

**KAPI'OLANI**  
**MEDICAL CENTER**  
FOR WOMEN & CHILDREN  
An Affiliate of Hawai'i Pacific Health



# **Kapi'olani Medical Center for Women & Children Community Health Needs Assessment**

*April 8, 2013*



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## Executive Summary

### Introduction

Kapiolani Medical Center for Women and Children is pleased to present the 2012-2013 Community Health Needs Assessment (CHNA). This CHNA report was developed through a collaborative process and provides an overview of women and children's health needs in Hawaii. The goal of this report is to offer a meaningful understanding of the health needs in the community, and help guide the hospital in its community benefit planning efforts and development of an implementation strategy to address the prioritized needs. Special attention has been given to identify health disparities, the needs of vulnerable populations, and unmet health needs or gaps in services. The report fulfills the IRS 990 Schedule H requirements to conduct a community health needs assessment for tax year 2012-2013. Although this report focuses on needs within the community, there are innumerable community assets and a true *aloha* spirit that provide ample foundation for community health improvement activities.

### Approach

In Fall 2012, the Healthcare Association of Hawaii partnered with Healthy Communities Institute to conduct a CHNA for Hawaii. As a subset of the larger project, data relevant to women and children were assessed separately, in order to highlight these populations particular health needs and concerns. Our approach followed the public health model of assessing and understanding community health holistically. A framework for analysis was constructed based on determinants of health; the framework included a broad definition of community health that considers extensive secondary data on the social, economic, and physical environments, as well as health risks and outcomes. The influence of *mauka* ("toward the mountains"), or upstream factors, and the resulting *makai* ("toward the ocean"), or downstream impacts, on health is a transcending theme. Key informant interviews with those having special knowledge of health needs, health disparities, and vulnerable populations provided vital information that increased the understanding of the health needs in Hawaii. A small set of community residents provided additional insights on the health needs in Hawaii. It is hoped that this report will provide a foundation for community health improvement efforts and that community health partners will build on this report.

### Data Sources and Methods

An extensive array of secondary and primary data was collected and synthesized for this report.

*Core Indicators:* Secondary data was analyzed using Hawaii Health Matters ([www.HawaiiHealthMatters.org](http://www.HawaiiHealthMatters.org)), a publicly available data platform with a dashboard of over 140 indicators from over 20 sources; much of the data comes from Hawaii Department of Health, allowing for Hawaii-specific race, age and gender details. A subset of these indicators was selected for their relevance to women and children's health. This extensive core data was analyzed using a highly systematic and quantitative approach that incorporated multiple benchmarks and comparisons to understand the question: How is Hawaii performing?

*Hospitalization Indicators:* Fifteen indicators on key preventable causes of hospitalization, analyzed at the county level, supplemented the core indicators. This data was provided by Hawaii Health Information Corporation (HHIC) and enabled valuable insights into utilization patterns, geographic disparities in hospitalization rates, and enhanced the core indicator data for important topic areas.

*Supplemental Information:* Recently published reports on Hawaii's health and access to care were reviewed for additional key information on important topics such as health disparities, primary care needs, mental health, child safety, and injury prevention.

*Key Informant Interviews:* Storyline Consulting, a local partner of the project, interviewed 22 key informants who had knowledge of the health needs in Hawaii. The selection of the key informants was guided by preliminary core indicator data findings and followed a structured nomination and selection process by the HAH Advisory Committee. These 22 interviews were supplemented by relevant information provided by additional key informants who were interviewed for the County of Honolulu and had knowledge deemed applicable to the whole state. The input by local key informants was invaluable and greatly enhanced the understanding of health needs and offered insight into health resources and health improvement approaches.

*Community Survey:* A small sample of community residents, via an online survey, supplemented the key informant interviews. Highlights of these surveys, or “Voices from the Community,” are incorporated throughout the report.

## Areas of Need

This report provides an overview of Hawaii women and children’s community health needs. Community health was assessed for Hawaii as a whole, and for race sub-groups and sub-geographies when available, with particular attention to the impact on women and children. The findings revealed community needs across the 20 areas discussed in detail in this report:

---

Access to Health Services	Exercise, Nutrition, & Weight	Mental Health & Mental
Cancer	Family Planning	Disorders
Diabetes	Heart Disease & Stroke	Older Adults & Aging
Disabilities	Immunizations & Infectious	Oral Health
Economy	Diseases	Respiratory Diseases
Education	Injury Prevention & Safety	Social Environment
Environment	Maternal, Fetal & Infant	Substance Abuse & Lifestyle
	Health	Transportation

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While more specific needs—such as health prevention, homelessness, and renal disease—also exist in the community, this CHNA report is organized around the 20 main areas listed above, with closer examinations of particular issues presented when sufficient data was available.

Several overarching themes emerged across the topic areas:

### *Women and children experience adverse health outcomes due to chronic disease and health risk behaviors*

Women and children from all geographies and races experience poor health outcomes related to many common, controllable risk factors. Evidence from high rates of chronic disease risk factors, hospitalizations due to preventable causes, and teenage weight and physical activity patterns compels those seeking to improve health to consider interventions at the structural, policy, and community-wide level in order to positively impact the long term health of as many Hawaii women and their families as possible. A societal shift toward healthier lifestyles that includes quality nutrition, daily physical activity, optimal weight control, social support and reduced substance abuse can have profound positive impacts on the health of Hawaii’s women and children. Special consideration for mental health, a chronic condition that significantly influences overall health, is critical for achieving population health goals.

### ***Enhanced family planning and reducing prenatal risk factors can improve birth outcomes and provide a foundation for life-long health***

Strong family planning disparities are apparent across different ages and cultures in Hawaii. The teen birth rate is much higher among Native Hawaiians and Other Pacific Islanders than any other race. The percent of pregnancies that are intended has not met the national target, indicating need for greater family planning resources, particularly among younger mothers.

The frequency of low birth weight babies in Hawaii is higher than the U.S. average. Older women are experiencing more adverse pregnancy outcomes—including low birth weight, preterm births, and cesarean section rates—compared to other women. Filipina women have a greater proportion of low birth weight babies. The state is working towards, but has not achieved, the national goals for newborn and infant breastfeeding. Renewed attention to outcomes related to advanced maternal age, teen birth rates, and optimal newborn care including breastfeeding and a supportive social environment, can improve overall health and wellbeing for women and families in Hawaii.

### ***Greater need and health impacts are found among lower-income women and children***

Largely driven by a lack of access to health services, socioeconomically-disadvantaged women and children in Hawaii experience more poor health outcomes. Low-income women are less likely to be screened for cancers, seek care that is not covered by insurance, and be able to afford effective contraceptives. While Hawaii has relatively good health insurance coverage, some essential health needs remain inaccessible to many, including full spectrum mental health services, quality long-term care for older adults, dental care, and more flexible prenatal and birthing services options. Low-income families may not be able to provide optimal housing or early childhood education opportunities, further impacting health outcomes. Children make up more than a third of the population receiving Shelter Program services in Hawaii. The leading cause of injury and death for children is unintentional injuries and falls; key informants noted that lower socioeconomic status families are less likely to practice risk reduction behaviors. When planning for health improvement, careful consideration should be given to the spectrum of needs among the most socioeconomically disadvantaged populations.

### ***Cultural and language barriers inhibit effective intervention for the most impacted populations***

Because of the strong correlation between poverty and race/ethnicity, some of the groups most impacted by health issues often face cultural barriers to health improvement. Race/ethnicity disparities in the areas of cancer screening, family planning, and women's health suggest that these areas are also influenced by cultural barriers and/or associated socioeconomic constraints. Differing cultural attitudes towards women may affect the varying rates of physical abuse experienced by the female populations of Hawaii. Language differences, including limited English proficiency, and poor health behaviors that are common within a culture are challenges that must be overcome in order to effectively prevent disease. To address some of the challenges associated with caring for patients who experience language barriers, Kapiolani Medical Center for Women and Children has developed—and continually updates and improves—policies to address evolving issues surrounding limited English proficiency among its patients.

### ***Limited access to care results in greater health impacts***

Access to health care is challenging on the Neighbor Islands and rural parts of Oahu due to shortages of primary and specialty care, especially birthing, specialty neonatal, and services for those with disabilities. Midwives are often the only professionals available to assist births in remote areas; in some cases, expectant mothers must travel to other islands to deliver. Kauai and Maui counties have the highest levels of women without health insurance and/or a primary care physician. There are



transportation issues for those in rural areas who need to obtain maternal/pediatric and other specialty care in Honolulu. Even if residents of remote areas are able to see a specialty care practitioner and receive a diagnosis, resources for follow-up care are limited in some patients' home communities. Access challenges also exist for those who are underinsured, those with cultural differences, and those with complicated needs. An additional challenge to improving population health in Hawaii is the transient immigrant population from other countries. Many expectant mothers arriving in Hawaii from countries with limited health care services have not received any prenatal care, which often leads to birth complications. Federally designated underserved areas and populations cover the entirety of the Neighbor Islands and part of Oahu. Unmet mental health, oral health, maternal health, and chronic disease management needs are recurring themes supported by data and key informant interviews. Addressing the medical and dental shortage areas and increasing access to primary, specialty and long-term care are important needs in Hawaii.

### *Community health centers and schools are key community assets for effective interventions*

Given the difficulty in providing services to women and children living in Hawaii's rural areas, several key informants recommended focusing on intervention through community health centers. Areas for which this was specifically recommended included family planning, mental health, and oral health. While Hawaii has many existing community health centers, funding is often a limitation of providing services through these venues.

Health interventions for children and teens can have a two-fold benefit of establishing healthy life-long behaviors among Hawaii's youth, as well as influencing the health of their families. Key informants often recommended interventions that are school-based or involve collaboration with Hawaii schools as children spend the majority of their waking hours in the school environment. Providing enhanced school-based services to children, especially those with cognitive or other disabilities, will positively impact families and community health.

## Selected Priority Areas

Kapiolani Medical Center for Women and Children has selected the following two priorities:

1. Access to Health Services
2. Maternal, Fetal, & Infant Health

Details about the prioritization process can be found in Section 5.

## Note to the Reader

Beyond the Executive Summary, readers may choose to study the entire report or alternatively focus on a particular topic area. An overview is provided for each key type of data included in the report: core indicators, hospitalization rates, key informant interviews, and on-line community survey.

To more deeply understand a topic area, the reader can turn to any of the 20 topic area presentations and find all data for the topic and summary conclusions. Each topic-specific section is organized in the following way:

- Core Indicators and Supplemental Information
- Hospitalization Rates (when available)
- Key Informant Interview Information
- Summary of Topic Area

## 1 Introduction

### 1.1 Summary of CHNA Report Objectives and context

The state of Hawaii is unique in that all of its community hospitals and hospital systems joined efforts to fulfill new requirements under the Affordable Care Act, which the IRS developed guidelines to implement. The Healthcare Association of Hawaii (HAH) led a collaboration to conduct state- and county-wide assessments for its members. Building on this collaboration, Kapiolani Medical Center for Women & Children developed a statewide CHNA with a focus on the women and children of Hawaii to meet IRS requirements.

#### 1.1.1 Healthcare Association of Hawaii

HAH is the unifying voice of Hawaii's health care providers and an authoritative and respected leader in shaping Hawaii's health care policy. Founded in 1939, HAH represents the state's hospitals, nursing facilities, home health agencies, hospices, durable medical equipment suppliers, and other health care providers who employ about 20,000 people in Hawaii. HAH works with committed partners and stakeholders to establish a more equitable, sustainable health care system driven to improve quality, efficiency, and effectiveness for patients and communities.

#### 1.1.2 Kapiolani Medical Center for Women & Children

##### *About Kapiolani Medical Center for Women & Children*

Kapi'olani Medical Center for Women & Children is well recognized as Hawai'i's leader in the care of women, infants and children. With 207 beds and 66 bassinets, the nonprofit hospital is Hawai'i's only maternity, newborn and pediatric specialty hospital. It is also a tertiary care, medical teaching and research facility. Specialty services for patients throughout Hawai'i and the Pacific Region include intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal fetal medicine, and high-risk perinatal care. More than 1,500 employees and 630 physicians provide specialty care at Kapi'olani Medical Center. The hospital is home to Kapi'olani Women's Center and Kapi'olani Women's Cancer Center - the state's only dedicated breast health and gynecological cancer centers. Kapi'olani offers numerous community programs and services, such as the Kapi'olani Child Protection Center and Sex Abuse Treatment Center. Kapi'olani Medical Center for Women & Children is an affiliate of Hawai'i Pacific Health, the state's largest health care provider. Learn more at [www.kapiolani.org](http://www.kapiolani.org).

##### *Mission*

The mission of Kapi'olani Medical Center for Women & Children is to improve and advocate for the health and well-being of women, children and adolescents of Hawai'i and the Pacific Region.

##### *Leadership*

- Keith Matsumoto, M.D., Chair of the Board
- Ray Vara, President & Chief Executive Officer
- Martha Smith, Chief Operating Officer
- Stephen E. Lin, M.D., Chief of Staff

##### *A Nonprofit Hospital*

The Kapi'olani Health Foundation supports the charitable mission of its nonprofit hospital affiliate, Kapi'olani Medical Center for Women & Children, by raising funds to provide the people of Hawai'i and the Pacific Region with specialty medical care, life-saving equipment, community outreach and education, and to further local research.

### 1.1.3 Advisory Committee

The collaborative CHNA process has been informed by hospital leaders and other key stakeholders from the community who constitute the Advisory Committee. The following individuals shared their insights and knowledge about health care, public health, and their respective communities as part of this group.

Howard Ainsley - Hawaii Health Systems Corporation  
 Bruce Anderson, PhD – Hawaii Health Systems Corporation  
 Joy Barua – Kaiser Permanente Hawaii  
 Maile Ballesteros – St. Francis Home Care Kauai  
 Wendi Barber, CPA, MBA – Castle Medical Center  
 Rose Choy - Kahi Mohala Behavioral Health  
 Kathleen Deknis, RN, MPH – Home Health by Hale Makua  
 Karen Fernandez – Wahiawa General Hospital  
 Mark Forman, JD – Hawaii Medical Service Association Foundation  
 Loretta J. Fuddy, ACSW, MPH – State of Hawaii Department of Health  
 Robert Hirokawa, DrPH – Hawaii Primary Care Association  
 Mari-Jo Hokama – Kahi Mohala Behavioral Health  
 Fred Horwitz – Life Care Center of Hilo  
 Susan Hunt, MHA – Hawaii Island Beacon Community  
 Richard Keene – The Queen’s Health Systems  
 Jeannette Koijane, MPH – Kokua Mau  
 Jay Kreuzer - Hawaii Health Systems Corporation  
 Greg LaGoy, ND, MBA – Hospice Maui  
 Bernadette Ledesma, MPH – Pearl City Nursing Home  
 Vince Lee, ACSW, MPH - Hawaii Health Systems Corporation  
 Wesley Lo - Hawaii Health Systems Corporation  
 Pat Miyasawa – Shriners Hospitals for Children-Honolulu  
 R. Don Olden – Wahiawa General Hospital  
 Quin Ogawa – Kuakini Health System  
 Jason Paret, MBA – North Hawaii Community Hospital  
 Ginny Pressler, MD, MBA, FACS – Hawaii Pacific Health  
 Hilton Raethel, MBA, MHA – Hawaii Medical Service Association  
 Hardy Spoehr - Papa Ola Lokahi  
 Jerry Walker - Hawaii Health Systems Corporation  
 Katherine Werner Ciano, MS, RN – North Hawaii Hospice  
 Ken Zeri, RN, MSN – Hospice Hawai'i  
 Lori Miller – Kauai Hospice  
 Marie Ruhland, RN – Home Healthcare Services of Hilo Medical Center  
 Neill Schultz – Castle Medical Center  
 Corinne Suzuka, RN, BNS, MA – St. Francis Home Care  
 Peter Sybinsky, PhD – Hawaii Health Information Corporation  
 Ty Tomimoto – Rehabilitation Hospital of the Pacific  
 Sharlene Tsuda – The Queen’s Health Systems  
 Stephany Vaoletti, LSW, JD - Kahuku Medical Center  
 Sharon Vitousek, MD – North Hawaii Outcomes Project

#### 1.1.4 Consultants

##### *Healthy Communities Institute*

The Healthy Communities Institute (HCI) mission is to improve the health, environmental sustainability and economic vitality of cities, counties and communities worldwide. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement at the University of California at Berkeley.

HCI offers a spectrum of technology and services to support community health improvement. HCI's web-based dashboard system makes data easy to understand and visualize. The web system and services enable planners and community stakeholders to understand all types and sources of data, and then take concrete action to improve target areas of interest. HCI has over 100 implementations of its dashboard for clients in 40+ states.

The HCI team is composed of experts in public health, health informatics, and health policy. The services team provides customized research, analysis, convening, planning and report writing to meet the organizational goals of health departments, hospitals, and community organizations.

To learn more about Healthy Communities Institute please visit [www.HealthyCommunitiesInstitute.com](http://www.HealthyCommunitiesInstitute.com).

##### *Storyline Consulting*

Storyline Consulting is dedicated to serving and enhancing Hawaii's nonprofit and public sectors. Storyline provides planning, research, evaluation, grant writing, and other organizational development support and guidance. By gathering and presenting data and testimonies in a clear and effective way, Storyline helps organizations to improve decision-making, illustrate impact, and increase resources.

To learn more about Storyline Consulting please visit [www.StorylineConsulting.com](http://www.StorylineConsulting.com).

## 1.2 Hospital Community Benefit Team and Goals

Kapiolani Medical Center for Women and Children formed a Community Benefit Team to guide the hospital's CHNA and Implementation Strategy. The Team includes the following internal participants:

Chief Executive Officer  
Executive Director Pediatrics  
Vice President and Chief Nurse Executive  
Vice President Hospital Operations  
Vice President Hospital Operations  
Chief Medical Officer for Kapiolani Medical Specialists  
Director Financial Planning

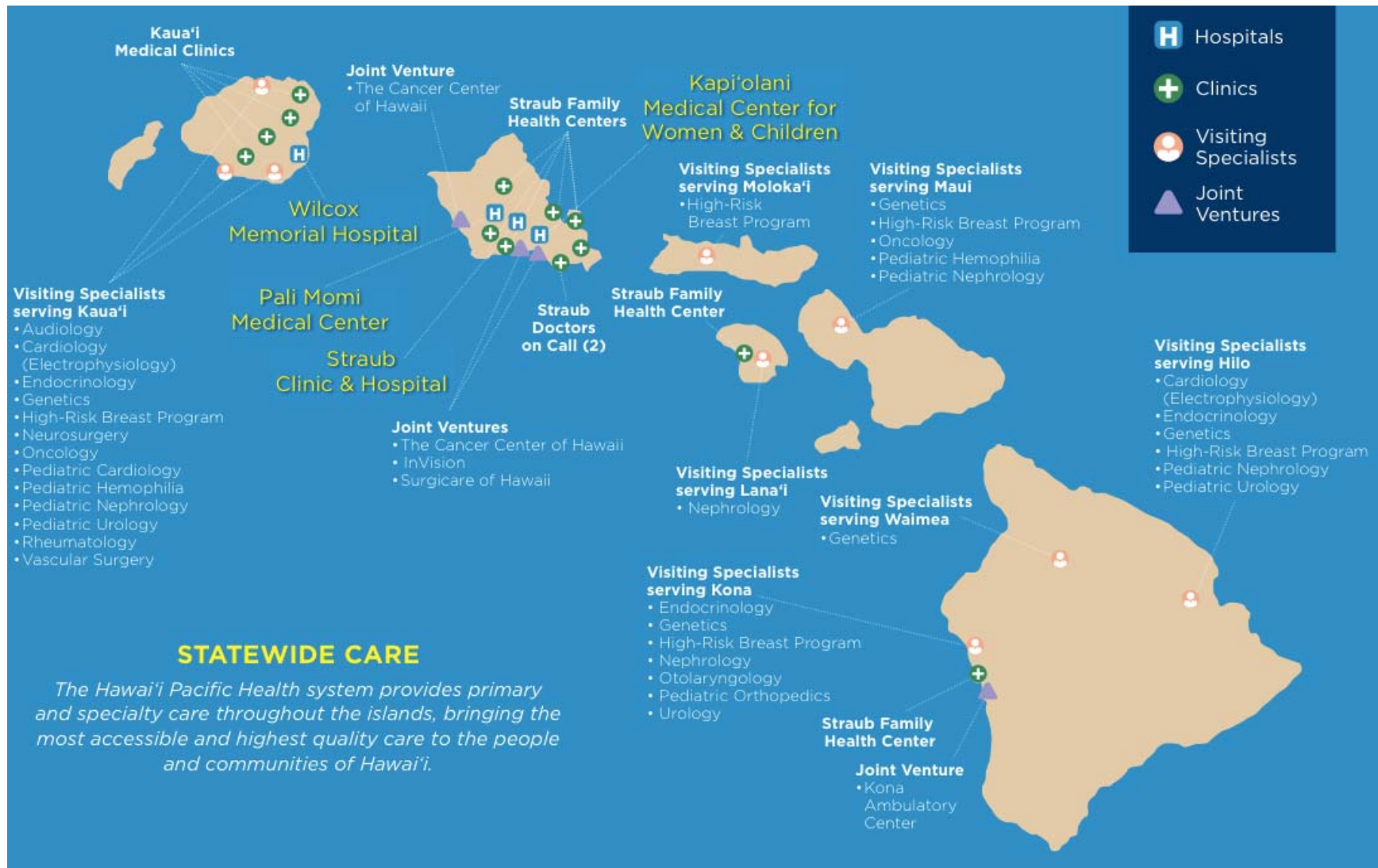
This internal working group has access to and a reporting relationship with the Kapiolani Medical Center for Women and Children Board and has opportunity to work in partnership with the other Hawaii Pacific Health facilities. Working together with community partners to improve community health guides the team's efforts.

### 1.2.1 Definition of Community + Map

The hospital service area is defined by a geographical boundary of the State of Hawaii. The state will serve as the geographic unit of analysis for this Community Health Needs Assessment and the focus is on the health needs of women and children. Hence, the health needs discussed in this assessment will pertain to individuals living within this geographic boundary. When possible, highlights for sub-geographies within Hawaii are provided. The locations of Kapiolani Medical Center for Women and Children and other Hawaii Pacific Health affiliates are shown in

Figure 1.1, along with the types of care provided throughout the state.

