	Micronesians, ALICE	No	Oʻahu
Molokaʻi	Mini Clinic	Native Hawaiian, Rural	Yes	Molokaʻi
Hilo Town	Vibrant Hawaiʻi	Native Hawaiian, Rural	No	Hawaiʻi Island
Waimea	Hōʻola Lāhui	Native Hawaiian, Niihauans	Yes	Kauaʻi
Līhuʻe	Marshallese Association of Kauaʻi	Marshallese	No	Kauaʻi
Līhuʻe	Kauaʻi Planning and Action Alliance	Service providers: ALICE, Native Hawaiian, youth	No	Kauaʻi
Virtual	Comunidad Latina and Hawai'i County Immigration Info. Office	Spanish-speaking immigrants and COFA migrants	No	Hawai'i Island ; Maui
Kāne'ohe	KEY Project	Native Hawaiian Kūpuna, Rural	No	O'ahu
Virtual	Lāna'i Community Leaders	Kūpuna Rural	No	Lāna'i
Virtual	Hawai'i Health and Harm Reduction Center (H3RC)	LGBTQIA+	No	O'ahu
Virtual	Hawaiian Homestead Associations	Native Hawaiian homesteaders	No	Hawaiʻi Island ; Maui

2018 CHNA STATEWIDE PRIORITIES

1 GOAL 1 - FOUNDATIONS

Provide the basic foundations so that people can have more control over their own health.

1.1 Address financial insecurity.

1.2 Work together for equality and justice.

1.3 Strengthen families.

1.4 Prepare for emergencies.

1.5 Build good food systems.

2 GOAL 2 - COMMUNITY

Preserve, nurture, expand, and employ the healing properties of community.

2.1 Restore environment and sense of place.

2.2 Nurture community identity and cohesiveness.

2.3 Invest in teenagers and healthy starts.

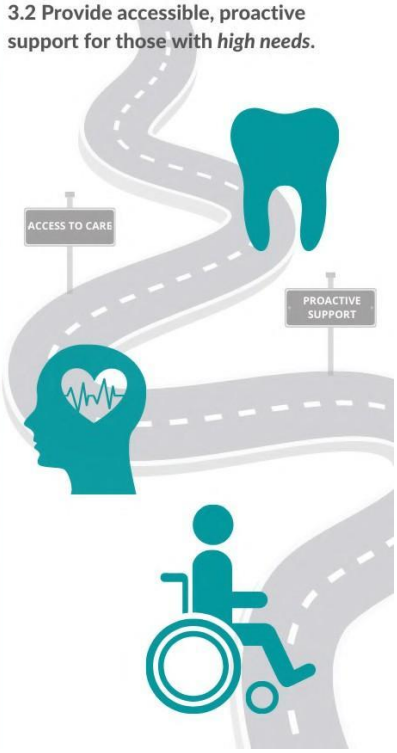
2.4 Shift kūpuna care away from "sick care."

3 GOAL 3 - HEALTHCARE

Improve the relationship between people and the healthcare system.

3.1 Strengthen trust in healthcare.

3.2 Provide accessible, proactive support for those with *high needs*.



F. Key Informant Interviews

KEY INFORMANT	ORGANIZATION
Alexandra Wroe	The Queen's Medical Center
Alissa James	Adventist Health Castle
Amy Lasher	Adventist Health Castle
Anita Becker	Shriners Hospitals for Children
B. Puni Kekauoha	Papakōlea Community Development Corporation
Barb Craft	Pali Momi Medical Center
Bob Agres	County of Hawai'i
Brandee Menino	Hope Services Hawai'i, Inc. (HOPE)
Brian Cunningham	Wahiawā General Hospital
Carla Houser	Residential Youth Services and Empowerment (RYSE)
Chris Van Bergeijk	Hawai'i Community Foundation
Cindy Kamikawa	Queen's North Hawai'i Community Hospital
Claudia Crist	Sutter Health Kāhi Mōhala
Connie Mitchell	The Institute for Human Services
Coty "Buffy" Trujillo	Kamehameha Schools Kaua'i Community Investing
Danette Wong Tomiyasu	State Department of Health, Health Resources Division
Daniela Spoto	Hawai'i Appleseed Center for Law and Economic Justice
Darrah Kauhane	Project Vision Hawai'i
David Chow	Straub Medical Center
David Derauf, M.D.	Kōkua Kalihi Valley
David R. Tumilowicz	Kaiser Permanente - Moanalua Medical Center