Figure 1.1: Hawaii Pacific Health Locations and Services



## 2 Methods

The needs assessment for Kapiolani Medical Center for Women and Children initiated with a systematic quantitative analysis of a core set of secondary data indicators specific to women and children living in the State of Hawaii. This framework assessed data in 20 health and quality of life topic areas against available benchmarks and other relevant comparison values. When possible, other data—including rates of hospitalization due to preventable causes—were also assessed to more fully examine the health needs and health care utilization of Hawaii's women and children. Two forms of primary data were used to further describe the health needs of this population. Individuals with special knowledge regarding the health needs of the community, including those with expertise in public health and community health, were interviewed through a key informant interview process. An online survey collected additional opinions from community residents. Together, the primary and secondary data provide a robust snapshot of the health of the women and children living in Hawaii.

### 2.1 Core Indicator Summary

#### 2.1.1 Data Sources

The core indicators included in this summary originated from Hawaii Health Matters ([www.HawaiiHealthMatters.org](http://www.HawaiiHealthMatters.org)), a publicly available data platform with a dashboard of over 140 indicators from over 20 sources. Hawaii Health Matters (HHM) was developed as a partnership between Hawaii Health Data Warehouse and Hawaii Department of Health, with technology provided by Healthy Communities Institute. The core indicators cover health outcomes, behaviors that contribute to health, and other factors that are correlated with health. The secondary data available on HHM is continuously updated as sources release new data. The data included in this summary is as of October 17, 2012, and may not reflect data currently on the site. Only indicators pertaining to women, children, or families were included in the core indicator summary for this report. For indicators of adult health, data specific to women was obtained directly from Hawaii Department of Health. National comparison values for female-specific indicators were obtained from the Centers for Disease Control and Prevention, the U.S. Census Bureau's American Community Survey, the National Center for Education Statistics, and the National Cancer Institute, and were current as of March 12, 2013.

Detailed information on all indicators, including measurement date, sources and topic area assignment can be found in Appendix A.

#### 2.1.2 Comparisons: Analytic Approach

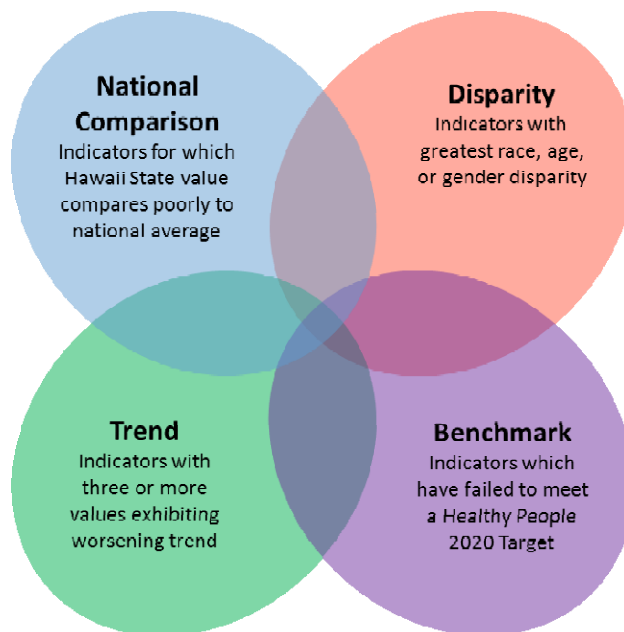
The status of Hawaii was assessed one indicator at a time using up to four comparison methods.

1. First, Hawaii was compared geographically. If the indicator value for Hawaii was worse than the U.S. average, Hawaii was considered to compare poorly to the nation. Values for Hawaii women were only compared to women-specific national values.
2. The second comparison examined the trend of the data. A line of best fit was calculated for all available data points, and the slope of the line was used to determine the average percent change per year. If Hawaii's indicator value had worsened by at least 2.5% of the baseline value per year, the trend for the indicator was considered poor.
3. A third comparison measured disparities among sub-populations in Hawaii. If one sub-population had a value at least four times worse than another for the indicator, then the disparity measurement was considered poor.
4. Finally, the indicator value was compared to nationally-recognized Healthy People 2020 (HP2020) benchmarks. HP2020 benchmarks were used only if the benchmark definition

matched the indicator definition (e.g. the female stroke death rate indicator would not be compared to the HP2020 stroke death rate benchmark because the benchmark is based on data for both men and women). The comparison was considered poor if Hawaii had not yet met the target set by the U.S. Department of Health and Human Services (see Appendix A for more information on HP2020 benchmarks).

As many comparisons as possible were applied to each indicator. The possible comparisons varied for each indicator depending on the availability of data. Geographic comparisons were only possible when national data was available for the same indicator. Trend comparisons were only possible when at least three periods of measure were available to avoid misinterpreting slight changes between two periods. The availability of sub-population data varied by indicator, and so disparity comparisons were incorporated whenever possible. Finally, HP2020 benchmarks only exist for a subset of the indicators included in the summary, and were only used if the benchmark definition matched the indicator definition (e.g. indicators that used data for women only were not compared). Please see Appendix A for more details and examples of this process.

**Figure 2.1: Comparison Methods**



### 2.1.3 Indicator and Topic Area Scoring

After the status of all possible comparisons was assessed, indicators were aggregated into their respective topic areas. The total number of poor comparisons was divided by the total possible comparisons within the topic area to calculate the topic area score. This score, measuring the proportion of poor comparisons within the topic, ranges from zero to one. Scores were not calculated for topic areas that had one or zero indicators, as these areas were deemed to lack an adequate number of indicators. Please see Appendix A for more details and an example of this process.

### 2.1.4 Shortage Area Maps

Core indicator data for relevant topic areas was supplemented with maps illustrating the following types of federally-designated shortage areas and populations:

- Medically underserved areas and/or populations
- Primary care health professional shortage areas and/or populations
- Mental health professional shortage areas and/or populations
- Dental health professional shortage areas and/or populations

Criteria for medically underserved areas and populations can be found at:

<http://bhpr.hrsa.gov/shortage/muaps/index.html>

Criteria for health professional shortage areas can be found at:

<http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html>



Maps of shortage areas and populations were based upon shapes generated using the Community Issues Management site's mapping tool: <http://www.cim-network.org/CIM/Tools/>

Maps were further customized by Healthy Communities Institute.

## 2.2 Hospitalization Rates

The Core Indicator Summary includes several hospitalization rate indicators from HHM, and hospitalization data for 15 additional preventable causes were obtained from Hawaii Health Information Corporation (HHIC). The Agency for Healthcare Research and Quality (AHRQ) identified 15 preventable quality indicators (PQIs) to measure the quality of outpatient care, as it can impact the need for hospitalization. All hospitalization rates included in this report are female-specific crude rates that have not been adjusted for patient age. Risk-adjusted hospitalization rates among women in Hawaii were not available within the timeframe of this CHNA analysis. While unadjusted rates are not typically compared across geographic regions due to uncertainties in varying age distributions, the female age distribution across Hawaii counties is similar. County-level unadjusted rates are compared in this report to provide an idea of the differences in hospitalization patterns across the state, but should be interpreted with caution (please see Section 3.1 for a more detailed examination of Hawaii's demographics).

Appendix B provides a full listing of the unadjusted hospitalization rates and associated confidence intervals for female residents of the state and by county. Also included in the appendix are data for three composite hospitalization indicators that measure: 1) total hospitalizations across all 15 PQIs, 2) hospitalizations for acute conditions, including dehydration, bacterial pneumonia, and urinary tract infection, and 3) hospitalizations for chronic conditions, including short- and long-term complications of diabetes, uncontrolled diabetes, lower-extremity amputation, hypertension, heart failure, angina without procedure, COPD or asthma in older adults, and asthma in younger adults.

All rates are based upon patient residence, and values were suppressed if there were fewer than 10 cases. Population estimates are based on the U.S. Census Bureau, Population Division, Intercensal Estimates of the Resident Population for Counties of Hawaii and Hawaii State Department of Health, Office of Health Status Monitoring, Hawaii Health Survey. Population estimates by race were provided by the Hawaii State Department of Health, Office of Health Status Monitoring, Hawaii Health Survey 2009-2010.

HCI created the hospitalization rate area maps used in this report. In these maps, darker shading reflects higher rates.

## 2.3 Key Informant Interviews

In order to supplement the quantitative findings, key informants were interviewed to further assess the underlying drivers for health outcomes, current community efforts, and obstacles to health. These key informants were chosen by the HAH Advisory Committee on November 7-8, 2012, through a structured nomination and selection process, which followed a thorough review of the preliminary core indicator data for the state. Advisory members nominated both community members with public health expertise in the top ten topic areas identified by the core indicator analysis for the State of Hawaii, as well as those with knowledge of topic areas with secondary data gaps. Key informants were also nominated for their knowledge of vulnerable populations, such as low-income or more adversely impacted racial/ethnic groups. After the nomination process, the advisory members prioritized the list through a voting process.

The key informant interview process was part of a larger statewide CHNA effort in which a total of 105 community experts were nominated, then prioritized down to a list of 75. The remaining 30 nominated

key informants were maintained on an alternate list, in the event that a key informant was not available. Roughly 15 key informants were allotted for each of the four counties and for the overall state perspective. A total of 22 key informants were interviewed for their statewide knowledge of health needs; when certain topic areas were lacking an interview with a statewide perspective, relevant findings from Honolulu County interviews were included.

The interviews were conducted by local consultants, Storyline Consulting. The interviews took place between November 19, 2012 and January 2, 2013 and lasted 30-60 minutes in length. Most interviews took place by phone; a few took place in person. Storyline Consulting typed notes from the interviews during the conversation, capturing the bulk of the conversation verbatim. Interview notes were then condensed and entered into a data collection spreadsheet.

The information obtained from these interviews was incorporated into this report in three ways. A summary qualitative analysis tool called a “word cloud” was produced using TagCrowd.com to identify the most common themes and topics. Words or phrases that were mentioned most often display in the word cloud in the largest and darkest font (see Figure 3.17). Next, input from the key informants was included in each relevant topic area in Section 3.2. If available, information specific to the health of women and children in Hawaii is listed in the first section of each interview summary table; information gathered on the general population for each topic area is also presented in the tables. Any recommended community programs or resources are included in the last column titled “Opportunities/Strengths.”

A Key Informant Interview Guide was developed to guide the interviews. Storyline Consulting adapted the interview guide to best suit Hawaii’s context, unique ethnic/racial profile, and culture. The questions used in the guide are listed below:

Q1: Could you tell me a little bit about yourself, your background, and your organization?

Q2: You were selected for this interview because of your specialized knowledge in the area of [topic area]. What are the biggest needs or concerns in this area?

Q3: What is the impact of this health issue on low income, underserved/uninsured persons?

Q4: Could you speak to the impact on different ethnic groups of this health concern?

Q5: Could you tell me about some of the strengths and resources in your community that address [topic area]?

Q6: Are there opportunities for larger collaboration with hospitals and/or the health department that you want us to take note of?

Q7: What advice do you have for a group developing a community health improvement plan to address these needs?

Q8: What are the other major health needs/issues you see in the community?

Q9: Is there anything else you’d like us to note?

## 2.4 Community Survey

An online survey was used to collect community opinions on the greatest health needs for Hawaii. The survey link was virally distributed by members of the HAH Advisory Committee and was posted on several local websites, including [www.HawaiiHealthMatters.org](http://www.HawaiiHealthMatters.org). The survey was open from November 28 to December 24, 2012. Because the survey sample is a convenience sample, it is not expected to be representative of the population as a whole. Survey respondents provided select personal

characteristics, including gender, age, sex, county and zip code of residence and whether or not the resident works in the health field. Residents were asked to rank the top ten topic areas from the core indicator analysis for the general population in order of importance for their community, as well as informing us about other topic areas of concern. Respondents were also asked which racial/ethnic groups they felt experienced more health problems than average. Lastly, there was an open-ended question asking the resident if there was anything else they would like to share with us, in terms of health concerns in their community. Opinions gathered with this survey are included in this report as highlights, called “Voices from the Community,” in describing notable areas of need.

### 3 Community Health Needs Assessment Findings

#### 3.1 Demographics

The demographics of a community significantly impact its health profile. Different ethnic, age, and socioeconomic groups may have unique needs and take varied approaches to health. This section provides an overview of the demographics of the women and children residing in the State of Hawaii, with comparisons to the United States for reference. All estimates are sourced from the U.S. Census Bureau's American Community Survey unless otherwise indicated.

##### 3.1.1 Population

As measured by the decennial Census, the population of children under age 18 in the State of Hawaii grew from 295,767 in 2000 to 303,818 in 2010. This change of 2.7% is greater than the growth of the under-18 population in the U.S. overall (2.6%). However, the under-18 population in Hawaii as a proportion of the state's total population decreased from 24.4% to just 22.3% over this same period. The national proportion of the under-18 population also decreased over the decade, but remained higher than the Hawaii under-18 proportion.<sup>1</sup>

The population of women over age 18 in the State of Hawaii grew faster than the national average between the measurements of the 2000 Census and 2010 Census, from 459,324 to 531,252. The gender breakdown of the over-18 population remained almost the same, with the percentage female increasing by only 0.1 percentage point over the decade.<sup>1</sup>

**Table 3.1: Women and Children Population Change Overview, 2000-2010<sup>1</sup>**

	United States		Hawaii	
	2000	2010	2000	2010
<b>Children &lt;18</b>				
Population Under 18	72,293,812	74,181,467	295,767	303,818
percent change, 2000-2010	2.6%		2.7%	
% of Total Population Under 18	25.7%	24.0%	24.4%	22.3%
percentage point change, 2000-2010	-1.7%		-2.1%	
<b>Females 18+</b>				
Female Population 18+	108,133,727	120,727,881	459,324	531,252
% Change between 2000-2010	11.6%		15.7%	
% Female of Total Population 18+	51.7%	51.5%	50.2%	50.3%
percentage point change, 2000-2010	-0.2%		+0.1%	

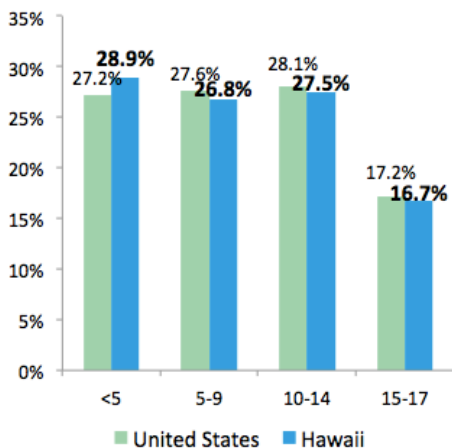
#### Age

As seen in Figure 3.1, children under five years of age made up a larger proportion of Hawaii's under-18 population compared to the nation in 2011. By contrast, the female over-18 population was older compared to the nation (Figure 3.2). The median age of women in Hawaii was 39.9 in 2011, while the

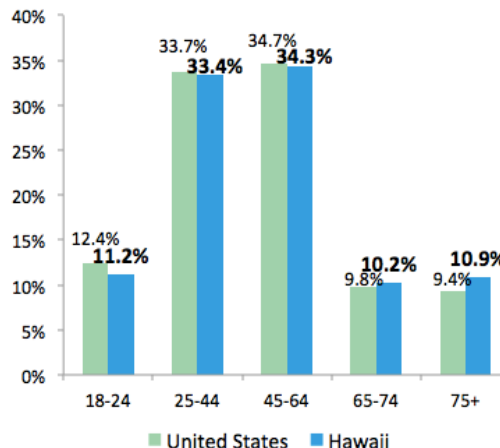
<sup>1</sup> 2000 and 2010 U.S. Census

median age for women nationwide was 38.7. However, Hawaii's age distribution generally does not differ greatly across counties (Figure 3.3) or from that of the nation.

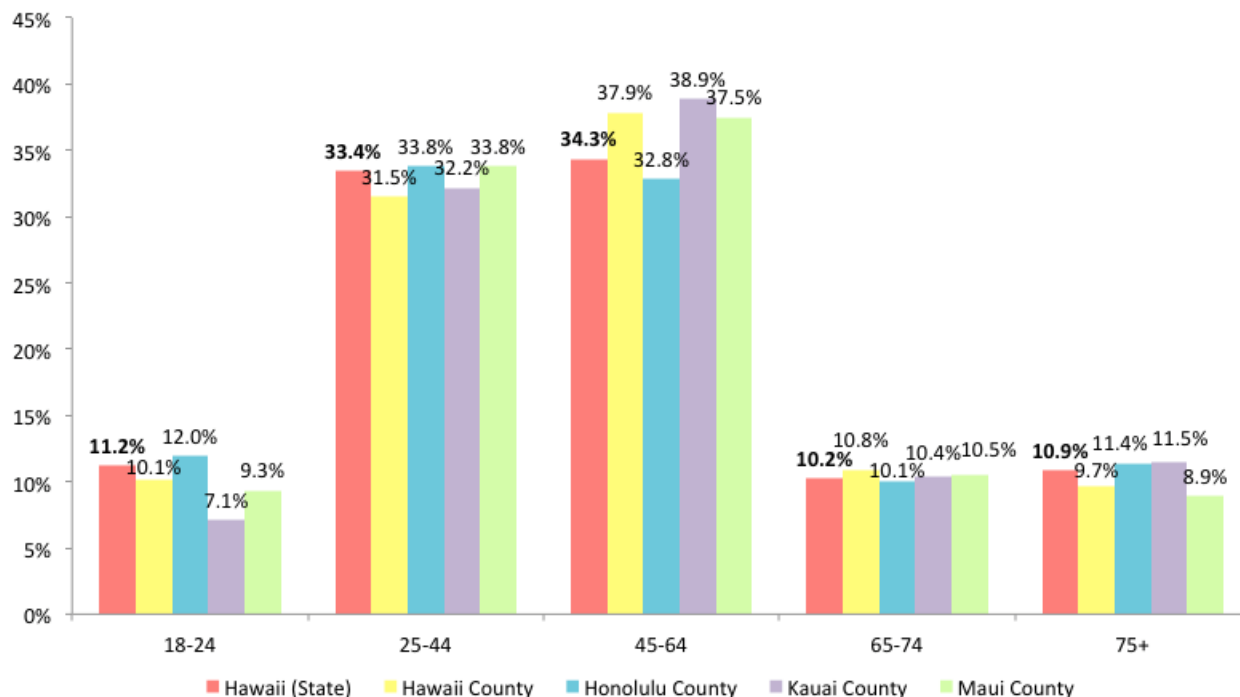
**Figure 3.1: Age Distribution, Children Under Age 18, 2011**



**Figure 3.2: Age Distribution, Females Ages 18 and Over, 2011**



**Figure 3.3: Age Distribution by County, Females Ages 18 and Over, 2011**

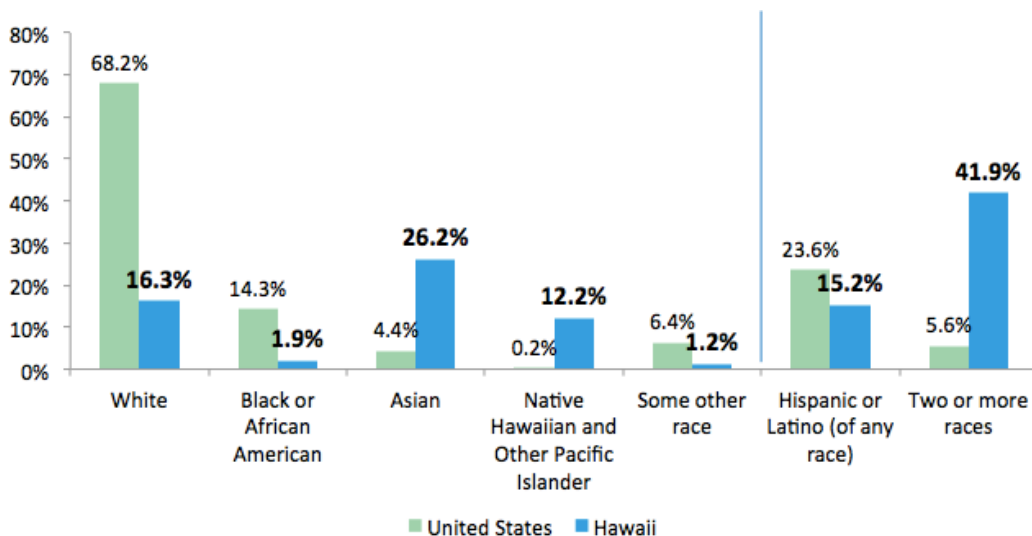


**Racial/Ethnic Diversity**

Hawaii's unique demographic attributes are more readily apparent when comparing the race/ethnicity breakdown of Hawaii against the rest of the country. In Figure 3.4 and Figure 3.5, the race groups displayed to the left of the blue line include residents who reported one race only, while residents who reported two or more races and Hispanic/Latino ethnicity (of any race) are shown to the right of this line.

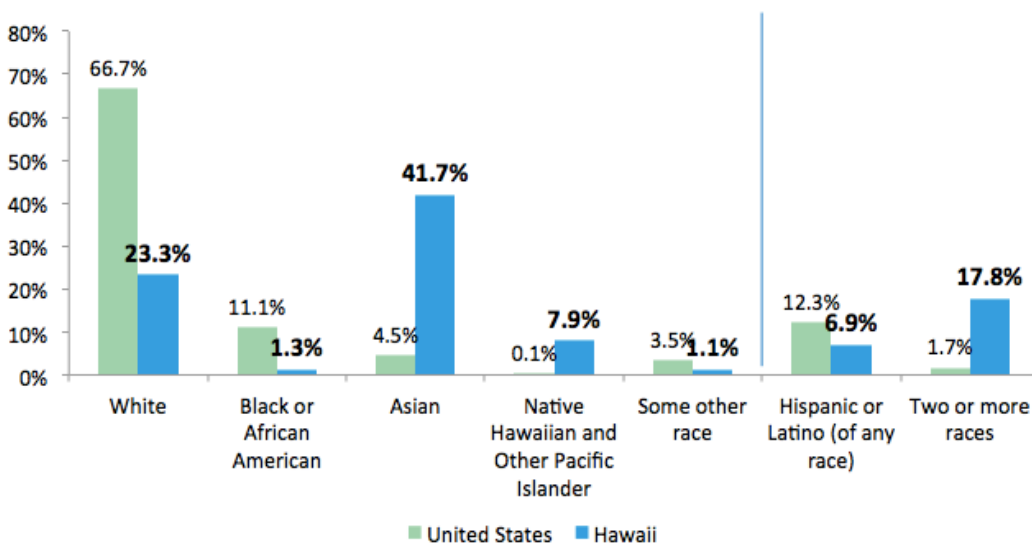
Only 16.3% of children under age 18 in Hawaii are White only, compared to 68.2% of children nationwide. Black or African American, Hispanic or Latino, and Other race/ethnicity groups are also much smaller than the U.S. overall. Children of mixed race make up 41.9% of the under-18 population in Hawaii, over seven times higher than the national average. Higher proportions of children are also of Asian or Native Hawaiian or Other Pacific Islander descent in Hawaii compared to the U.S.