Deborah Mattheus	Hawai‘i Keiki Healthy & Ready to Learn, School of Nursing and Dental Hygiene
Deborah Zysman	Hawai‘i Children’s Action Network
Derrick Ariyoshi	Honolulu C&C, Elderly Affairs Division
Eddie Mersereau	Department of Health, Adult Mental Health Division
Gary K. Kajiwara	Kuakini Health System
Gavin Thornton	Hawai‘i Appleseed Center for Law and Economic Justice
Gidget Ruscetta	Hawai‘i Pacific Health, Pali Momi Medical Center
Glenn Izawa	Retired from DOH, Mental Health Division
Gloria Brooks	Hawai‘i Pacific Health, Pali Momi Medical Center
Gregg Oishi	Kuakini Medical Center
Hao Nguyen	Pacific Gateway Center
Heather Lusk	Hawai‘i Health and Harm Reduction Center
Helen Kekalia Wescoatt	Moloka‘i Community Health Center
‘Iolani Kuoha	Moloka‘i Middle/High School
Janet Berreman, M.D.	State Department of Health, Kaua‘i District Health Office
Jarrett Keohokalole, Sen.	Hawai‘i State Legislature
Jen Chahanovich	Wilcox Memorial Medical Center
Jessica Yamauchi	Hawai‘i Public Health Institute
Jim Diegel	Maui Memorial Medical Center
Jim Ireland, M.D.	C&C of Honolulu, Emergency Services Department
Johanna Nakashima	The Queen’s Medical Center - West O‘ahu
Joey Keahiolalo	Child & Family Service
John Leong	KUPU
Josie Howard	We Are Oceania

Joyce O'Brien	Waiʻanae Coast Comprehensive Health Center

Judy Mohr Peterson	State Department of Human Services
Julius Bravo	The Queen’s Medical Center - Punchbowl
June Drumeller	Kuakini Medical Center
Kate Saavedra Garcia	Adventist Health Castle
Kaui Manera	Alu Like, Inc.
Kaui Nishizaki	The Queen's Medical Center - Punchbowl
Keawe Kaholokula, Ph.D.	Native Hawaiian Health, John A. Burns School of Medicine (JABSOM)
Kūhiō Lewis	Council for Native Hawaiian Advancement
Laura Bonilla	Kapiʻolani Medical Center for Women and Children
Laura E. Thielen	Partners in Care
Lauren Nahme	Kamehameha Schools
Linda Spencer	Catholic Charities
Lisa Kimura	Aloha United Way
LJ Duenas	Alzheimer's Association
Lola Irvin	Chronic Disease Prevention, Department of Health
Makana McClellan	Shriners Hospitals for Children
Mary Brogan	Developmental Disabilities Division, Department of Health
Mary Burgess	Sutter Health Kāhi Mōhala
Mary Komomua	Kaiser Permanente
Maureen Bates	Dept of Vocational Rehab, Department of Health
Melissa Hashimoto-Binkie	Hui No Ke Ola Pono
Michael Fujimoto	Rehabilitation Hospital of the Pacific
Michelle Kauhane	Hawaiʻi Community Foundation
Monique Ibarra	Ka Hale A Ke Ola Homeless Resource Center

Noa Emmett Aluli, M.D.	Molokaʻi Family Health Center
Nanci Kreidman	Domestic Violence Action Center

Noelle Lau	Wilcox Memorial Medical Center
Paula Arcena	Aloha Care
Punahele Alcon	Molokaʻi General Hospital
Rich Bettini	Waiʻanae Coast Comprehensive Health Center
Robin Matsukawa, M.D.	Adventist Health Castle
Rona Fukumoto	Lanakila Pacific
Ryan Tenn	Adventist Health Castle
Ryan Yamane, Sen.	Hawaiʻi State Legislature
Sally Ancheta	Hawaiʻi Public Health Institute Hawaiʻi Island
Sean Chun	Native Hawaiian healer
Shanty Asher	City & County of Honolulu
Sheri-Ann Daniels	Papa Ola Lōkahi
Sunny Chen	Healthy Mothers Healthy Babies
Susan Murray	The Queen's Medical Center - West Oʻahu
Susan Passalacqua	Adventist Health Castle
Tanya Suapaia	The Queen's Medical Center - Punchbowl
Terrina Wong	Pacific Gateway Center
Toby Taniguchi	KTA, Community First Hawaiʻi
Tom Matsuda	Hawaiʻi Community Foundation
Tracie Ann Tjapkes	Adventist Health Castle
Travis Clegg	Straub Medical Center
Valerie Janikowski	Lāna'i Kina'ole
Valerie Saiki	Hawaiʻi Public Health Institute Kauaʻi
Whitney Lim, M.D.	The Queen's Medical Center - Punchbowl

Wilfred Alik, M.D.	Kaiser - Marshallese, RMI Task Force
William Thomas	Molokaʻi General Hospital
William Trujillo	Kauaʻi County, Department of Parks and Recreation

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Healthcare Association of Hawaii
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VIRTUAL Q&A PANEL: IMPACT OF COVID-19 ON SOCIAL DETERMINANTS OF HEALTH

As part of the 2021 Community Health Needs Assessment, Healthcare Association of Hawai'i in coordination with U.H. Mānoa's Thompson School of Social Work & Public Health will host a three-day virtual Q&A panel to discuss the impact of COVID-19 on social determinants of health. Dr. Tetine Sentell, Interim Dean of U.H. Mānoa's Thompson School of Social Work & Public Health will co-moderate.

CONTACT:
CHNApanels@wardresearch.com

Wednesday, November 10 | 12 -1 pm
Moderators: Dr. Tetine Sentell & Rebecca Soon

HOUSING STABILITY

Panelists:
May Rose Dela Cruz, DRPH: Outreach services to immigrant and low-income populations.

Amanda Yoshioka-Maxwell, PhD, MSW: Youth homelessness as it correlates to behavioral health outcomes.

Elizabeth McFarlane, PhD: Life course, family systems, experience of risk and resilience in parenting.

Thursday, November 18 | 12 - 1 pm
Moderators: Dr. Tetine Sentell & Rebecca Soon

MENTAL HEALTH

Panelists:
Clifford Bersamira, PhD, AM: Substance use and behavioral health policy and service delivery, including issues pertaining to racial/ethnic disparities, recovery-oriented systems, and behavioral health workforce.

Michael DeMattos, MSW: Coping with anxious thoughts and feelings during and in the aftermath of the pandemic.

Lorinda Riley, SJD: Historical Trauma and Indigenous conceptions of well-being.

Jeanelle Sugimoto-Matsuda, DRPH: Mental/behavioral health, including suicide prevention; system and policy strengthening; community coalitions and advocacy.

Tuesday, November 30 | 12 - 1 pm
Moderators: Dr. Tetine Sentell & Rebecca Ward

FOOD SECURITY

Panelists:
Mapuana Antonio, DRPH: Sustainable food systems, food as medicine, and community solutions to uplift the Lāhui.

Jane Chung-Do, DRPH: Culturally-grounded strategies to promote food security and sovereignty in Native Hawaiian communities.

Meghan McGurk, MPH: Nutrition environment policies to reduce access to sugar sweetened beverages and improve access to healthy foods.

Opal Vanessa Buchthal, DRPH: Food insecurity and healthy food access in low-income neighborhoods.