**Figure 3.4: Population Under Age 18 by Race/Ethnicity, 2011**

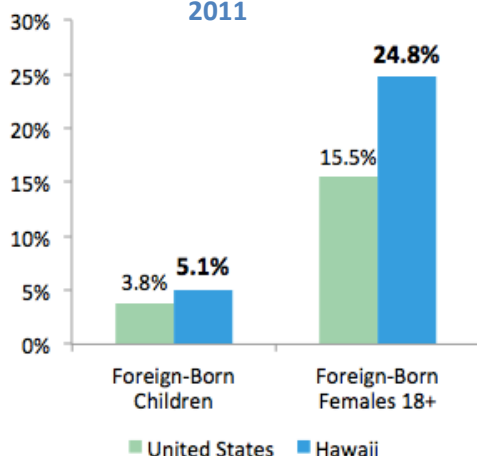


The race/ethnicity of women ages 18 and over in Hawaii exhibits similar trends, with smaller White, Black or African American, Hispanic or Latino, and Other race population proportions than the national average. The largest single race/ethnicity group represented is Asian, at 41.7%—almost ten times higher than the national average of 4.5%. Mixed-race and Native Hawaiian or Other Pacific Islander women also make up much larger proportions of the female 18-and-over population compared to the U.S. overall.

**Figure 3.5: Female Population Age 18 and Over by Race/Ethnicity, 2011**



**Figure 3.6: Foreign-Born Population, 2007-2011**

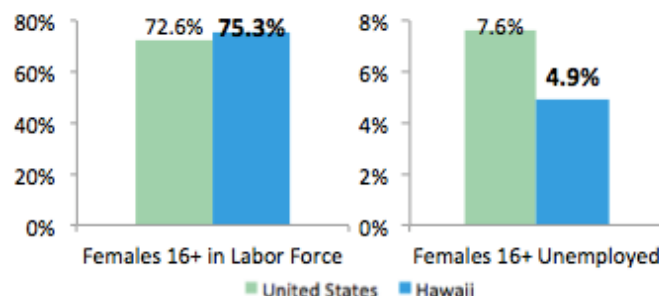


A higher percent of Hawaii children and women are foreign-born relative to the rest of the nation. Of children under age 18 living in Hawaii, 5.1% were born outside of the U.S., compared to just 3.9% of children nationwide (as measured in 2007-2011). The gap is even wider for the women in the state: 24.8% of female residents of Hawaii ages 18 and over were born outside of the U.S., versus 15.5% nationally. A higher percentage of Hawaii households were identified as experiencing English language difficulties as well: 6.1% of households reported that all of its members ages 14 and over had some difficulty speaking English, contrasted with just 4.7% of households in the U.S.

### 3.1.2 Economy

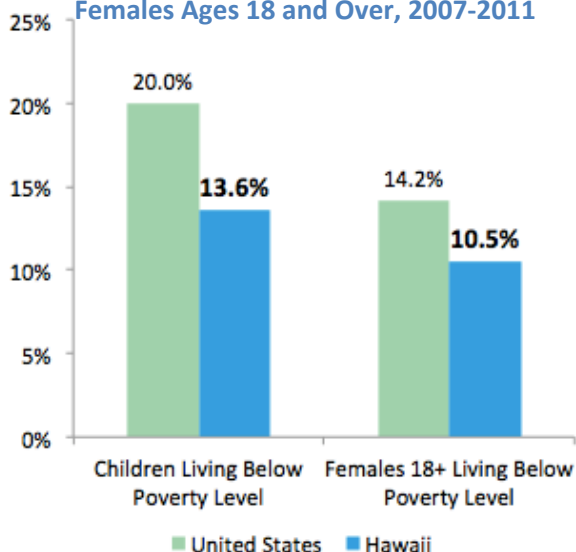
More women in Hawaii participate in the labor force and are employed, compared to the U.S. overall (Figure 3.7). Over 75% of female residents of Hawaii ages 16 and over are in the labor force. The unemployment rate among this population in Hawaii is 36% lower than the national average, at 4.9% (vs. 7.6% nationwide).

**Figure 3.7: Labor Force Participation and Unemployment: Females Ages 16 and Over, 2007-2011**



Poverty rates among the women and children of Hawaii are lower than national averages, although it is important to note that federal definitions of poverty are not geographically adjusted so the data may not adequately reflect the proportion of Hawaii residents who struggle to provide for themselves due to the high cost of living in the state.

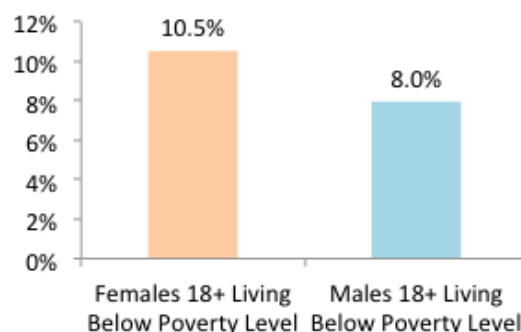
**Figure 3.8: Poverty among Children and Females Ages 18 and Over, 2007-2011**



Based on federal poverty levels, the poverty rate among children in the state (13.6%) is 32% lower than the national average of 20.0%; the poverty rate for women ages 18 and over is 26% lower in Hawaii (10.5%) than the national average (14.2%).

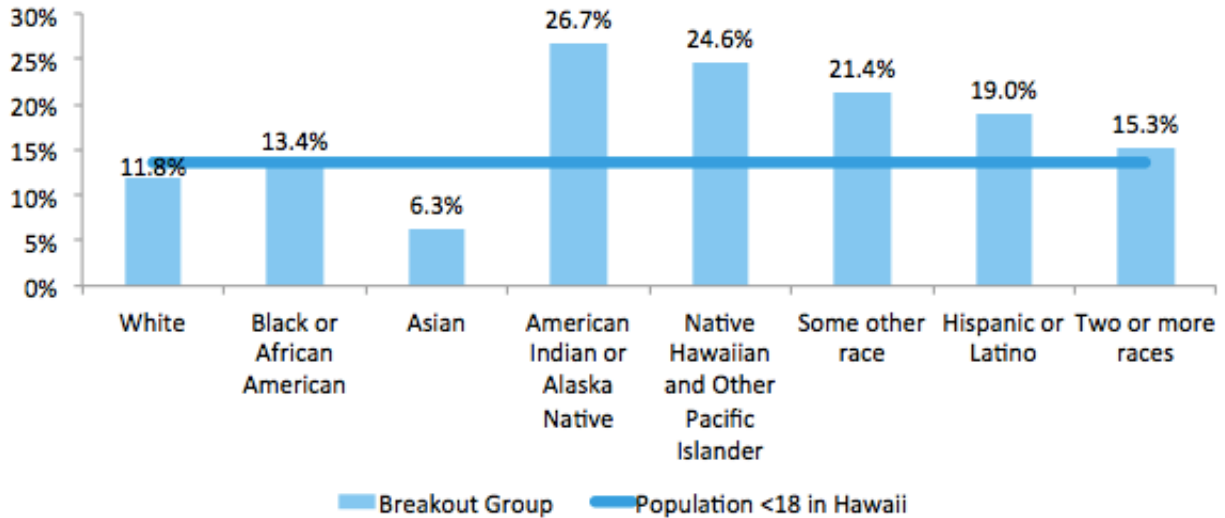
Compared across genders, however, women in Hawaii experience higher levels of poverty than men in the state.

**Figure 3.9: Poverty in Hawaii by Gender, 2007-2011**

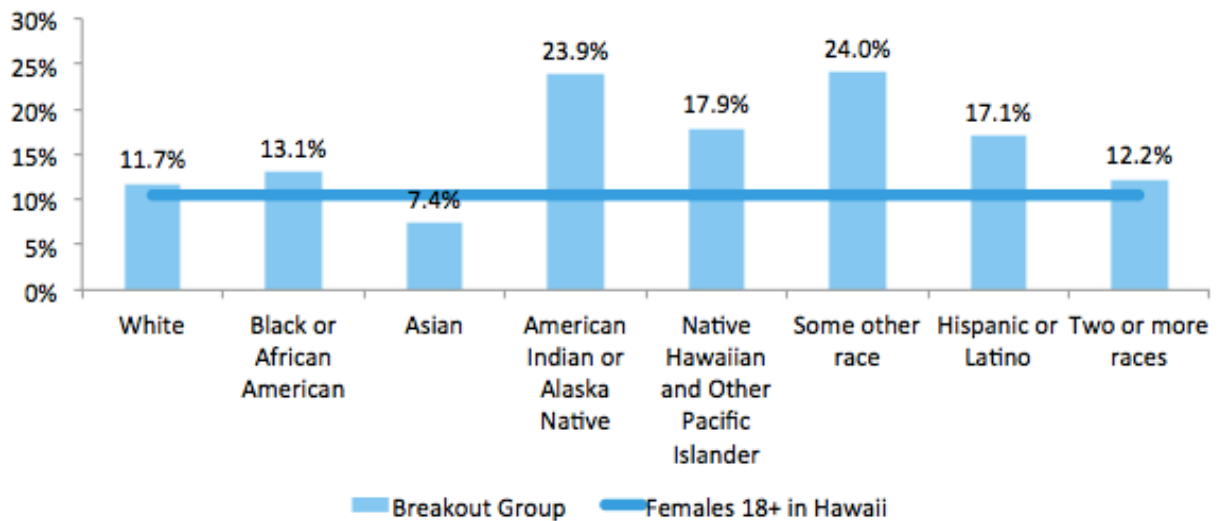


Certain race/ethnicity groups are more affected by poverty, as seen in Figure 3.10 and Figure 3.11. American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander children have the highest poverty rates, at 26.7% and 24.6% respectively. Of women ages 18 and over, those reporting a race/ethnicity of Other Race and American Indian/Alaska Native have the highest poverty rates, at 24.0% and 23.9% respectively. The two least impoverished groups among both women and children are Asian and White.

**Figure 3.10: Poverty Among Children by Race/Ethnicity, 2007-2011**



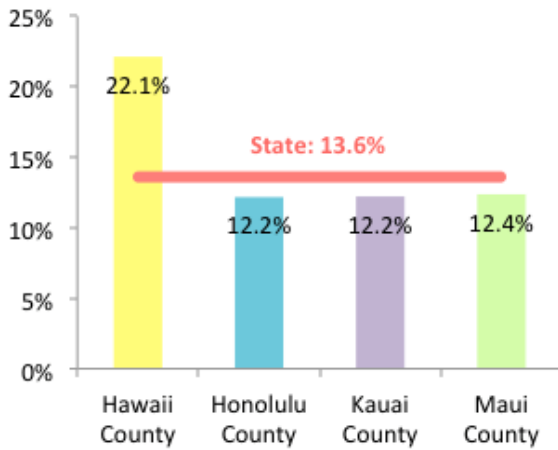
**Figure 3.11: Poverty Among Females Ages 18 and Over by Race/Ethnicity, 2007-2011**



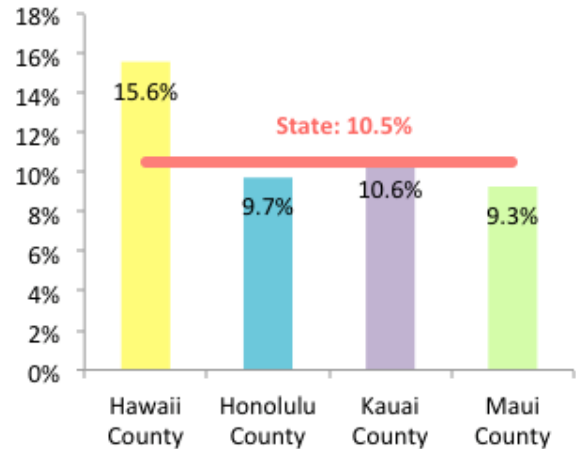
As shown in Figure 3.12 and Figure 3.13, both the percent of Hawaii County children living in poverty (22.1%) and the percent of Hawaii County women living in poverty (10.5%) are the highest in the state. Hawaii County is the only county in the state that has higher poverty rates than the national averages (children: 20.0%, women: 14.2%).



**Figure 3.12: Children Living Below Poverty Level by County, 2007-2011**



**Figure 3.13: Females 18+ Living Below Poverty Level by County, 2007-2011**

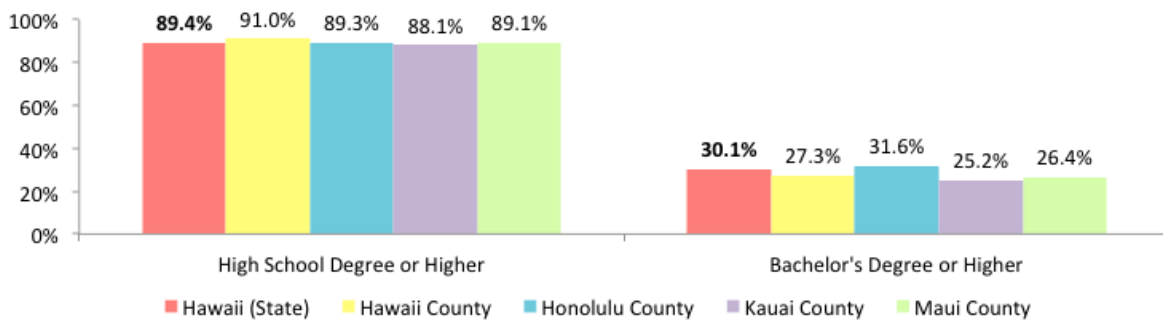


### 3.1.3 Education

Women in Hawaii are well educated compared to the rest of the nation. In 2007-2011, 89.4% of the state's female residents ages 25 and over had at least a high school degree, and 30.1% had at least a Bachelor's degree. By contrast, only 86.0% of the nation's female population ages 25 and over had a high school degree or higher, and only 27.7% had a Bachelor's degree or higher.

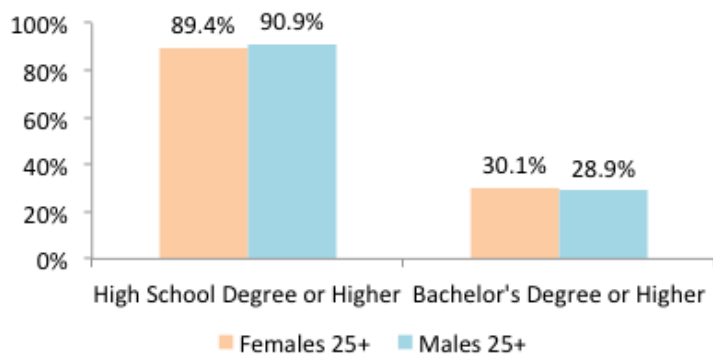
Among Hawaii counties, Hawaii County has the highest proportion of female residents with at least a high school degree (91.0%), while Honolulu County has the highest proportion of female residents with at least a Bachelor's degree (31.6%).

**Figure 3.14: Educational Attainment Among Women Ages 25 and Over by County, 2007-2011**



Proportionally fewer women than men ages 25 and over in Hawaii have received at least a high school diploma, but a higher percent of women have gone on to receive at least a Bachelor's degree (Figure 3.15).

**Figure 3.15: Education Attainment among Men and Women Ages 25 and Over by Gender, 2007-2011**



## 3.2 Overview of Needs Assessment

### Core Indicator Summary

For this report, 101 indicators of health drivers and outcomes were included in a systematic review of secondary data. Table 3.2 shows the weighted ranking scores for each topic area, from most severe to least and whether or not the topic included indicators of concern for women and/or children.

**Table 3.2: Core Indicator Summary Scores**

Topic Area	Indicators	Score	Women	Children
Family Planning	3	0.57	X	X
Substance Abuse & Lifestyle	15	0.52	X	X
Environment	2	0.50	X	X
Heart Disease & Stroke	4	0.50	X	
Respiratory Diseases	2	0.50	X	
Social Environment	5	0.40		X
Mental Health & Mental Disorders	4	0.40	X	
Exercise, Nutrition, & Weight	14	0.35	X	X
Transportation	3	0.33	X	
Cancer	11	0.32	X	
Maternal, Fetal & Infant Health	16	0.32	X	X
Injury Prevention & Safety	5	0.30	X	
Education	3	0.25		X
Economy	4	0.17		X
Immunizations & Infectious Diseases	2	0.00		
Access to Health Services	3	0.00		
Oral Health	3	0.00		
Disabilities	1	n/a		
Diabetes	1	n/a		
Older Adults & Aging	0	n/a		

The ranking of scores for the topic areas provides a systematic way to assess a large number of indicators across many topic areas. Because the absolute and relative scores are influenced by the number of available inputs for the scoring equation, scoring differences can arise due to availability of data, so **it is important to consider the scores in the context of the primary data and the interrelatedness of many of the topic areas.** Findings of both quantitative and qualitative nature are presented below by topic area, along with a discussion of what can be learned from these results. For a complete list of indicators included in the core indicator summary, see Appendix A.

### Hospitalization Rates

**Hospitalization rates due to preventable causes among women in Hawaii for the most recent year available, 2011, are presented in**

Table 3.3. The specific causes of hospitalization with the three highest overall rates for women are mental health, COPD or asthma in older adults, and heart failure. Prevention Quality Indicator (PQI) Composite Rates are a summary of preventable causes as described in the table footnote. Specific causes of hospitalization are further discussed in applicable topic areas below. All hospitalization rates are listed in Appendix B.

**Table 3.3: Hospitalization Rates due to Preventable Causes in Women, Hawaii, 2011**

<b>Preventable Cause</b>	<b>Hospitalizations Among Women</b>	<b>Unadjusted Rate per 100,000 (95% CI)</b>
Mental Health	2092	386.2 (369.6-402.7)
Heart Failure§	1251	230.9 (218.1-243.7)
Bacterial Pneumonia†	1065	196.6 (184.8-208.4)
COPD or Asthma in Older Adults (Ages 40+)§	958	282.4 (264.5-300.3)
Urinary Tract Infection†	829	153 (142.6-163.4)
Low Birth Weight*	538	6.2 (5.6-6.7)
Diabetes Long-Term Complication§	364	67.2 (60.3-74.1)
Dehydration†	354	65.3 (58.5-72.2)
Diabetes Short-Term Complication§	222	41 (35.6-46.4)
Hypertension§	161	29.7 (25.1-34.3)
Perforated Appendix**	157	27.4 (23.2-31.7)
Angina without Procedure§	90	16.6 (13.2-20)
Rate of Lower-Extremity Amputation §	66	12.2 (9.2-15.1)
Asthma in Younger Adults (Ages 18-39)§	59	29.1 (21.7-36.6)
Uncontrolled Diabetes§	33	6.1 (4-8.2)
<b>Composite Hospitalization Rates</b>		
PQI Composite – Acute Conditions	2248	415 (397.8-432.1)
PQI Composite – Chronic Conditions	3187	588.3 (567.9-608.7)
PQI Composite	5435	1003.3 (976.6-1029.9)

\*Rate is per 100 live births; includes both male and female infants

\*\*Rate is per 100 appendicitis admissions

† Included in Acute Conditions Composite Rate

§ Included in Chronic Conditions Composite Rate

Combining all three years of data available (2009-2011), women made up a disproportionate majority of hospitalizations due to urinary tract infection (72.7% of cases were female), hypertension (55.2% female), and asthma in younger adults (57.3% female). Slightly more than half of hospitalizations due to short-term complications of diabetes were in women (51.2%). While men made up a majority of hospitalizations for chronic conditions (53.8% male, 46.2% female), acute conditions were more often female (45.8% male, 54.2% female).

Compared to national averages, women in Hawaii were generally hospitalized less frequently for PQI causes in 2009 (the most recent year for which national data is available). The exception was the rate of lower-extremity amputations, which was 10% higher among women in Hawaii than the national female average. National comparisons were available for 2009 hospitalizations for all indicators except mental health hospitalizations.<sup>2,3</sup>

<sup>2</sup> National data except low birth weight is from the AHRQ publication: *Prevention Quality Indicator Comparative Data: Based on the 2009 Nationwide Inpatient Sample (NIS) Version 4.4*, August 2012.

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PQI/V44/Comparative%20Data%20PQI%204.4.pdf>

**Table 3.4: National Comparisons of Hospitalization Rates per 100,000 Women due to Preventable Causes, 2009**

<b>Preventable Cause</b>	<b>United States</b>	<b>Hawaii</b>
Angina Without Procedure§	23.1	16.0
Asthma in Younger Adults (Ages 18-39)§	87.6	44.8
Bacterial Pneumonia†	352.8	231.1
COPD in Older Adults (Ages 40+)§	643.4	339.5
Dehydration†	163.8	79.0
Diabetes Long-Term Complication§	106.1	73.3
Diabetes Short-Term Complication§	58.3	41.5
Heart Failure§	377.0	241.6
Hypertension§	72.7	23.6
Low Birth Weight*	6.3	6.2
Perforated Appendix**	26.7	18.2
Rate of Lower-Extremity Amputation§	11.2	12.4
Uncontrolled Diabetes§	21.8	4.2
Urinary Tract Infection†	279.8	148.7
<b>Composite Hospitalization Rates</b>		
PQI Composite – Acute Conditions	796.4	458.8
PQI Composite – Chronic Conditions	1097.8	638.5
PQI Composite	1893.9	1097.2

\*Rate is per 100 live births; includes both male and female infants

\*\*Rate is per 100 appendicitis admissions

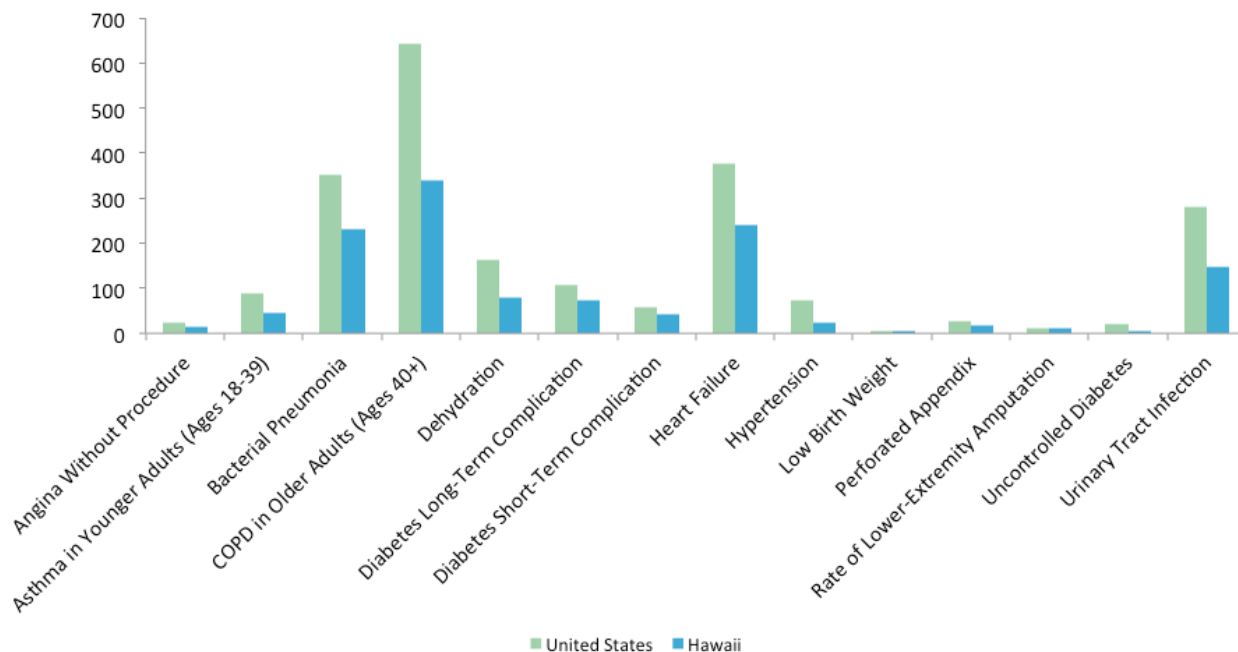
† Included in Acute Conditions Composite Rate

§ Included in Chronic Conditions Composite Rate

<sup>3</sup> Low birth weight comparison is from the AHRQ publication: *Pediatric Quality Indicator Comparative Data: Based on the 2009 Nationwide Inpatient Sample (NIS) Version 4.4*, August 2012.

<http://www.qualityindicators.ahrq.gov/Downloads/Modules/PDI/V44/Comparative%20Data%20PDI%204.4.pdf>

**Figure 3.16: PQI Hospitalizations Among Women, 2009**



**Key Informant Interviews**

The word cloud below illustrates the Hawaii needs mentioned most often by key informants at the state and county levels, where the size and shading of the word reflects the frequency of its use. The concerns include both those pertaining to the informants’ specific areas of expertise, as well as other issues they see in the community as a whole. Interviews are summarized by the topic area covered by the interviewees’ expertise in sections 3.2.1 through 3.2.20.

**Figure 3.17: Key Informant Interview Word Cloud**



### Community Survey

During the period of November 28 to December 24, 2012, 807 surveys were completed online by Hawaii residents. As the survey was a convenience sample, it was not expected to be representative of the state population as a whole. Of the respondents, 73.4% were female, 26.0% male. Over half of respondents were between the ages of 45 and 64; 30.0% were under 45 and 15.0% were 65 or older. More than half of respondents were Community Health or Public Health Professionals (62.0%). The topics to the right are those most commonly noted by respondents as an area of concern for Hawaii, in alphabetical order.

### Areas of Concern

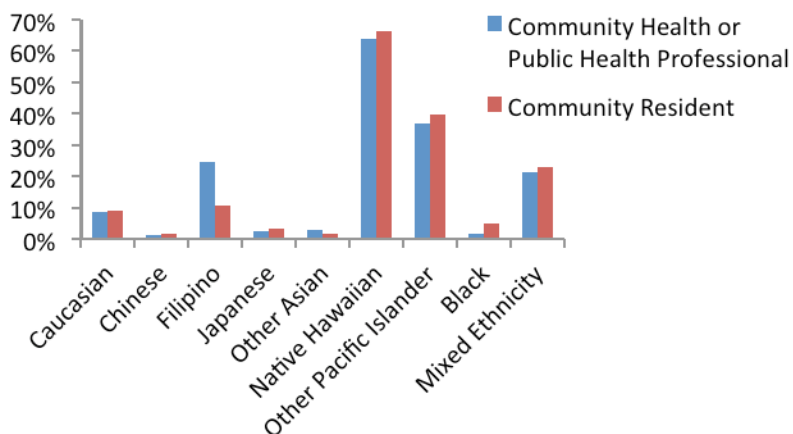
- Access to Health Services
- Cancer
- Diabetes
- Economy
- Education
- Exercise, Nutrition, & Weight
- Heart Disease & Stroke
- Immunizations & Infectious Diseases
- Maternal, Fetal & Infant Health
- Mental Health & Mental Disorders
- Older Adults & Aging
- Substance Abuse & Lifestyle

The race/ethnic group most commonly reported as experiencing more health problems than average was Native Hawaiians, followed by Other Pacific Islanders. Health professionals were more likely than non-health professionals to include Filipino and Other Asian groups as experiencing more health problems than average.

Please see highlights throughout this report of respondent opinions titled “Voices from the Community.”

**Figure 3.18: High-Risk Race/Ethnicity Groups Identified through Community Survey**

**In your opinion, which racial or ethnic groups in your community experience more health problems than average?**



The sections below, 3.2.1 - 3.2.20, will describe the findings by topic area in the following format:

### Core Indicators and Supplemental Information

This section is more extensive for those topics where need demonstrated in the Core Indicator Summary was greatest. For topic areas with at least one poor comparison, a list of highlights is followed by a table including the indicators, most recent value, and how Hawaii fared across the four comparison methods. Green checkmarks indicate that the comparison was good, red X's indicate a poor comparison, and a blank cell indicates no comparison was possible. Further information about core indicators is included in

Appendix A. When possible, data is supplemented by additional information obtained from previous needs assessments and reports.

### *Hospitalization Rates*

As applicable, unadjusted hospitalization rates for preventable causes among women are compared to values across the State of Hawaii. Low birth weight rates include infants of both genders. All hospitalization data for the state and counties are included in Appendix B.

### *Key Informant Interviews*

The information gleaned from key informants who were interviewed for their expertise in the relevant topic area is summarized in a table. Main points made by interviewees are organized by the needs and concerns for Hawaii; the impact on low-income, underserved or uninsured, and/or race or ethnic groups; and the opportunities and strengths that they have identified in their community. Findings specific to women or children, if available, are presented first in the interview summary tables.

### *Summary*

All findings are summarized for the topic with a focus on common themes.

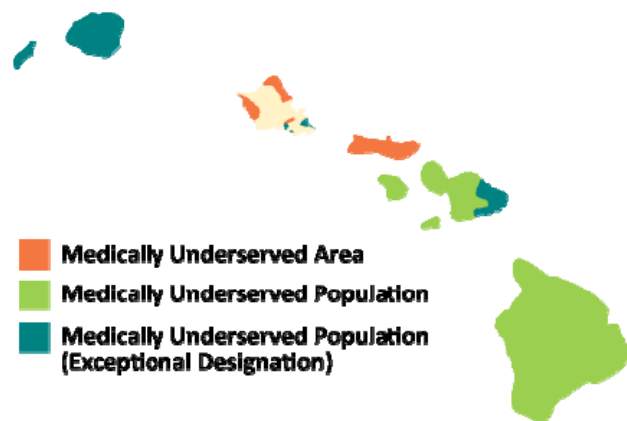
### 3.2.1 Access to Health Services

#### Core Indicators and Supplemental Information

Core indicators for access to health services in Hawaii compare favorably to the U.S. and do not demonstrate any poor trends. 90.1% of women in Hawaii had a usual source of health care in 2010, and only 6.2% did not have health insurance (60% lower than the national average of 15.8%). Most children were also covered by health insurance, with just 2.2% lacking coverage in 2005.

Despite the core indicators' good geographic comparisons, a large proportion of Hawaii has been designated as medically underserved by the Health Resources and Services Administration (HRSA). Other than Oahu, the entirety of every island is considered underserved for at least a portion of their populations.

**Figure 3.20: Federally-Designated Medically Underserved Areas/Populations**



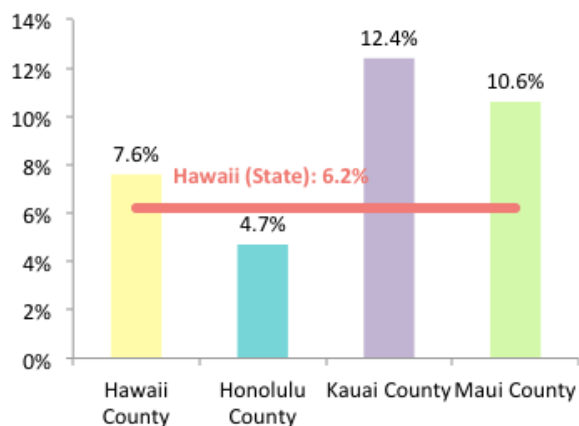
**Figure 3.19: Federally-Designated Primary Healthcare Provider Shortage Areas**



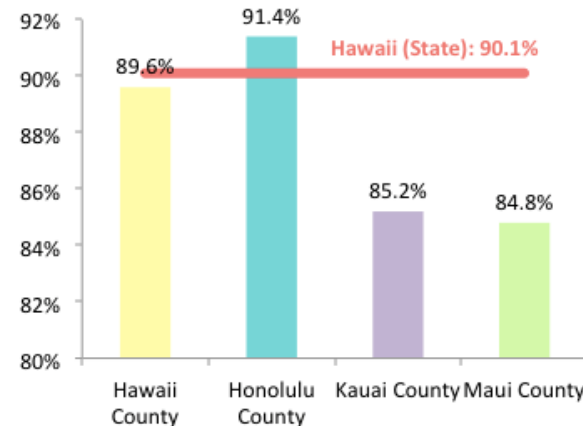
Furthermore, the Island of Molokai and parts of Maui and Hawaii Islands are considered to be primary care provider shortage areas by HRSA.

Female residents of the Neighbor Islands are less likely to have health insurance or a usual source of health care than female residents of Honolulu County. Health insurance coverage among women is lowest in Kauai County, where 12.4% of women did not have health insurance in 2010. Maui County had the lowest proportion of women who had a usual source of care in 2010, at 84.8%.

**Figure 3.21: Women Ages 18-64 without Health Insurance Coverage, 2010**



**Figure 3.22: Women Ages 18 and Over with a Usual Source of Health Care, 2010**





*Key Informant Interviews*

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
<i>Women and Children</i>		
	<p>*Med-QUEST has pretty good coverage with no cost sharing for low-income families</p>	<p>*Participation in marathons, walks, canoe regattas by young kids and whole families demonstrates increased awareness</p> <p>*School-based clinic models have the potential to influence health and wellness starting with the younger generation</p>
<i>General</i>		
<p>*Affordable Care Act focuses primarily on clinical delivery, but the greatest return on investment is in public health interventions</p> <p>*Hawaii has immature delivery system with many small, solo practitioners that need to be supported and not left behind by the ongoing healthcare transformation</p> <p>*Rural areas lack critical care units that can respond quickly; hospitals not equipped to handle array of concerns</p> <p>*More communication among providers; integration of care</p> <p>*More engagement with patients so they are able to manage the complexity of their care with the support of professionals</p> <p>*Conversation about health care and making a better system and affecting more people should be about improving education, decreasing disparities, and really addressing social determinants at the right level</p>	<p>*Transportation is an issue--how do you get patients to hospitals that have capacity?</p> <p>*Racial/ethnic disparities do exist, but they are confounded by being low-income</p> <p>*Every cultural group has its own attitudes about health and healthcare</p> <p>*Real disparities among Native Hawaiians and Pacific Islanders, who have the worst outcomes</p> <p>*Besides basic health disparities, language barriers, navigation of health system barriers, Compact of Free Association (COFA) nation residents have a lot of access issues because of a "pariah" sense in Hawaii where they are not wanted and disenfranchised</p>	<p>*Increases in reimbursements that begin in 2014 will help improve access to services</p> <p>*Health information technology holds promise, but we need to make sure there are supports for all providers to be able to use it</p> <p>*Need to support an appropriate presence of community health centers, particularly important for dental and behavioral health</p> <p>*Clearly addressing mental and behavioral health can reduce overutilization rates of ER</p>

*Voices from the Community*

*“So many residents do not understand or are [not] able to communicate their health issues.”*

## Summary

While health insurance coverage in Hawaii is better than the U.S. in general, there are many other barriers to care that make access to health services a complex issue. Availability of services is strongest in Honolulu County, but rural parts of Oahu and neighboring islands struggle to make the array of services needed accessible to everyone where population density is low. Many specialized services, and some primary services such as mental health and obstetric services, are not available on each island, requiring costly air transportation to receive care that is not convenient or affordable to all. Even if residents of remote areas are able to see a specialty care practitioner and receive a diagnosis, resources for follow-up care are limited in some patients' home communities. The race/ethnic groups most in need face both cultural and socioeconomic barriers to engaging with providers to best manage their health. Key informants suggest that local efforts such as school-based clinics and community health centers are best positioned to assist hard-to-reach populations and stress that solo practitioners must be included in current efforts to improve Hawaii's health delivery system.

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### *Voices from the Community*

*"[We have] limited resources in several health-related areas, such as access to long term care services, lack of or limited specialty care and/or access to these specialty services; [another challenge is] cost of health care in a socioeconomic environment that experiences a high unemployment rate with limited resources for employment."*

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## 3.2.2 Cancer

### *Core Indicators and Supplemental Information*

While there are many drivers of cancer, early detection and steps toward prevention can lessen the burden on a community's health. In Hawaii, core indicators reflect a significant need in this area:

#### *Regarding screenings:*

- The proportion of women aged 40 and older in Hawaii who have had mammograms within the past two years (76.5%) has not met the HP2020 target (81.1%)
- The proportion of women aged 18 and older who have had a pap test in the past three years (77.4%) has not met the HP2020 target (93.0%)
- The proportion of women aged 50 and older who have had a blood stool test within the past two years decreased from 45.7% in 2003 to 24.6% in 2010

#### *Regarding new cases and mortality rates:*

- Breast cancer incidence (125.1 cases/100,000 females) is higher than the U.S. average (122.0). The breast cancer death rate is highest for Native Hawaiian/Pacific Islander women (55.1 deaths/100,000 females) and Black or African American women (40.4 deaths/100,000 females)
- Cervical cancer incidence (8.2 cases/100,000 females) is higher than the U.S. average (8.0), and has increased from 7.6 cases/100,000 females in 2003-2007 to 8.2 in 2005-2009
- Liver & bile duct cancer incidence (5.9 cases/100,000 females) is worse than the U.S. value of 3.4

**Table 3.5: Core Indicators – Cancer**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Mammogram History (2010)	76.5 percent	✓	✓	✓	✗
Pap Test History (2010)	77.4 percent		✓	✓	✗
Colon Cancer Screening among Women (2010)	24.6 percent	✓	✗		
Breast Cancer Incidence Rate (2005-2009)	125.1 cases/ 100,000 females	✗	✓	✓	
Breast Cancer Death Rate (2009-2011)	14.2 deaths/ 100,000 females	✓	✓	✗	✓
Cervical Cancer Incidence Rate (2005-2009)	8.2 cases/100,000 females	✗	✗	✓	
Colorectal Cancer Incidence Rate (2005-2009)	38.7 cases/ 100,000 females	✓			
Colon Cancer Death Rate (2009-2011)	10.7 deaths/ 100,000 females	✓	✓		
Liver and Bile Duct Cancer Incidence Rate (2005-2009)	5.9 cases/ 100,000 females	✗			
Lung and Bronchus Cancer Incidence Rate (2005-2009)	40.4 cases/ 100,000 females	✓			
Melanoma Incidence Rate (2005-2009)	14.9 cases/ 100,000 females	✓			

✓ indicates good comparison, ✗ indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.

All values and data sources included in Appendix A.

### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
	<ul style="list-style-type: none"> <li>*Low-income women fall through the gaps with screening</li> <li>*Native Hawaiian, Pacific Islanders, and Filipino groups have poorer health outcomes and the women have higher breast/cervical cancer mortality rates</li> </ul>	<ul style="list-style-type: none"> <li>*Breast and Cervical Cancer Control Program reaches out to groups with higher mortality rates</li> </ul>
	<i>General</i>	
<ul style="list-style-type: none"> <li>*Obesity and environmental factors place people at risk, and should be addressed before cancer develops</li> <li>*High cost when found at late stages</li> <li>*Increasing aging population means increased number of people diagnosed with cancer</li> </ul>	<ul style="list-style-type: none"> <li>*Higher incidence of cancer in Micronesians exposed to nuclear testing radiation</li> <li>*Cancer treatment centers are concentrated on Oahu and are costly to access from other islands</li> </ul>	<ul style="list-style-type: none"> <li>*Micronesians formed tight organizations and sports programs; when youth come out for sports they talk to them about disease and health</li> <li>*Hawaii has progressive policies to curb cigarette smoking and to provide free screening for colon and breast cancer</li> <li>*American Cancer Society program to improve access by picking up</li> </ul>

patients and taking them to their appointments

\*American Cancer Society provides materials in Spanish, Tagalog, and Ilocano

### Summary

The cancer burden among women in Hawaii can be reduced with improved screening and preventative behaviors. Breast and cervical cancer screening has not met national targets, and colon cancer screening has decreased in recent years. The burden disproportionately falls on certain race/ethnic groups, including Native Hawaiians, Pacific Islanders, and Micronesians, but this issue may be masked in secondary data due to national standards in race categorization that do not well represent Hawaii's population. Reaching these populations for screening and early treatment requires language translation and culturally appropriate communications. Additionally, the concentration of cancer treatment centers on Oahu makes it costly for cancer patients on neighboring islands to access care.

### Voices from the Community

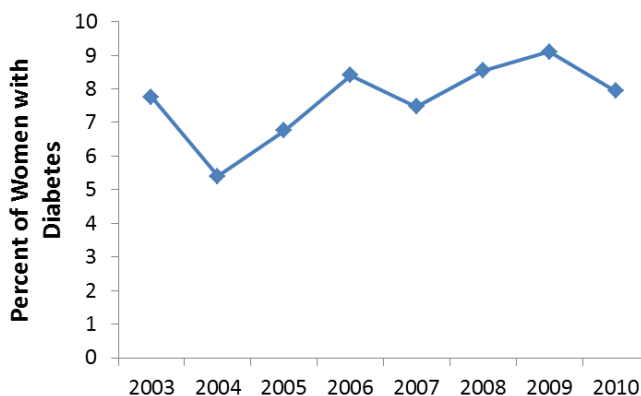
*Hawaii needs cancer treatment centers [with] equivalent...quality of care and expertise [as] those on the mainland."*

### 3.2.3 Diabetes

#### Core Indicators and Supplemental Information

Only one core indicator for women was available in the diabetes topic area, showing that 7.9% of women in the state have been diagnosed with diabetes, lower than the national average of 8.4% for women. However, the prevalence of diabetes increased an average of 3.7% per year between 2003 and 2010.

Figure 3.23: Diabetes Prevalence Among Hawaii Women

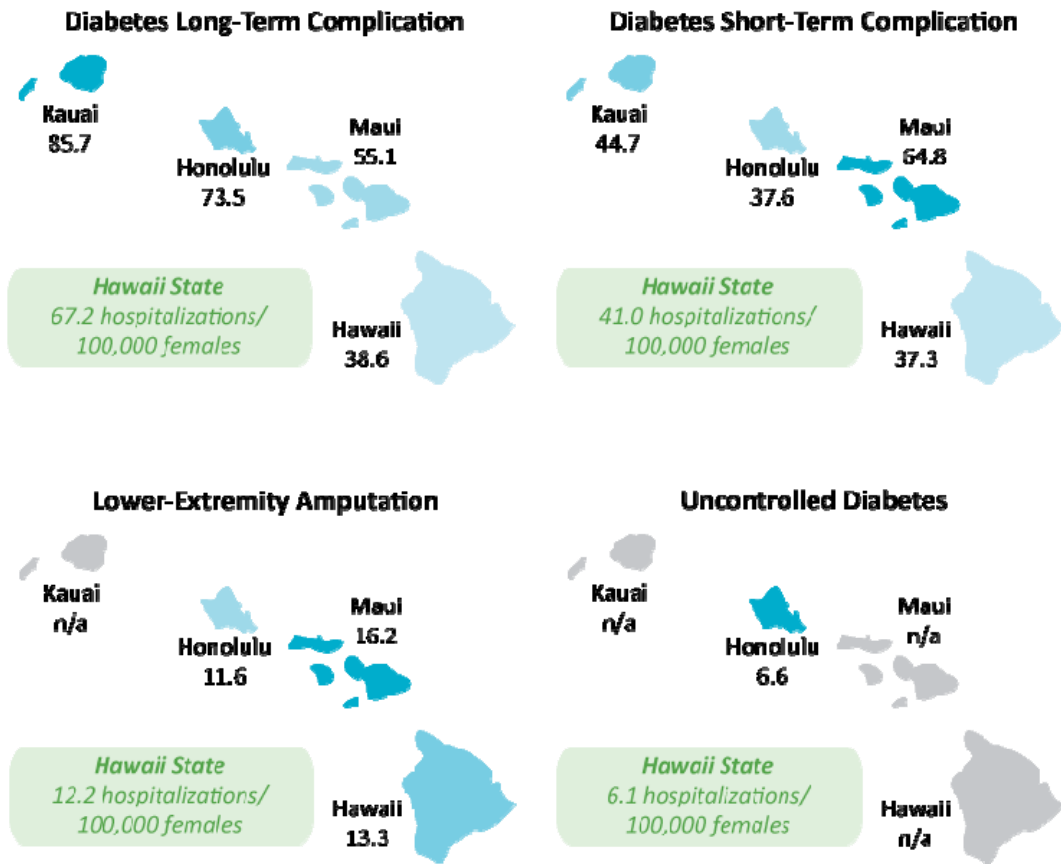
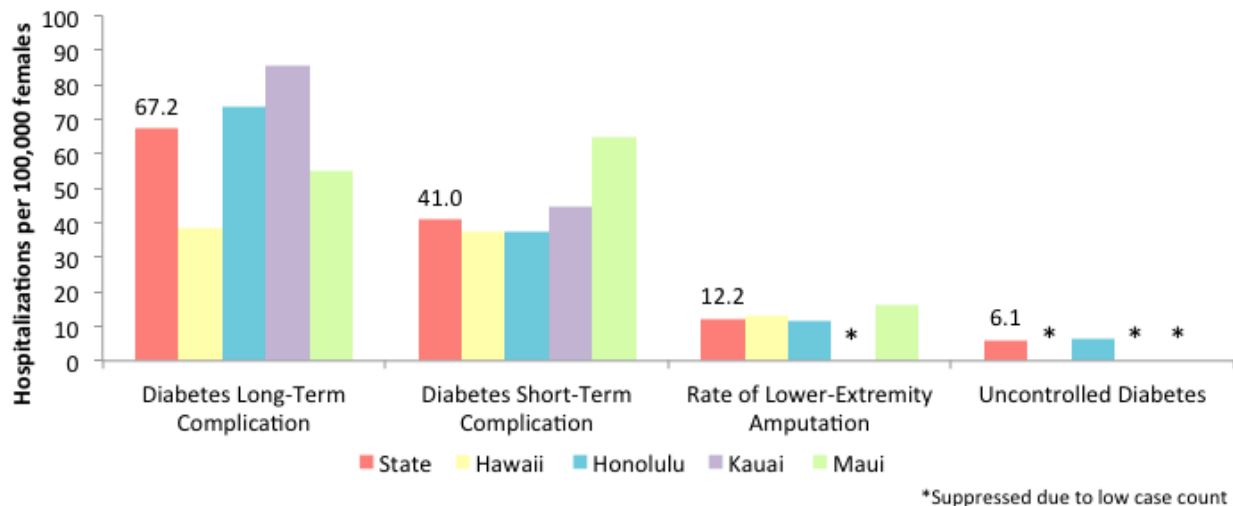


#### Hospitalization Rates

In 2011, Kauai County women had higher rates of hospitalizations due to long-term complications of diabetes than any other county. Maui County women had the highest rates for short-term complications

and lower-extremity amputations. For hospitalizations due to uncontrolled diabetes, only the county rate for Honolulu County was not suppressed.

**Figure 3.24: Hospitalization Rates due to Diabetes among Women, 2011**



**Key Informant Interviews**

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
<p>*National trend is that 1:3 children will have Type II diabetes; in Hawaii, much higher rate of 1:2 children</p> <p>*Childhood obesity will lead to diabetes becoming an even bigger problem in the future; the amount of resources spent on diabetes will double</p>		<p>*Work with schools to increase physical activity</p> <p>*Ask legislature to put physical education back in schools</p>
	<i>General</i>	
<p>*Diabetes is going undiagnosed in many Hawaii residents</p>	<p>*Native Hawaiians have a higher rate of diabetes, and those living in rural areas have little access to specialists</p> <p>*Higher prevalence for diabetes among Native Hawaiians, other Pacific Islanders, Japanese, and Filipinos and we have such a blend of those bloodlines in Hawaii</p> <p>*Difficulties in translating messages to Samoan and other Pacific Island languages</p> <p>*Outlying areas, low-income population high rates could be lack of overall knowledge of assessment of body and lack of access to critical care</p>	<p>*Work with American Heart and American Cancer Associations to combat obesity</p>

**Voices from the Community**

*“Diabetes is increasing and there is not a serious educational campaign being done at any level. It should begin in grade school and get children practicing healthier habits and exercising.”*

**Summary**

Diabetes prevalence in Hawaii is projected to increase in severity due to childhood obesity. The greatest impact of diabetes is felt among Hawaii’s low-income residents, who have limited access to medical care. Poor disease management leads to more severe disease and inpatient-based care. Reducing the impact of diabetes in Hawaii will require universal and effective primary care management of those with disease, as well as preventing new disease by combatting obesity through a multi-level approach that can effectively include schools, employers, city planning, and community based organizations that promote physical activity across generations.

### 3.2.4 Disabilities

#### Core Indicators and Supplemental Information

There was limited data included in the core indicator summary specific to disabilities (please see Section 4.1.2 for a discussion on data gaps). The one indicator available shows that the rate of blindness and visual impairment in children (26.0 per 1,000 children under age 18) did not meet the HP2020 target of 25.4 in 2009-2010. However, based on data from the 2011 American Community Survey, the proportions of both women and children in Hawaii with a disability are lower than the national averages (Table 3.6). The most common type of disability for women is ambulatory (serious difficulty walking or climbing stairs), while the most common disability among children is cognitive difficulty.<sup>4</sup>

Figure 3.25: Percent of Women/Children with a Disability by Age, 2011<sup>4</sup>

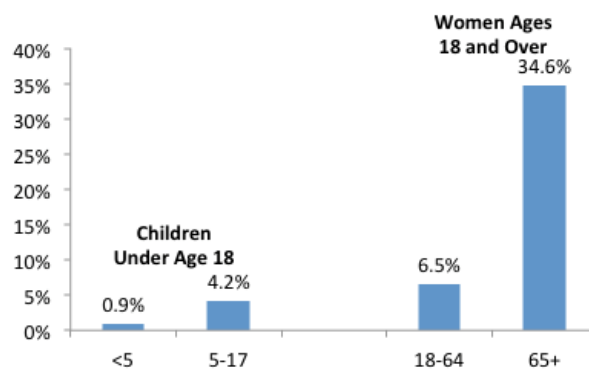


Table 3.6 Percent of Women and Children with a Disability, 2011<sup>4</sup>

	Females Ages 18+		Children <Age 18	
	Hawaii	U.S.	Hawaii	U.S.
<b>Persons with a Disability</b>	12.4	15.2	3.3	4.0
<b>Hearing Difficulty</b>	3.7	3.5	0.7	0.6
<b>Vision Difficulty</b>	1.9	2.8	0.7	0.7
<b>Cognitive Difficulty</b>	4.4	5.3	3.1	3.9
<b>Ambulatory Difficulty</b>	7.8	9.6	0.6	0.7
<b>Self-Care Difficulty</b>	2.5	3.5	0.9	0.9
<b>Independent Living Difficulty</b>	5.8	6.7	0.7	0.6

One consideration of this needs assessment should be the identification of two priorities for children with special health care needs in a recent statewide needs assessment of Maternal and Child Health Needs:<sup>5</sup>

- Promote the identification of children with developmental delay
- Promote the transition of adolescents with special health care needs to adult health care

Furthermore, given the large proportion of women ages 65 and over with a disability (34.6%),<sup>4</sup> the living needs (including housing, transportation, health care, and social support) of the aged and disabled population must be strongly considered in community planning.

#### Summary

Residents with a disability must be considered when assessing community needs, as this population may require specific accommodations. For instance, women with a disability might require special housing, transportation, and health care services. Early screening can help identify children with disabilities—particularly the most common form, cognitive difficulties—and reduce the burden of disability on their health and wellness. Special focus may also be needed to ensure a smooth transition from pediatric to adult health care of persons with a disability.

<sup>4</sup> U.S. Census, American Community Survey, 2011 Estimates

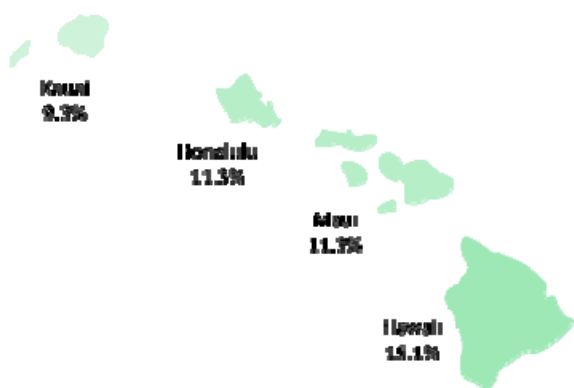
<sup>5</sup> From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. <http://hawaii.gov/health/doc/MCH-NASummary2010>

### 3.2.5 Economy

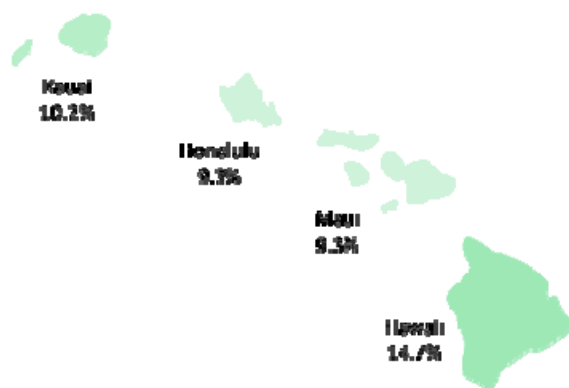
#### Core Indicators and Supplemental Information

Economic conditions are highly correlated with health. While many of the national comparisons for economic core indicators were good for women and children in Hawaii, it should be noted that federal definitions of poverty do not adjust for geographic variations in living costs; therefore, the data may not adequately reflect the proportion of Hawaii residents who struggle to provide for themselves due to the high cost of living in the state. Additionally, the rate of poverty is high among women and children of certain race/ethnic backgrounds, as first discussed in Section 3.1.1. Based on 2006-2010 data, the percent of children living in poverty is particularly high for American Indian/Alaska Native children (32.1%) and Native Hawaiian/Pacific Islander children (24.1%).<sup>6</sup>

**Figure 3.27: Percent of Children Under Age 18 Living Below Poverty Level, 2006-2010**

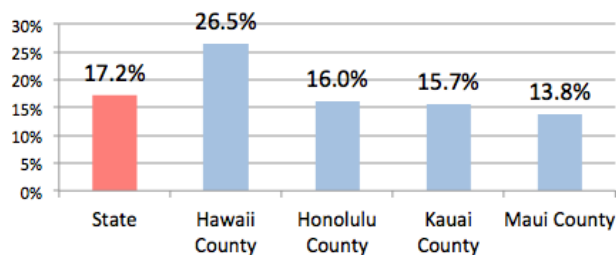


**Figure 3.26: Percent of Women Over Age 18 Living Below Poverty Level, 2006-2010**



The poverty rate is highest in Hawaii County both among women (14.7%) and children (19.1%). A similar pattern is seen in the proportion of children living in households receiving government assistance ( Figure 3.28).<sup>6</sup>

**Figure 3.28: Percent of Children Living in Households Receiving Government Assistance, 2006-2010<sup>6</sup>**



<sup>6</sup> U.S. Census, American Community Survey, 2006-2010 Estimates



**Table 3.7: Core Indicators – Economy**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Women Living Below Poverty Level (2006-2010)	10.6 percent	✓			
Children Living Below Poverty Level (2006-2010)	12.3 percent	✓		X	
Women 65+ Living Below Poverty Level (2006-2010)	8.9 percent	✓			
Families Living Below Poverty Level (2006-2010)	6.7 percent	✓		✓	

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.

All values and data sources included in Appendix A.

### Key Informant Interviews

Although no key informants were interviewed specifically for their knowledge on Hawaii's economy, the effects of poverty on health were mentioned in several interviews spanning many topics. Please see a discussion of the impact of socioeconomics in Section 4.1.

### Summary

The economic disparity in Hawaii drives many of the health disparities discussed throughout this report; it is widely understood to be one of the determinants of health, along with education and the social environment. While this topic was not a major focus in primary data collection, it was mentioned many times in interviews for its relevance to patterns of health access, health behaviors, and health outcomes. These issues particularly affect the wellbeing of children and can affect their lifelong health habits. The economy is a great concern in Hawaii County, which has the highest rates of poverty for both women and children. The necessity of addressing health and quality of life needs among Hawaii's low-income residents is critical in order to realize a healthy community.

### Voices from the Community

*"Many of the health issues are linked by common socioeconomic or social determinants. Addressing root causes seems like a way to get at health issues before they become problems like cancer, diabetes, heart disease, etc."*

## 3.2.6 Education

### Core Indicators and Supplemental Information

Education is a critical foundation for economic and social advancement. In Hawaii, the student-to-teacher ratio (15.8 students/teacher) is higher than the national average of 14.6.

**Table 3.8: Core Indicators – Education**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Women 18+ without a High School Degree (2010)	4.8 percent	✓	✓		
Women 25+ with a Bachelor's Degree or Higher (2006-2010)	29.9 percent	✓			
Student-to-Teacher Ratio (2009-2010)	15.8 students/teacher	X			

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.

All values and data sources included in Appendix A.

### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
<ul style="list-style-type: none"> <li>*High-quality early childhood education is a critical foundation for later success, but many young children are not mentally stimulated enough</li> <li>*Hawaii does not have universal preschool or mandatory kindergarten</li> <li>*Teen dropouts impact not only education but their ability to advocate for themselves around health and wellness</li> </ul>	<ul style="list-style-type: none"> <li>*Challenges for low-income students include nutrition, adequate sleep, and family dynamics that create depression</li> <li>*Teenagers are at risk with alcohol and drug use, chronic diseases like diabetes, and teen pregnancies</li> <li>*Culture is especially important to students who have lost their sense of belonging</li> </ul>	<ul style="list-style-type: none"> <li>*Single most important thing to be done today is establishing an early learning base</li> <li>*Many after-school support systems are in place today, which are incredibly important</li> <li>*Groups are making home visits to dropouts to re-engage them in learning</li> <li>*Should develop village-oriented efforts to share success and accountability with community</li> <li>*Prioritize funding for children</li> </ul>

### Summary

Educational attainment among women in Hawaii compares well to national averages; however, a high student-to-teacher ratio and a shortage of early learning programs portend growing educational concerns for the younger generation. With greater support, schools could develop programs that leverage students' culture and interests to promote learning, and expand early education opportunities so all children in Hawaii have a strong educational foundation. Furthermore, many key informants identified schools as important venues for teaching healthy behaviors to students and their families.

### Voices from the Community

*"[There are] two tiers [of] education for many of the children: excellent if in private school but much less [so] if in public education."*

### 3.2.7 Environment

#### Core Indicators and Supplemental Information

Hawaii's natural environment is a treasured asset. Although the state has exceeded the HP2020 target for the percentage of beaches that are open and safe for swimming (Target: 96.0%; Hawaii: 99.8%), the percent of beach water samples that contained pathogenic organisms increased from 2% in 2008 to 4% in 2011.

**Table 3.9: Core Indicators – Environment**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Safe Beaches for Swimming (2010)	99.8 percent				✓
Beach Water Quality (2011)	4 percent		X		

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

#### Summary

While the environment did not arise as a great need in core indicators for Hawaii, it should be noted that environmental safety can vary on a more local level for which data is not available. Air and water quality has the strongest health effect on the most vulnerable in the community, including children and older women. While there may be little that can be done about poor air quality resulting from the volcanic activity on the Big Island, care should be taken to limit the amount of pollution released by humans.

#### Voices from the Community

*“[An important community issue is] managing land development better to control use of drinking water, keep our air clean, avoid beach pollution and preserve endemic plants.”*

### 3.2.8 Exercise, Nutrition & Weight

#### Core Indicators and Supplemental Information

Healthy activity patterns, diet, and weight have profound effects on chronic disease. In the core indicator summary, women and teens in Hawaii experienced some poor comparisons to national averages:

- In 2009, only 34.4% of teens in Hawaii participated in at least 60 minutes of physical activity a day for at least five days a week, compared to a national average of 37.0%
- Healthy levels of fruit and vegetable consumption, defined as five or more servings per day, were lower among both women and teens in Hawaii than the U.S. overall. In 2009, 27.3% of women in Hawaii met this threshold (compared to 27.7% of women nationwide), and had declined from 30.7% in 2003. In 2011, only 17.5% of the state's high school students met the target, more than 20% below the national average of 22.3%
- The percent of teens in Hawaii who were obese (13.2%) in 2011 was higher than the national average of 12.0%

#### Voices from the Community

*“Designing our communities to be connected by pedestrian pathways/linkages is imperative to increasing physical activity by our youth and others.”*

- Although obesity among women in Hawaii was lower than the national average in 2010 (26.8%), the prevalence of obesity had increased to 20.9% from 15.8% in 2003
- As of 2010, two HP2020 targets were unmet in Hawaii: food insecurity (low access to essential nutrition) among children (Target: 0.2%; Hawaii: 1.1%) and food insecurity among households (Target: 6.0%; Hawaii: 16.6%)

**Table 3.10: Core Indicators – Exercise, Nutrition & Weight**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Women Engaging in Regular Physical Activity (2009)	49.7 percent	✓	✓		
Women Not Engaging in Physical Activity (2010)	23 percent	✓	✓		
Fruit and Vegetable Consumption among Women (2009)	27.3 percent	X	X		
Food Insecurity Among Children (2010)	1.1 percent				X
Food Insecurity Among Households (2010)	16.6 percent				X
Women who are Overweight (2010)	26.5 percent	✓	✓		
Women who are Obese (2010)	20.9 percent	✓	X		
Teens who Engage in Regular Physical Activity (2009)	34.4 percent	X	✓		
Young Teens who Engage in Regular Physical Activity (2011)	44.4 percent		✓		
Teen Fruit and Vegetable Consumption (2011)	17.5 percent	X	✓		
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day (2011)	17.5 percent		✓		
Teens who are Overweight (2009)	14 percent	✓	✓		
Teens who are Obese (2011)	13.2 percent	X	✓		
Teens with a Healthy Body Weight (2011)	73.4 percent		✓		

✓ Indicates good comparison, X Indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.

All values and data sources included in Appendix A.

Furthermore, a recent statewide needs assessment of Maternal and Child Health Needs identified reducing the rate of overweight and obesity in young children ages 0-5 as a priority for children in the state.<sup>7</sup>

### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
<i>Women and Children</i>		
*Childhood obesity is a widespread problem in Hawaii; affects other things such as hip problems, joint problems, multiple organ systems, and psychological/social issues *We need to see more physical activity and PE time in schools *Need stronger campus compliance	*Childhood obesity affects our economically disadvantaged community more than others *Low-income families have more difficult time accessing places where kids can move and exercise freely	* Free Department of Education sports activities moving down into lower grades vs. just high school

<sup>7</sup> From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. <http://hawaii.gov/health/doc/MCH-NASummary2010>

with USDA policies in snacks and fundraising

	<i>General</i>	
*Culturally, food is such an important part of our lives in the local Hawaiian culture, and we now have access to so much high calorie, high sugar food  *Need more walkable/bike-able communities less reliant on cars	*Fresh fruits and vegetables, healthier foods cost a lot more  *Native Hawaiians and Pacific Islanders are disproportionately impacted; rates of poverty are higher for these groups  * No word in Micronesian languages for "exercise" because it was part of their daily lives - now ability to live off their lands has been taken away; needs to be a way to translate and integrate their culture too	* Start with access to healthier foods  *Have more community gardens, especially in low-income areas  *Having Med-QUEST billable services around exercise (e.g. pay for exercise classes)  *Finding people where they are in communities, at place-based, existing social structures (like churches) instead of expecting them to come to clinics  *Have a funded bicycle program

### Summary

Obesity is an increasing concern in Hawaii for residents of all ages. The growing trend is apparent in secondary data for adult women. Children are also affected at an early age by poor nutrition and low activity levels. Native Hawaiians and other Pacific Islanders were identified by key informants as the most at-risk race groups. However, cultural and socioeconomic factors create significant barriers to intervention. Key informants recommend improving access to physical activity options, increasing access to affordable and healthy food, and promoting school-based physical activity programs to target youth.

### Voices from the Community

*“Obesity and lack of exercise are pervasive and the root causes of most of the chronic health problems people have around here. More social outlets such as sports, exercise classes, education about nutrition and cooking would ameliorate this significantly and contribute to the community's cohesiveness and spiritual well-being.”*

### 3.2.9 Family Planning

#### Core Indicators and Supplemental Information

Secondary data indicates family planning is an area of concern for the women and children of Hawaii, largely due to measured disparities:

- The lowest rate of intended pregnancies is among mothers aged less than 20 years (13.3%), followed by mothers aged 20-24 (36.4%). The rate of intended pregnancies in Hawaii (52.6%) has not met the HP2020 target (56.0%)
- A severe race disparity exists in the teen birth rate, with the highest rate among Native Hawaiian/Pacific Islander women (145.4 births/1,000 women aged 15-19 years)
- The proportion of infants born to mothers with less than 12 years of education is highest for Native Hawaiian/Pacific Islanders (13.7%)

**Table 3.11: Core Indicators – Family Planning**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Pregnancies that are Intended (2009)	52.6 percent		✓	X	X
Teen Birth Rate (2011)	29.9 births/1,000 women aged 15-19 years		✓	X	
Infants Born to Mothers with less than 12 Years Education (2011)	7.3 percent		✓	X	

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

Furthermore, a recent statewide needs assessment of Maternal and Child Health Needs identified reducing the rate of unintended pregnancy (including a focus on teen pregnancy) as a priority for Women and Infants.<sup>8</sup>

### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
*Priority is increasing access to long-acting, reversible contraception, such as IUDs and implants, which have high upfront costs  *Cultural factors in different communities around family planning and birth are not well understood; more research is needed	*Higher incidence of unwanted/unintended pregnancies in low-income groups  *Access to most effective contraceptive methods is limited or too expensive	*Community health centers are biggest assets for family planning  *The centers' evening and weekend hours improve working patients' access to care

### Summary

Substantial family planning needs are identified among women of certain cultures and women with low income. Access to long-acting, reversible contraception would help reduce the proportion of pregnancies that are unintended, but the cost of these family planning methods is prohibitive in some communities. The high teen birth rate among particular race/ethnic groups is problematic for the social and educational development of mothers and healthy birth outcomes for newborns. Key informants

<sup>8</sup> From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. <http://hawaii.gov/health/doc/MCH-NASummary2010>

note that community health centers are the biggest assets for providing family planning resources to those with low access.

### 3.2.10 Heart Disease & Stroke

#### Core Indicators and Supplemental Information

Risk factors for heart disease and stroke are health concerns for women in Hawaii:

- High blood pressure prevalence in 2009 (30.1%) was higher than the average for women nationwide (27.8%), and had increased from 23.0% in 2003
- High cholesterol prevalence in 2009 was slightly higher than the national female average of 36.2%, and had increased from 25.8% in 2003 to 36.3% in 2009

**Table 3.12: Core Indicators – Heart Disease & Stroke**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
High Blood Pressure Prevalence among Women (2009)	30.1 percent	X	X		
High Cholesterol Prevalence among Women (2009)	36.3 percent	X	X		
Heart Disease Death Rate (2009-2011)	45.1 deaths/ 100,000 females	↓	↓		
Stroke Death Rate (2009-2011)	32.1 deaths/ 100,000 females	↓	↓		

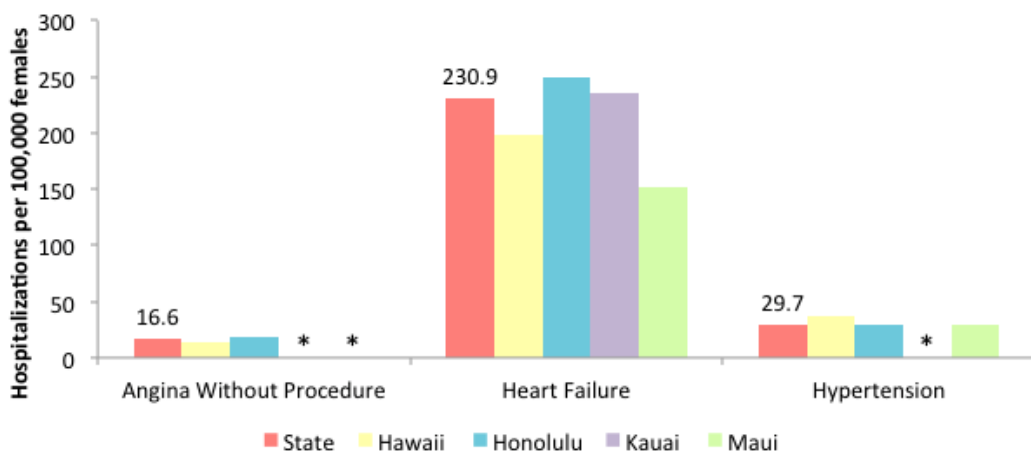
↓ Indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.

All values and data sources included in Appendix A.

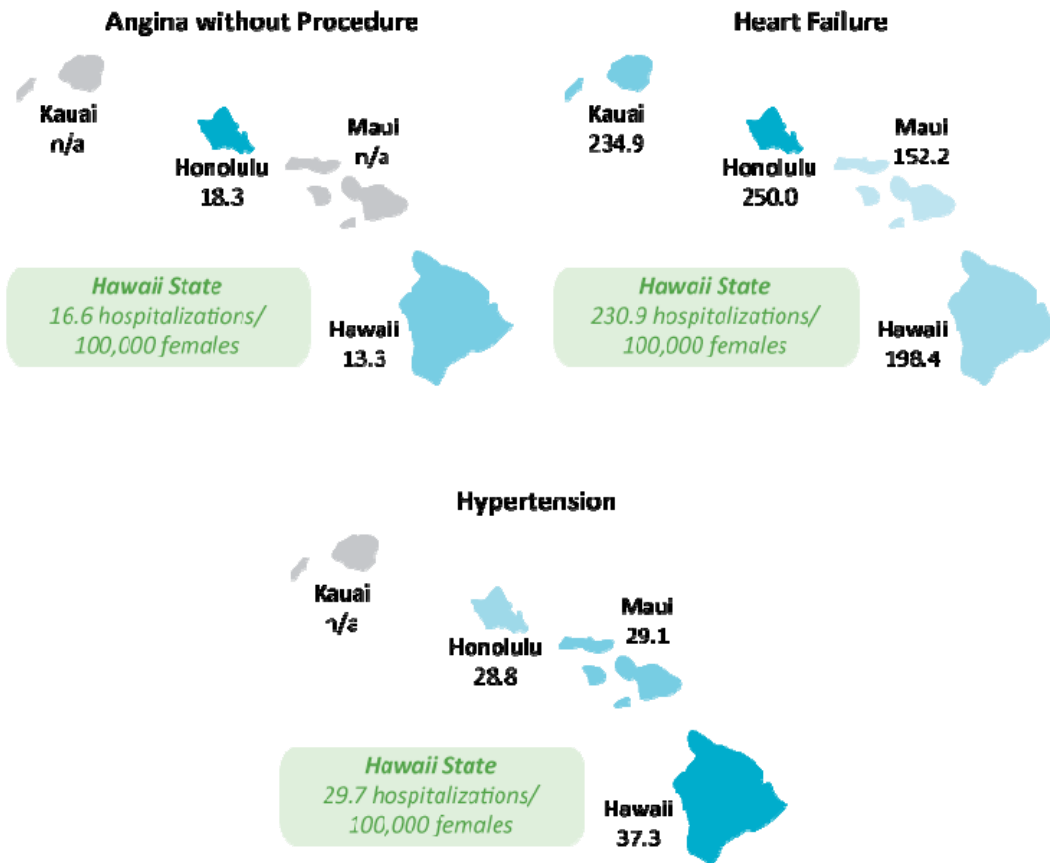
#### Hospitalization Rates

Among Hawaii counties in 2011, women in Honolulu County experienced the highest rates of hospitalization due to both heart failure and angina without procedure. The highest hospitalization rate due to hypertension was in Hawaii County.

**Figure 3.29: Hospitalization Rates due to Heart Disease among Women, 2011**



\*Suppressed due to low case count



**Key Informant Interviews**

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
<ul style="list-style-type: none"> <li>*Kids are getting driven to structured activities instead of playing outside</li> <li>*Parents don't have time to cook at home and end up eating less healthy but faster food</li> </ul>		
	<i>General</i>	
<ul style="list-style-type: none"> <li>*Need for education on smoking prevention/cessation, blood pressure control, weight control, aspirin</li> <li>*Need to look toward primary prevention and wellness, developing</li> </ul>	<ul style="list-style-type: none"> <li>*Disproportionate impact on Native Hawaiians and Filipinos</li> <li>*Language barriers for Filipino immigrant population</li> <li>*Storytelling is an important way of communicating among the Pacific</li> </ul>	<ul style="list-style-type: none"> <li>*A lot of resources are available, it's a matter of leveraging and collaborating</li> <li>*Ability to collaborate when everyone brings their strengths, resources, expertise, and knowledge</li> </ul>



awareness and healthy habits

- \*Food is an important component of many cultural events, but many times the food being served is unhealthy
- \*Lack of resources for quick EMS response, heart/stroke patient rehabilitation

Island populations, and health information should be shared with this in mind

- \*Access to technology and computer illiteracy may be barriers to utilizing online tools

to the table

### Summary

Cardiovascular health is a growing area of need for women in Hawaii. Secondary data indicated worsening trends of both high blood pressure and high cholesterol prevalence; both are now worse than the national female averages. These conditions, along with poor diet and inadequate exercise, are risk factors for heart disease and stroke that can be controlled with proper education and resources. Women living in low-income areas are disproportionately affected, and resources are not effectively reaching those most in need. The high hospitalization rate due to heart failure in Honolulu County may reflect patterns related to the better availability of health care or higher rates of advanced cardiovascular disease in the county. Hawaii County's high hospitalization rate due to hypertension suggests that women in this county are at high risk for developing heart disease. Key informants cite a lack of resources for quick EMS response and heart/stroke patient rehabilitation, and encourage interventions that leverage existing resources and collaboration.

### 3.2.11 Immunizations & Infectious Diseases

#### Core Indicators and Supplemental Information

Although vaccination rates for all Hawaii residents ages 65 and over are relatively low, women in the state are proactive in getting immunizations and compare positively to the rest of the nation. In 2010, 75.2% of women ages 65 and over in the state reported receiving an influenza vaccination that year and 71.7% reported having ever received a pneumonia vaccination. By contrast, only 67.3% of U.S. women had been immunized against influenza and 70.7% had been immunized against pneumonia.

The Centers for Disease Control and Prevention estimated the chlamydia rate among women in Hawaii was 653.3 reported cases/100,000 women, slightly lower than the national rate of 648.9.<sup>9</sup>

According to data from the 2011 National Immunization Survey, young children in Hawaii have slightly higher rates of vaccinations than the national average. 78.5% of Hawaii children ages 19-35 months received routine infant/childhood vaccinations against diphtheria, pertussis, tetanus, polio, measles, Hepatitis B, chickenpox, and pneumonia, compared to 73.6% nationwide.<sup>10</sup>

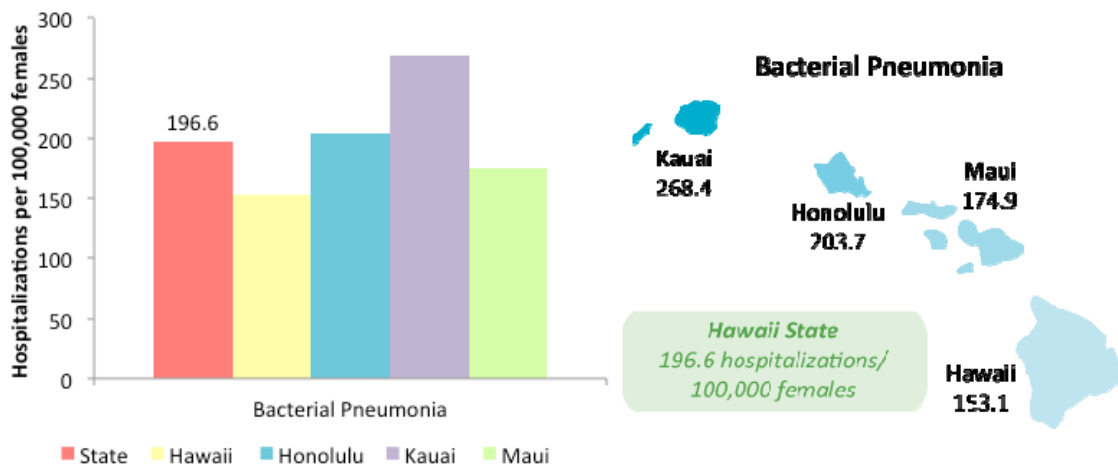
<sup>9</sup> From the Centers for Disease Control and Prevention 2011 Chlamydia Profiles:  
<http://www.cdc.gov/std/Chlamydia2011/default.htm>

<sup>10</sup> From the Centers for Disease Control and Prevention publication, "National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2011," September 2012.  
[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm?s\\_cid=mm6135a1\\_e%0d%0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm?s_cid=mm6135a1_e%0d%0a)

### Hospitalization Rates

Hospitalizations due to bacterial pneumonia were the third most frequent cause of hospitalization (n=1065) in 2011 among the 15 preventable causes studied. The highest rate of hospitalization due to bacterial pneumonia in 2011 was in Kauai County, followed by Honolulu County.

**Figure 3.30: Hospitalization Rates due to Bacterial Pneumonia among Women, 2011**



### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
<i>General</i>		
<ul style="list-style-type: none"> <li>*Foodborne diseases such as noroviruses are highly communicable</li> <li>*Lack of tracking and surveillance for non-flu respiratory pathogens</li> <li>*Over-use of antibiotics increasing resistant bacteria</li> <li>*Zoonotic diseases</li> <li>*Highest TB rates in U.S.</li> <li>*Low usage of immunization registry means that we don't have accurate, real-time data on immunization rates and geographic regions where efforts should be concentrated</li> <li>*Growing population of people refusing vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>*Lack of access in underserved rural areas to regular vaccination schedules; rural populations increasingly turning to naturopathic medicine that discourages vaccination</li> <li>*Pockets of Southeast Asian/Pacific Islander immigrant communities with low/no vaccination access in home country or U.S.</li> <li>*Micronesians Compact of Free Association (COFA) agreement allows Micronesians to enter U.S. without passport and health records</li> <li>*With immigrants and IV drug users, we see higher rates of Hepatitis C and Hepatitis B (latter is vaccine preventable)</li> </ul>	<ul style="list-style-type: none"> <li>*School-located vaccination programs have created some strong and nontraditional partnerships</li> <li>*Partnerships with schools, schools of nursing, health insurers, general community, and healthcare providers helps in terms of overall communication</li> </ul>

## Summary

Hawaii faces unique problems in infectious disease control due to the regular influx of new residents from far and neighboring countries, which may have limited access to adult and child vaccines commonly available in the U.S. Although relatively high compared to the nation, further increasing the pneumonia vaccination rate among women ages 65 and over could potentially decrease the rate of hospitalizations due to bacterial pneumonia. Maintaining vaccination levels is essential to preventing widespread illness, but tracking vaccination coverage is difficult due to low use of the state's immunization registry. Geographic and economic barriers contribute to residents' challenges in complying with recommended vaccination schedules. It was noted that some residents may be likely to forgo childhood vaccinations for personal reasons including the practice of non-traditional medicine that discourages vaccines. For those diseases without a vaccine, efforts to prevent disease must overcome barriers that are similar to those faced in chronic disease prevention: effective communication that is culturally appropriate. Key informants recommend partnerships with schools, health providers, and community organizations to increase vaccine availability and provide effective communication for disease prevention.

### 3.2.12 Injury Prevention & Safety

#### Core Indicators and Supplemental Information

Mortality rates due to drowning and poisoning among women in Hawaii have been on the rise:

- The female death rate due to drowning increased from 0.6 deaths per 100,000 females in 2003-2005 to 0.9 in 2009-2011. Hawaii compares poorly to the most recent national average available, 0.5 deaths/100,000 females in 2008-2010
- The death rate due to poisoning, which includes both intentional and unintentional cases (e.g. accidental drug overdoses), rose from 5.3 deaths per 100,000 females in 2003-2005 to 7.8 deaths in 2009-2011

**Table 3.13: Core Indicators – Injury Prevention & Safety**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Motor Vehicle Collision Death Rate (2009-2011)	3.7 deaths/ 100,000 females	✓	✓		
Drowning Death Rate (2009-2011)	0.9 deaths/ 100,000 females	✗	✗		
Poisoning Death Rate (2009-2011)	7.8 deaths/ 100,000 females	✓	✗		
Unintentional Injury Death Rate (2009-2011)	15.1 deaths/ 100,000 females	✓	✓		
Injury Death Rate (2009-2011)	25.3 deaths/ 100,000 females	✓	✓		

✓ indicates good comparison, ✗ indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

Attention to injury prevention is critical for improving the wellbeing of children. A recent report on injuries among children and young adults showed that unintentional injuries constitute the leading cause of death among almost all age groups of children, based on data for 2004-2008. The exceptions were the <1-year age group, for which short gestation period was the leading cause, and the 5-9 age group, for which malignant neoplasm was the leading cause. Unintentional falls were the most frequent cause for injury-related hospital admissions among children ages 0-14 in 2009, while self-inflicted

injuries were the leading cause of injury-related hospitalizations among teens and young adults ages 15-19.<sup>11</sup>

### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
		*Child and passenger safety programs at community health centers
	<i>General</i>	
*Falls are a leading cause of hospitalization among elderly *Suicides are now the leading cause of injury deaths unless all motor vehicle incidents are lumped together *Motor vehicle incidents are also concerning: passenger, pedestrian, bicycle, motorcycle *Increase in poisoning deaths often related to prescription drugs *Other areas of need are drowning prevention, violence and abuse prevention	*Health disparities might not seem as obvious as with chronic disease, but they do exist *Injuries are a leading cause of death/disability for ages 1-44, so this indicates a possible disproportionate effect on uninsured *People with less education may be less likely to engage in protective risk reduction factors *Some cultures accept risky behaviors (e.g. drinking and driving is seen as ok)	*New database by Department of Public Safety allows providers to look up a patient’s history to see if they’re drug seeking or potentially abusing *SBIRT (Screening, Brief Intervention, Referral and Treatment) program underway to change behavior and reduce injury

### Summary

As a leading cause of death and injuries among children in Hawaii, unintentional injuries have great impact on Hawaii’s youth. Although accident-related deaths are generally less common among women than men, the rise of drowning and poisoning deaths among female residents of Hawaii in recent years indicate a need to address the risky behaviors of both genders. Communicating the importance of behavior changes to the most at-risk populations is essential. Additional efforts may include improving mental health care to prevent prescription drug abuse.

### 3.2.13 Maternal, Fetal & Infant Health

#### Core Indicators and Supplemental Information

The following concerns were identified for Hawaii in this area’s core indicators:

- Preterm births were highest for mothers ages 45-54 (41.7%) versus 9.9% for all mothers in Hawaii

<sup>11</sup> From the Children’s Safety Network publication, “Hawaii 2012 State Fact Sheet,” January 2012.  
<http://www.childrendefactsheet.org/sites/childrendefactsheet.org/files/hi%20fact%20sheet%20-%20print.pdf>

- In 2011, the frequency of low birth weight births in Hawaii (8.2%) was higher than the national average of 8.1%, and did not meet the HP2020 target of 7.8%. Low birth weight occurred most frequently for births to mothers ages 45-54
- The proportion of births delivered by cesarean section increased from 22.5% in 2003 to 26.5% in 2011; C-section births were most common among mothers aged 45-54 (70.8%)
- Four HP2020 targets regarding infant feeding are unmet: newborns who received formula within the first two days of life (Hawaii: 23.9%; target: 14.2%), infants who were breastfed at 6 months (Hawaii: 52.4%; target: 60.6%), infants who were breastfed exclusively through 3 months (Hawaii: 42.4%; target: 46.2%), and infants who were breastfed exclusively through 6 months (Hawaii: 20.8%; target: 25.5%)

**Voices from the Community**

*“We need more midwifery care options on Oahu that are affordable.”*

**Table 3.14: Core Indicators – Maternal, Fetal & Infant Health**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Mothers who Received Late or No Prenatal Care (2011)	15.2 percent		↗	↗	
Mothers who Smoked During Pregnancy (2009)	9.6 percent		↗	↗	
Women who Binge Drink Prior to Pregnancy (2009)	23.1 percent			↗	
Preterm Births (2011)	9.9 percent	↗	↗	X	↗
Babies with Low Birth Weight (2011)	8.2 percent	X	↗	X	X
Infant Mortality Rate (2010)	5.8 deaths/ 1,000 live births	↗	↗		↗
Births Delivered by Cesarean Section (2011)	26.5 percent		↗	X	
Births Occurring in Baby-Friendly Facilities (2011)	8.7 percent				↗
Newborns who Received Formula within the First 2 Days of Life (2011)	23.9 percent				X
Infants who were Ever Breastfed (2011)	85 percent				↗
Mothers who Breastfeed (2009)	93.3 percent		↗	↗	
Children Still Breastfeeding at 4 Weeks (2008)	81.9 percent		↗		
Children Still Breastfeeding at 8 Weeks (2008)	72.5 percent		↗		
Infants who were Breastfed at 6 Months (2011)	52.4 percent				X
Infants who were Breastfed Exclusively Through 3 Months (2011)	42.4 percent				X
Infants who were Breastfed Exclusively Through 6 Months (2011)	20.8 percent				X

↗ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

Furthermore, a recent statewide needs assessment of Maternal and Child Health Needs identified reducing the use of alcohol during pregnancy as one of its priorities for Women and Infants.<sup>12</sup>

**Hospitalization Rates**

According to hospitalization data, babies born to mothers who were residents of Honolulu County experienced the highest rate of low birth weight in 2011, followed by babies born to mothers who were residents of Maui County.

<sup>12</sup> From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. <http://hawaii.gov/health/doc/MCH-NASummary2010>

**Figure 3.31: Low Birth Weight per 100 Live Births, 2011**

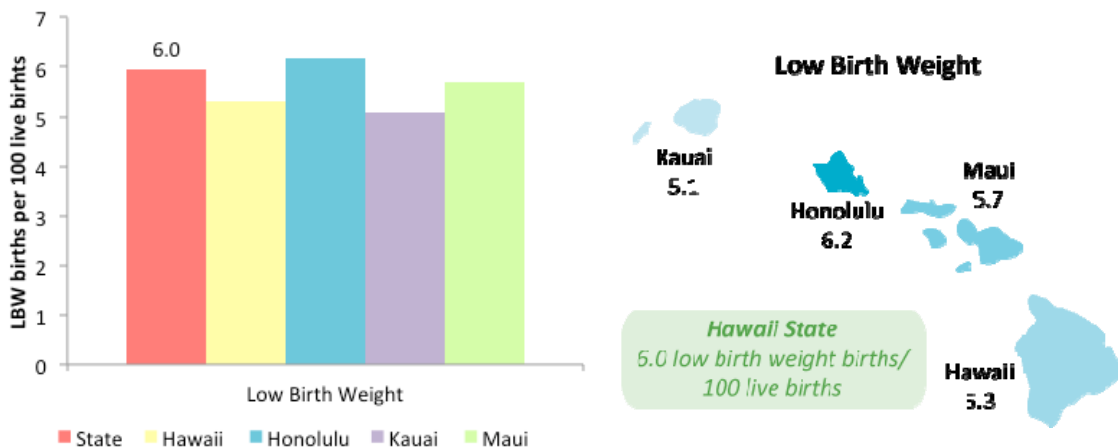
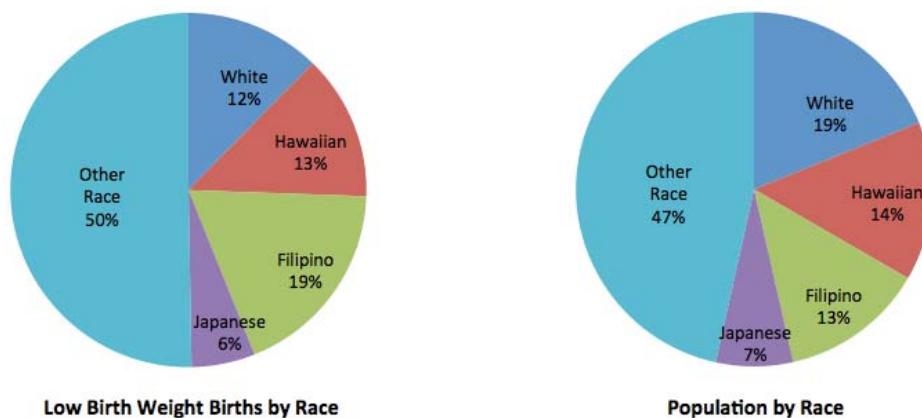


Figure 3.32 presents the proportion of low birth weight births by race as well as the population proportions of these race groups according to HHIC-provided data. While Filipinos make up only 13% of live births in Hawaii as captured in HHIC data, this race group represents 19% of low birth weight births.

**Figure 3.32: Low Birth Weight Births by Race, 2011**



**Key Informant Interviews**

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
*Some women find hospitals to be challenging environments, and do not feel empowered while there for a maternity stay *Need to make giving birth in a hospital a more positive experience *High rate of women binge drinking during pregnancy; haven't gotten	*Expectant mothers coming from Micronesia often arrive in the late stages of their pregnancy and have not previously received prenatal care. Even those who come to Hawaii earlier in their pregnancy do not have a tradition of seeking early prenatal care	*Would like to see programs that help new mothers learn skills around coping with stress *A lot of investment in the state for good prenatal care and support for mothers

message out successfully

\*Need to teach stress management to expectant mothers, so they can pass on the skills to their children

### Summary

Secondary data indicates that many poor birth outcomes are associated with older mothers. Filipina women have higher rates of low birth weight babies than other race groups. Key informants note that low-income and Micronesian women also encounter more barriers in accessing early prenatal care. Related to geographic access to care issues, expectant mothers residing in more remote areas of Hawaii often only have access to midwifery services and may need to travel to other islands for additional birthing services. Opportunities exist to holistically improve the quality of care for women and children by making the hospital environment more positive and empowering, and teaching stress management skills that can last a lifetime.

### 3.2.14 Mental Health & Mental Disorders

#### Core Indicators and Supplemental Information

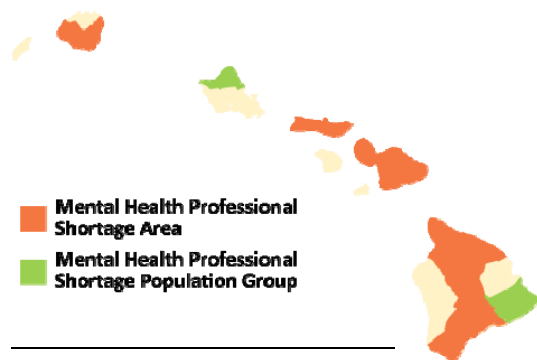
The suicide rate among women in Hawaii has been on the rise, from 4.7 deaths per 100,000 females in 2003-2005 to 5.8 in 2009-2011. This is higher than the national average of 4.9 suicides per 100,000 females in 2008-2010.

**Table 3.15: Core Indicators – Mental Health & Mental Disorders**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Self-Reported Good Physical and Mental Health (2010)	53 percent		↕		
Mental Health Treatment for Children (2009/2010)	83.7 percent				↕
Suicide Death Rate (2009-2011)	5.8 deaths/100,000 females	X	X		
Women with a Depressive Disorder (2010)	10.6 percent		↕		

↕ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

**Figure 3.33: Federally-Designated Mental Health Professional Shortage Areas**



There may be an insufficient number of mental health indicators to fully assess the scope of the issue. The Health Resources and Services Administration has designated at least part of each Hawaii county as a mental health professional shortage area. Furthermore, shortages may worsen. A report by the National Alliance on Mental Illness found that Hawaii cut 12.1% of its overall state mental health general fund budget between 2009 and 2011, the tenth largest budget cut among U.S. states and Washington, D.C. during this time.<sup>13</sup>

<sup>13</sup> From the National Alliance on Mental Illness report, *State Mental Health Cuts: A National Crisis*, March 2011. <http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=126233>

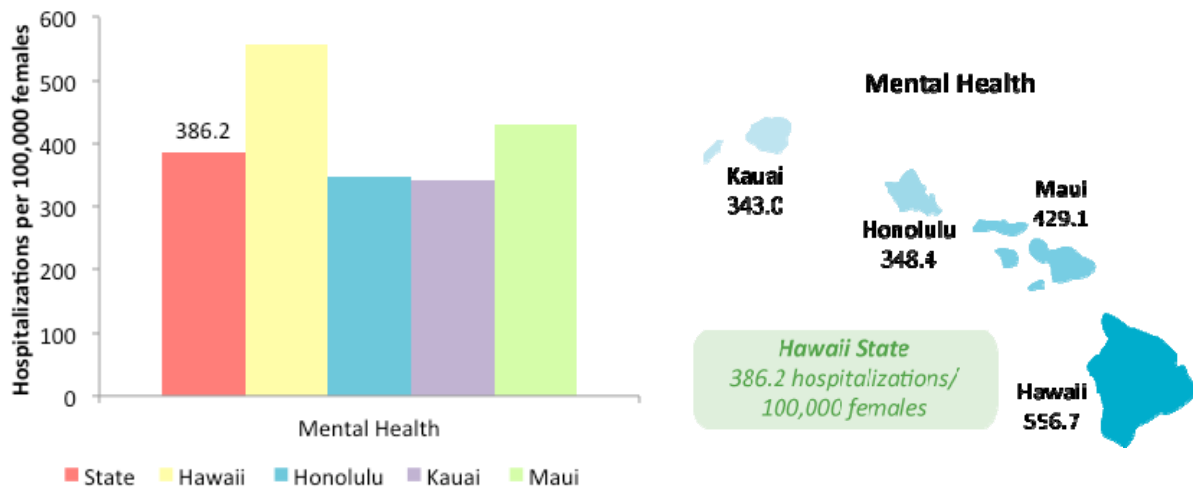
Mental health is a concern for teens in Hawaii as well. A recent report on injuries among children and young adults showed that self-inflicted injuries were the leading cause of injury-related hospitalizations in 2009 among teens and young adults ages 15-19.<sup>14</sup>

### Hospitalization Rates

It is notable that mental health was the most frequent cause for hospitalization among the 15 different preventable hospitalizations that were studied – 2,092 hospitalizations of female residents of Hawaii were due to mental health in 2011. The highest rates of mental health hospitalizations among women were in Hawaii County (556.7 hospitalizations per 100,000 women), followed by Maui County (429.1/100,000), possibly reflecting the severe shortage of mental health care resources in the counties.

Further data on mental health hospitalizations at a sub-county level can be found in the State of Hawaii Primary Care Needs Assessment Data Book 2012.<sup>15</sup>

**Figure 3.34: Hospitalization Rates due to Mental Health among Women, 2011**



### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
*Mental health issues in parents may prevent students from coming to school because parents can't care for students or the family	*Cutbacks in mental health disproportionately impacting low-income families	*YO (Youth Outreach) program at Waikiki Health Center, for teens with mental health issues that are runaway and homeless - they go out and find and reach kids on the

<sup>14</sup> From the Children's Safety Network publication, "Hawaii 2012 State Fact Sheet," January 2012. <http://www.childrenssafetynetwork.org/sites/childrenssafetynetwork.org/files/HI%20Fact%20Sheet%20-%20Print.pdf>

<sup>15</sup> Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Primary Care Needs Assessment Data Book 2012*, July 2012. <http://hawaii.gov/health/doc/pcna2012databook.pdf>



		streets, since a lot of them won't go into clinics
	<i>General</i>	
<ul style="list-style-type: none"> <li>*Highest needs in capacity are around acute psychiatric care, for hospitals in rural areas and also on Oahu</li> <li>*Lack of psychiatrists available to community</li> <li>*Need to integrate physical and mental health areas; increase comfort level of our healthcare system with addressing behavioral health needs</li> <li>*Takes more than a physician to provide adequate care for this population; we need to wrap around and look at navigators or care organization</li> </ul>	<ul style="list-style-type: none"> <li>*Physicians' concern is adequate reimbursement and we have to figure this out for Medicaid/Medicare populations</li> <li>*Need among veterans is not met by Veterans Administration if they were not honorably discharged or did not complete their years and are therefore not qualified for services</li> <li>*Mental health stigma across cultures and ethnicities—a lot of shame attached with behavioral health</li> <li>*Native Hawaiians have a lot of complications due to access issues, social determinants of health</li> <li>*Micronesians new arrivals don't know how to access system</li> </ul>	<ul style="list-style-type: none"> <li>*One opportunity is continuing to build capacity around statewide tele-access</li> <li>*DOH pilot in Kalihi Palama area integrates primary care and behavioral health with community mental health center</li> </ul>

### Summary

Mental health is a clear area of need in Hawaii and access to quality mental health care remains an issue. Residents with the most difficulty accessing mental health care include low-income families, rural residents, Native Hawaiians, and recent immigrants. For many, insurance coverage for mental health care is likely an issue. Reducing hospitalizations for mental health disorders is important for improved quality of life and reduced health services costs for mental health. Key informants say that improving mental health will require integrating mental health services with primary care, which entails cooperation between physicians, mental health providers, social care workers and healthcare navigators.

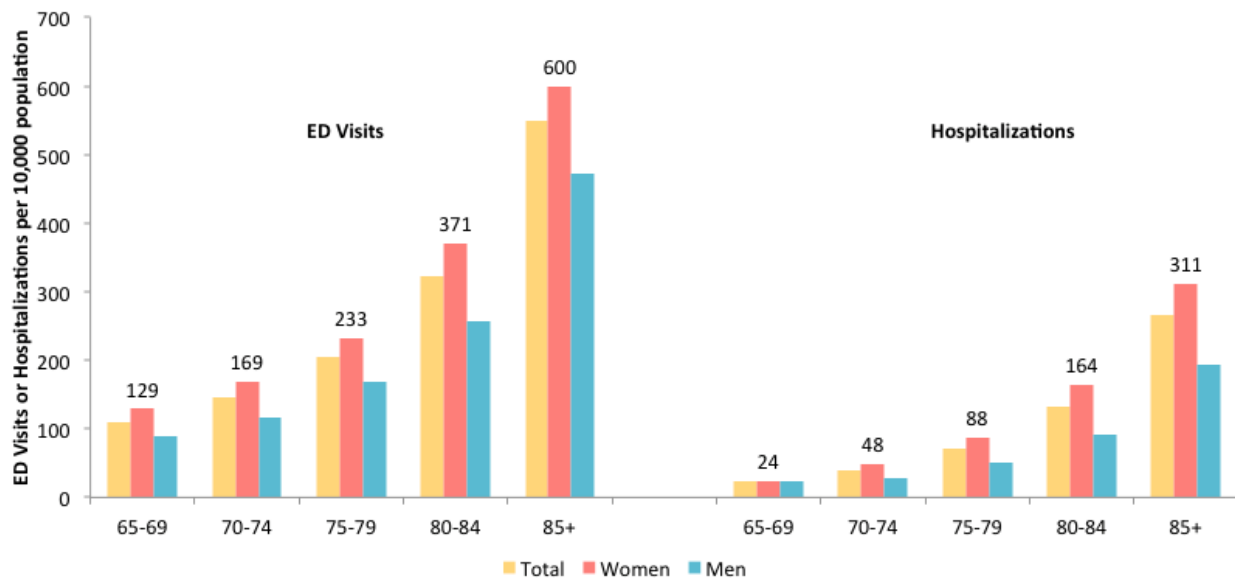
### 3.2.15 Older Adults & Aging

#### Core Indicators and Supplemental Information

No data specific to older women was available for the core indicator summary (see Section 4.1.2 for a discussion of data gaps). However, an analysis conducted by the Hawaii Department of Health's Injury Prevention and Control Program revealed women had higher rates of non-fatal injuries from falls at every senior age group, and accounted for 67% of such injuries among seniors in 2003-2006. Rates of Emergency Department (ED) visits and hospitalizations for non-fatal fall injuries were higher for women than men at every senior age group as well.<sup>16</sup>

<sup>16</sup> From the Injury Prevention and Control Program, Hawaii Department of Health presentation: *Overview of injuries from falls among seniors in Hawaii*. <http://healthuser.hawaii.gov/health/healthy-lifestyles/injury-prevention/PDF/fall-data10-07.pdf>

**Figure 3.35: ED Visits and Hospitalizations for Non-Fatal Fall Injuries by Gender and Age, 2003-2006<sup>16</sup>**



**Key Informant Interviews**

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
<i>General</i>		
<ul style="list-style-type: none"> <li>*Biggest need is more access to palliative and end-of-life care; more effective effort to engage people in conversations early</li> <li>*Need to increase availability of supportive, in-home care because there will never be enough nursing home, hospital, and hospice beds</li> <li>*Need to reframe "best care" to include at-home care; majority of people don't want to die in hospital, but majority do</li> <li>*Mental health and transportation are big needs</li> <li>*Seniors need to know about medications' uses and impacts to reduce adverse drug events, especially for those with dementia</li> </ul>	<ul style="list-style-type: none"> <li>*Long-term care is prohibitively expensive</li> <li>*"Disenfranchisement" of people when they feel services have been denied because of ability to pay</li> <li>*Hospice (and other organizations) bear the cost burden of serving as a social safety net because no one is turned away because of inability to pay</li> <li>*Population tends to use the ER more because physicians are less likely to accept them as patients</li> <li>*Some cultural perception around what "best care" is</li> <li>*Marshallse have no funds for home health care</li> </ul>	<ul style="list-style-type: none"> <li>*Should change from facility-based to patient-centered approach through patient-centered medical records</li> <li>*Innovative things in Hawaii, including ability to choose treatment/curing therapy and comfort care (some insurers require choosing one)</li> <li>*Private duty industry provides crucial home care and companionship on a regular basis after home health services are finished</li> </ul>

## Summary

Although health data for senior women is lacking, the longevity in Hawaii is leading to an increased need for care for this demographic. Women ages 65 and over experience particularly high rates of fall-related injuries, indicating a need for improved fall prevention efforts designed for senior women. Other specific needs of older residents of Hawaii include increased availability of in-home care, careful education on specific medications and their uses and impacts, and access to palliative care in addition to medical treatment. The high cost of special needs care is especially prohibitive for low-income seniors' health and wellness. Furthermore, coordination of care for seniors could reduce the burden of managing advice and medications from multiple providers and more effectively deliver health services for this growing population.

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## Voices from the Community

*"Much more emphasis needs to be placed on serving the elderly's access to housing, nutrition, health and transportation."*

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### 3.2.16 Oral Health

#### Core Indicators and Supplemental Information

Core indicators for oral health among women in Hawaii reflect favorable comparisons to the nation. In 2010, 73.5% of women had visited a dentist within the past year, exceeding the national average among females of 72.4%; 72.2% of women in the state also reported having at least one dental cleaning during that time. In the same year, the share of women who had total tooth loss was less than half the national average of 18.1%, at just 7.9%.

Although no oral health indicators in the summary addressed children, a report by the Pew Research Center gave the State of Hawaii a grade of "F" for meeting only one out of eight benchmarks for key policy indicators. In *The State of Children's Dental Health: Making Coverage Matter*,<sup>17</sup> Hawaii compared poorly to the nation due to several factors, including:

- Sealant programs were in place in 0% of high-risk schools in 2010
- Optimally fluoridated water was provided to only 10.8% of citizens on community systems in 2008
- As of 2010, the Medicaid program does not reimburse medical care providers for preventive dental health services

The designation of dental health professional shortage areas provides further evidence of need in this area. The Island of Maui as well as populations within the Kalihi Valley and Kalihi-Palama areas of

**Figure 3.36: Federally-Designated Dental Health Professional Shortage Areas**



<sup>17</sup> From the Pew Research Center's *The State of Children's Dental Health: Making Coverage Matter*, May 2011. [http://www.pewstates.org/uploadedFiles/PCS\\_Assets/2011/The\\_State\\_of\\_Childrens\\_Dental\\_health.pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2011/The_State_of_Childrens_Dental_health.pdf)

Honolulu County have been designated by the Health Resources and Services Administration as having a shortage of dental health professionals.

**Key Informant Interviews**

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
	*Medicaid-covered services are not adequate; kids have great benefits but no access, adults have access but no benefits	
	<i>General</i>	
*We have particularly bad dental health in Hawaii *Access to dental care is a huge issue		*Need to support appropriate presence of community health centers, particularly important for dental and behavioral health

**Summary**

Given the large impact that oral health has on overall health and wellbeing, it is important that Hawaii women and children have access to and utilize preventative dental care. Educating children on the importance of oral health helps them develop healthy lifelong habits. Insurance coverage and access to dental care are prerequisites for maintaining good oral health. Several statewide policy changes are potential avenues for improving oral health, including strengthening Medicaid coverage for dental care, providing dental sealants through schools, and fluoridating public water. Key informants also recommend supporting dental care programs provided by community health centers.

**3.2.17 Respiratory Diseases**

**Core Indicators and Supplemental Information**

Although only two indicators were available in this topic area, the data demonstrates need among women in Hawaii. Asthma prevalence among women in the state rose from 7.3% in 2003 to 12.1% in 2010, higher than the 2010 national average of 11.1%.

**Table 3.16: Core Indicators – Respiratory Diseases**

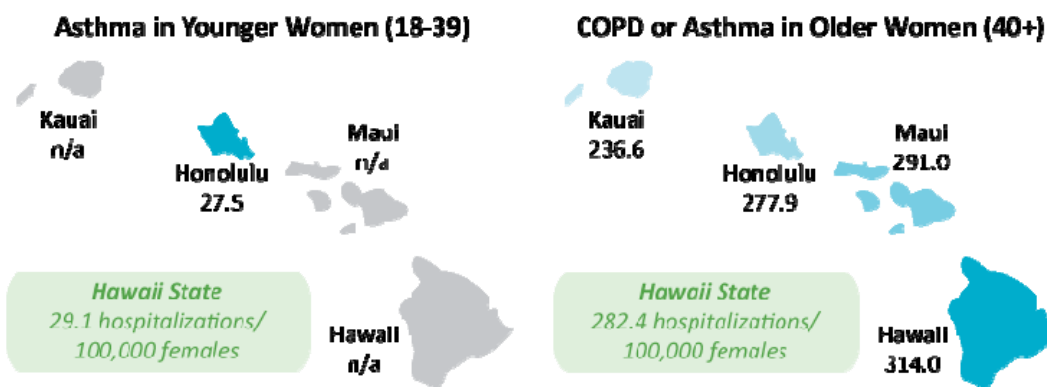
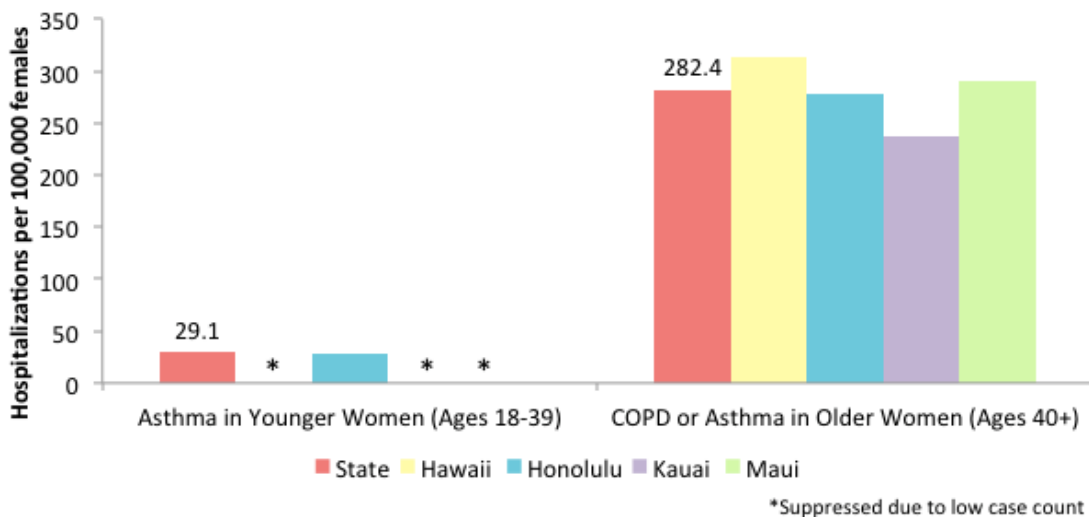
Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Women with Asthma (2010)	12.1 percent	X	X		
Children with Current Asthma (2010)	11.1 percent		✓	✓	

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.  
 All values and data sources included in Appendix A.

### Hospitalization Rates

In 2011, the hospitalization rate due to COPD or asthma in older women (ages 40+) was highest in Hawaii County. Hospitalization rates due to asthma among younger women (ages 18-39) were suppressed for all counties besides Honolulu County.

**Figure 3.37: Hospitalization Rates due to Respiratory Disease, 2011**



### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
*Women who are pregnant and smoking are a concern; women who resume smoking after pregnancy also put children's respiratory health at risk		
*Asthma prevalence is significant in		

kids ages 0-4

\*Asthma most common reason for child to be hospitalized

\*Asthma causes school absenteeism and drop in grades

	<i>General</i>	
*Tobacco-related respiratory illness is preventable	*Lower socioeconomic levels correlated with higher smoking rates	*Hawaii's progressive laws have positively impacted smoking rates in last 10 years
*Asthma correlated with obesity for unknown reasons	*Native Hawaiian, Pacific Islander, and Filipino populations also have higher smoking rates	*"Catch a roach" program in public housing helps reduce this asthma trigger
	*Asthma more prevalent with poverty; higher rates where housing conditions are not good	*Chronic disease self-management programs
	*Native Hawaiians have highest rate of asthma & chronic disease	*Data collection and analysis efforts play an important role in educating and empowering people
		*Community health centers are a great model

### Summary

Respiratory disease is a health issue with high disparity in Hawaii. Residents living in poverty are more likely to smoke and more likely to live in conditions that may trigger asthma. Key informants noted that the subpopulations most affected by poverty, including Native Hawaiian, Pacific Islander, and Filipino families, are also most impacted by respiratory disease. Controlling asthma is particularly important for children, whose education can be negatively affected by the disease if the school environment is not able to provide asthma medication support. Key informants praise progressive laws that have made an impact on smoking rates, and recommend chronic disease self-management programs and further data collection and analysis efforts.

### Voices from the Community

*"[One health issue is] respiratory problems from cane burning."*

### 3.2.18 Social Environment

#### Core Indicators and Supplemental Information

Although possible comparisons were limited in the core indicator summary for this area, two social environment indicators displayed poor trends:

- The percentage of teens (high school students) who play three or more hours of video or computer games on an average school day increased from 31.1% in 2007 to 36.6% in 2011

- The percentage of young teens (middle school students) who play three or more hours of video or computer games on an average school day increased from 25.2% in 2007 to 37.5% in 2011

**Table 3.17: Core Indicators – Social Environment**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Children in Single-Parent Households (2006-2010)	29 percent	✓			
Teens with More Than 3 Hours of Computer/Video Game Time (2011)	36.6 percent		X		
Young Teens with More Than 3 Hours of Computer/Video Game Time (2011)	37.5 percent		X		
Teens who Watch 3+ Hours of Television (2011)	24.7 percent		✓		
Young Teens with More Than 3 Hours of TV Time (2011)	39.4 percent		✓		

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.

All values and data sources included in Appendix A.

The homeless population in Hawaii grew from just over 11,000 individuals in 2007 to almost 14,000 individuals in 2012, with children under 18 years of age composing more than a third of individuals receiving Shelter Program services in Hawaii.<sup>18</sup>

As seen in Section 3.1, women in Hawaii generally have higher levels of educational attainment and labor force participation than average for women in the U.S. However, primary and secondary data show that women and children of certain race/ethnicity groups are more affected by poverty and other negative socioeconomic factors, indicating levels of need vary across the population of women and children in Hawaii. In addition, a higher percent of Hawaii households experience difficulties with the English language, making it more difficult for members to seek and receive appropriate care. Overall, poverty is more prevalent among women than men in Hawaii.<sup>19</sup>

A review of Behavioral Risk Factor Surveillance Survey (BRFSS) data by the Hawaii State Department of Health showed that women are also much more likely than men to be victims of intimate partner violence. BRFSS defines intimate partner violence as ever having been hit, slapped, punched, kicked, or hurt in any other way by an intimate partner. In 2007, 62% of adults in Hawaii who reported experiencing intimate partner violence were female. As seen in Figure 3.38, other groups reporting higher-than-average rates of intimate partner violence include Caucasian, Other Race, or Multiracial adults (including Multiracial Hawaiian adults), and adults under the age of 55.<sup>20</sup>

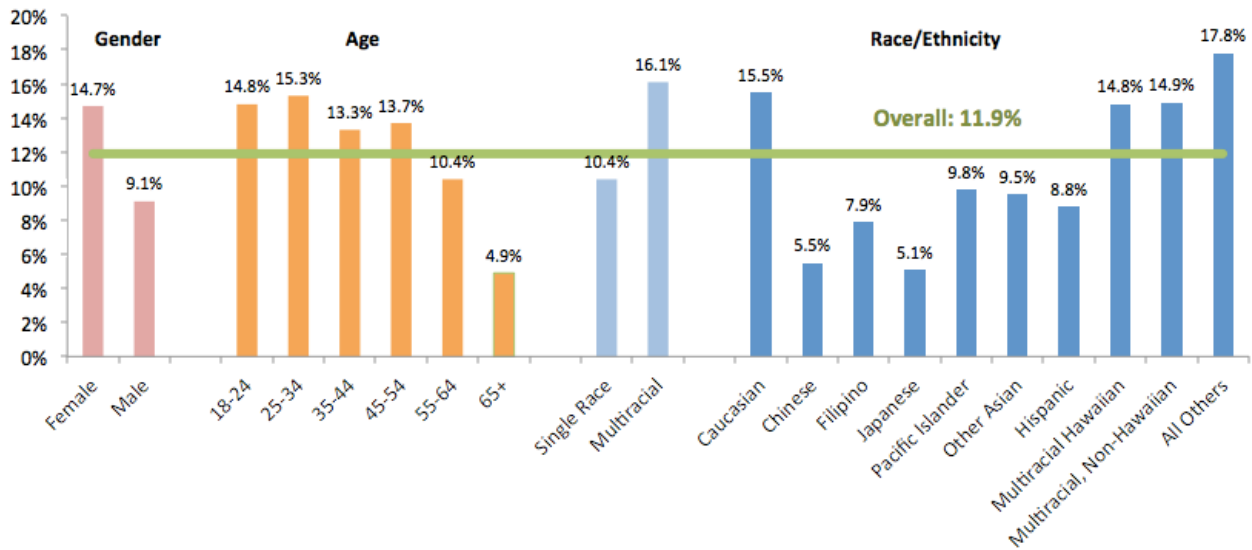
<sup>18</sup> From the Center on the Family at the University of Hawaii and the Homeless Programs Office of the State of Hawaii Department of Human Services publication, *Homeless Service Utilization Report*, 2012.

<http://uhfamily.hawaii.edu/publications/brochures/HomelessServiceUtilization2012.pdf>

<sup>19</sup> U.S. Census, American Community Survey, 2006-2010 Estimates

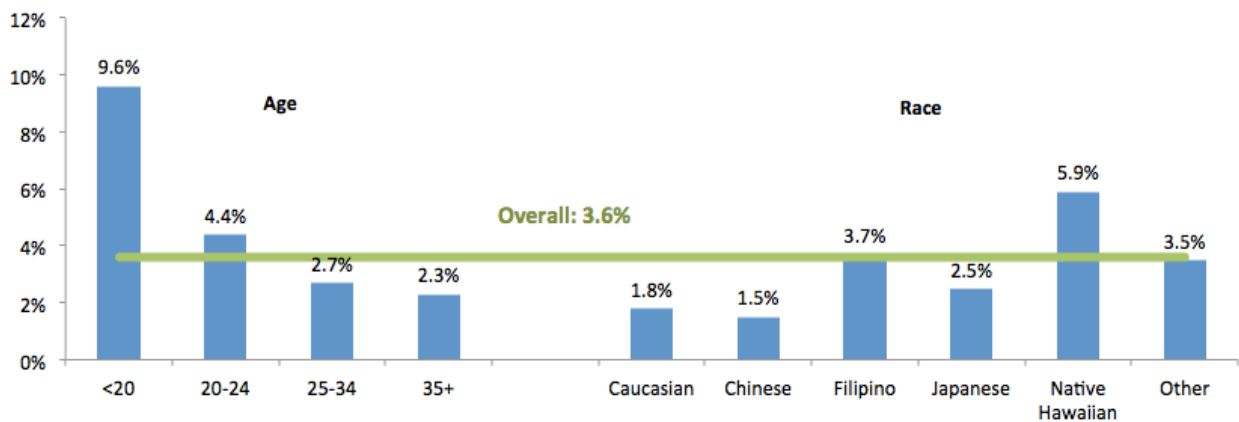
<sup>20</sup> From the Family Health Services Division, Hawaii Department of Health publication, "Violence Between Intimate Partners in Hawaii. Data from BRFSS, PRAMS and YRBS," February 2010. <http://hawaii.gov/health/family-child-health/mchb/prams-doc/IPV>

**Figure 3.38: Adults who Experienced Intimate Partner Violence by Demographic Characteristics, 2007**



Among mothers who were physically abused by a partner within the 12 months before a pregnancy, younger mothers and mothers of Native Hawaiian or Filipino descent experienced higher than average rates of abuse (Figure 3.39).<sup>21</sup>

**Figure 3.39: Mothers who Experienced Physical Abuse by a Partner within 12 Months Before a Pregnancy, 2006-2008**



An additional consideration for the social environment is the inclusion of two priorities in a recent statewide needs assessment of Maternal and Child Health Needs:<sup>22</sup>

- Reduce the rate of child abuse and neglect with special attention on ages 0-5 years
- Prevent bullying behavior among children with special attention on adolescents age 11-18

<sup>21</sup> From the Hawaii Health Data Warehouse reports on Intimate Partner Violence:

<http://www.hhdw.org/cms/index.php?page=prams-intimatepv>

<sup>22</sup> From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. <http://hawaii.gov/health/doc/MCH-NASummary2010>



### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
<i>General</i>		
<ul style="list-style-type: none"> <li>*Haven't paid enough attention to the social factors that impact health and how school success, housing, poverty, health are all interrelated</li> <li>*Need to understand how social factors are causative factors for health conditions</li> <li>*Looking at caring for ill, for diseased is not the answer; it is really the deeper issue of social issues we have to work on, which will take a huge effort and there is no money or reimbursement for it</li> <li>*Most chronic disease areas can be traced back to lifestyle, education, and nutrition</li> </ul>	<ul style="list-style-type: none"> <li>*Underserved are less likely to have safe streets, places to exercise, access to good food, fruits, and vegetables</li> <li>*Stress factor is incredibly high in terms of basic living, having enough resources to just make it; stress factors lead to abusive situations, poor health</li> <li>*Compliance issues caused by lack of access to transportation</li> <li>*Societal priorities, things we value may not lend themselves to a healthy lifestyle</li> <li>*Native Hawaiians more likely to live in poverty and have social environment issues to confront</li> </ul>	<ul style="list-style-type: none"> <li>*We have to sustain collaboration beyond grant funds; harder to do without funding but maybe in long run it is better, not so dependent on money that will disappear</li> <li>*Affordable Care Act is a good start but we need societal changes to make a dent in health care</li> </ul>

### Summary

Largely driven by economic insecurity, social issues such as unemployment, education, alcoholism, and domestic violence all influence a community’s health. Low-income residents are most impacted by poor social environments that limit opportunities for economic and social advancement and cause stress-induced health problems. Furthermore, the increasing amount of time spent inactive among teens increases obesity and hinders the social development of Hawai‘i’s communities. Another issue for women includes intimate partner violence, especially among certain subgroups. Key informants advise against temporary sources of funding in this area and feel that societal change is essential to improving health.

### Voices from the Community

*“Domestic violence/ interpersonal violence (for teens and adults) and bullying are health and community issues that need to be addressed. We do not talk about [violence] or bullying enough and it affects the health of the people involved in these situations - mentally and physically.”*

### 3.2.19 Substance Abuse & Lifestyle

#### Core Indicators and Supplemental Information

Some forms of substance abuse are becoming more prevalent among women and children in Hawaii, and compare poorly to national averages and targets:

- As of 2010, the percent of women in Hawaii who binge drink is higher than the national average, at 11.0% vs. 10.4%; there was also an increase from 9.5% in 2006
- The proportion of teens in grades 9-12 who use marijuana increased from 17.2% in 2005 to 21.9% in 2011; the state value is higher than the national average (20.8%) and did not meet the HP2020 target for this indicator (6.0%)
- The proportion of young teens in grades 6-8 who use marijuana increased from 3.9% in 2005 to 9.3% in 2011; the HP2020 target for this indicator (6.0%) is unmet

Beyond the indicators included in the table below, there were eight tobacco policy indicators included in the summary that were compared to HP2020 targets only. Of these, 5 targets are not met in Hawaii. These indicators and their targets can be found in Appendix A.

**Table 3.18: Core Indicators – Substance Abuse & Lifestyle**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Women who Binge Drink (2010)	11 percent	X	X		
Teens who Use Alcohol (2011)	29.1 percent	✓	✓		
Women who Smoke (2010)	13 percent	✓	✓		
Teens who Smoke (2011)	8.7 percent		✓		✓
Teens who Use Marijuana (2011)	21.9 percent	X	X		X
Young Teens who Use Marijuana (2011)	9.3 percent		X		X
Teens who have Used Methamphetamines (2011)	3.4 percent	✓	✓		

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.

All values and data sources included in Appendix A.

### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>Women and Children</i>	
*Highest drug use for youth is marijuana followed by alcohol *Ice/Crystal Meth is big problem for both youth and adults		
	<i>General</i>	
*Significant need in drug and alcohol addiction and related problems like accidents and psycho-social disorders *Low health literacy leads to poor decisions when seeking care *Need to address mental health & substance abuse co-morbidity	*With Marshallese population and others, there are issues related to language and culture; need for translation *With Hawaiians, cultural issues come into play and comes down to how we offer services and what services we offer	*Work with University of Hawaii Center on the Family *Hawaii Primary Care Association is required to do a lot of things around language and services and will have a good handle on this

### Summary

Hawaii’s substance abuse problems have a wide impact on health. Marijuana use among teens is high and has been increasing, and was identified by key informants as a major concern for youths along with alcohol and meth use. Implementing effective substance abuse interventions is difficult for certain subpopulations due to translation needs and lack of culturally-appropriate communication. Intervening on psychosocial disorders and other mental health issues may indirectly assist in controlling substance abuse, and there are at least five tobacco policy changes that could be implemented to meet HP2020 targets and influence behavior.

### 3.2.20 Transportation

#### Core Indicators and Supplemental Information

Access to transportation is essential for accessing health services, and the choices a community makes for daily transportation can have a great impact on the environment. Although the average time spent by women in Hawaii commuting to work (25.7 minutes) is longer than the average time for all U.S. women (23.5 minutes), more female workers in Hawaii use public transportation (7.8%) or walk to work (4.6%) than national averages (5.3% and 2.8%, respectively).

**Table 3.19: Core Indicators – Transportation**

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Mean Travel Time to Work among Women (2006-2010)	25.7 minutes	X			
Female Workers Commuting by Public Transportation (2006-2010)	7.8 percent	✓			
Female Workers who Walk to Work (2006-2010)	4.6 percent	✓			

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

#### Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
	<i>General</i>	
*Transportation is a major issue on all Hawaiian islands; rail and bus won't help seniors	*Handicabs (door to door service for wheelchairs, walkers, and stretchers) are often too expensive	*Existing geriatric home visit program
*Lack of transportation contributes to lack of access to care		

### Summary

While commuters in Hawaii are utilizing alternative transportation options that are healthy for the environment, transportation issues exist for older residents. Women who have special transportation needs may have trouble affording services, especially if they need to travel long distances for care. Efforts to improve this barrier for senior women may include funding home visit programs, expanding telemedicine, or providing transportation that is both affordable and accessible.

## 4 Community Health Needs Summary

### 4.1 Findings/Conclusions

The health needs of women and children in Hawaii span all twenty topic areas included in this report. Some health issues impact a larger proportion of the female or child population, while others are of greatest impact to particular groups or sub-geographies. In order to assess the health needs in Hawaii, both objective indicator data and subjective interviews were considered. While indicator data provided a good starting point for determining where attention should be focused, sometimes the data was lacking in depth or breadth on important topics. Interviewing key informants who have local knowledge on the topics helped to fill in details and bring attention to data gaps. Surveying residents elicited health concerns from a small proportion of the community and added highlights. Planners will want to consider how to impact these areas, as many areas can be addressed concurrently with appropriate primary and holistic interventions.

Several common themes emerge in this assessment that can guide community health improvement planning:

#### *Women and children experience adverse health outcomes due to chronic disease and health risk behaviors*

Key health behaviors that impact chronic disease—including optimal exercise, nutrition, and weight—require attention across all child and female populations in Hawaii. Introducing children to positive health behaviors early on is critical for establishing lifelong healthy habits. Core indicator data shows that teenagers in Hawaii are measuring poorly on physical activity, nutrition, and body weight indicators relative to the nation. And while some core indicators for women in the area of physical activity and body weight compared favorably to the nation, national obesity and inactivity levels are so high that a positive comparison does not necessarily indicate good health. Women in Hawaii also measure poorly on risk factors for heart disease, including high blood pressure and high cholesterol prevalence.

As a chronic condition that significantly influences overall health, mental health and associated substance abuse arose repeatedly throughout key informant interviews as a concern among Hawaii women and children. The suicide rate among women in Hawaii is higher than the national female average, and the increasing rate of poisoning deaths was attributed to prescription drugs. Self-inflicted injuries were also the leading cause of injury-related hospitalizations among teens and young adults in recent data. In addition, many injury-related hospitalizations and deaths may be attributable to substance abuse, including motor vehicle collision deaths caused by driving under the influence of alcohol. Specific populations in need include: teens, whose increasing drug use interferes with educational progress; pregnant women who use alcohol during pregnancy; new mothers who need to learn stress-coping skills; and older adults with dementia or depression associated with disability and/or the loss of loved ones. Addressing mental and behavioral health can reduce the rate of overutilization of emergency rooms, and some key informants feel that providing adequate mental health care will require integration with primary care services.

#### *Enhanced family planning and reducing prenatal risk factors can improve birth outcomes and provide a foundation for life-long health*

Strong family planning disparities are apparent across different ages and cultures in Hawaii. The teen birth rate is much higher among Native Hawaiians and Other Pacific Islanders than any other race. The percent of pregnancies that are intended has not met the national target, indicating need for greater family planning resources, particularly among younger mothers.

The frequency of low birth weight babies in Hawaii is higher than the U.S. average. Older women (ages 45-54 in particular) are experiencing more adverse pregnancy outcomes—including low birth weight, preterm births, and cesarean section rates—compared to other women. Filipina women have a greater proportion of low birth weight babies. The state is working towards, but has not achieved, the national goals for newborn and infant breastfeeding.

Mothers of certain race/ethnic backgrounds and young mothers are at increased risk of experiencing interpersonal violence in the period around their pregnancy (when compared to mothers of other age and race groups in the state), putting these mothers and their new families at risk for adverse social, emotional, and physical health. Renewed attention to outcomes related to advanced maternal age, teen birth rates, and optimal newborn care including breastfeeding and a supportive social environment, can improve overall health and wellbeing for women and families in Hawaii.

### *Greater need and health impacts are found among lower-income women and children*

Largely driven by a lack of access to health services, socioeconomically disadvantaged women and children in Hawaii are repeatedly mentioned throughout this report as experiencing greater effects of poor health. The overall number of Hawaii women and children living in poverty and facing greater health challenges is likely underestimated because federal definitions of poverty do not adjust for the high cost of living in the state. Low-income women are less likely to be screened for cancers, seek care that is not covered by insurance, and be able to afford effective contraceptives. While Hawaii has relatively good health insurance coverage, some essential health needs remain inaccessible to many, including full-spectrum mental health services and quality long-term care for older adults.

All members of socioeconomically disadvantaged families experience stress induced by financial constraints, which—aside from putting some forms of preventative health care and treatment out of reach—can also affect children's education and social environments. Low-income families may not be able to provide early childhood education opportunities or send children to schools that offer individualized attention. Children make up more than a third of the population receiving Shelter Program services in Hawaii. The leading cause of injury and death for children is unintentional injuries and falls; key informants noted that lower socioeconomic status families are less likely to practice risk reduction behaviors. Furthermore, poorer families are often limited to affordable housing options that may put them at increased risk of developing asthma. Additionally, these housing options are often located far away from safe environments for physical activity. The resulting health problems in the low-income population include higher rates of chronic diseases like diabetes and asthma.

### *Cultural and language barriers inhibit effective intervention for the most impacted populations*

Because of the strong correlation between poverty and race/ethnicity, some of the women and children most impacted by health issues often face cultural barriers to health improvement. Language, including limited English proficiency, and poor health behaviors that are common within a culture are challenges that must be overcome in order to effectively prevent disease. To address some of the challenges associated with caring for patients who experience language barriers, Kapiolani Medical Center for Women and Children has developed—and continually updates and improves—policies to address evolving issues surrounding limited English proficiency among its patients. Differing cultural attitudes towards women may affect the varying rates of physical abuse experienced by the female populations of Hawaii. While there are race/ethnicity disparities across nearly every topic covered in this report, key informants specifically cited cultural barriers to care in the areas of diabetes; exercise, nutrition, and weight; heart disease and stroke; immunizations and infectious disease; injury prevention and safety; mental health and mental disorders; respiratory disease; and substance abuse. Race/ethnicity disparities

in the areas of cancer screening, family planning, and women's health suggest that these areas are also influenced by cultural barriers and/or associated socioeconomic constraints. See Section 4.1.1 for further discussion on health disparities by race/ethnicity.

### *Limited access to care results in greater health impacts*

The concentration of Hawaii's health services in urban Honolulu make accessing care more challenging for residents of Neighbor Islands. While some parts of Oahu are also included, federally-designated underserved areas and populations cover the entirety of all other islands. There are also federally-designated primary care provider shortage areas in parts of Maui and Hawaii Counties, dental care provider shortage areas in Maui County, and mental health care provider shortage areas across all the counties. Key informants also stated that rural communities have lower levels of access to vaccinations, and that there is a need for increased capacity around acute psychiatric care in rural areas. While some services may be difficult to provide in low population density areas, travelling to Honolulu for specialty care such as birthing and cancer treatment presents many challenges. Even if residents of remote areas are able to see a specialty care practitioner and receive a diagnosis, resources for follow-up care are limited in some patients' home communities. Access challenges also exist for those who are underinsured, those with cultural differences, and those with complicated needs. An additional challenge to improving population health in Hawaii is the transient immigrant population from other countries. Many expectant mothers arriving in Hawaii from countries with limited health care services have not received any prenatal care, which often leads to birth complications.

### *Community health centers and schools are key community assets for effective interventions*

Given the difficulty in providing services to women and children living in Hawaii's rural areas, several key informants recommended focusing on intervention through community health centers. Areas for which this was specifically recommended included family planning, mental health, and oral health. Locally-based care has many advantages, including the ability to bring primary care services that are culturally appropriate to communities. Staffing community health centers with residents from the served community offers opportunities for economic advancement and an improved social environment. While Hawaii has many existing community health centers, funding is often a limitation of providing services through these venues.

Health interventions for children and teens can have a two-fold benefit of establishing healthy life-long behaviors among Hawaii's youth, as well as influencing the health of their families. Key informants often recommended interventions that are school-based or involve collaboration with Hawaii schools. School-based clinics can be an avenue to health care that is easily accessible to families, and vaccine clinics in schools increase uptake of immunizations. Childhood obesity can be addressed in school by increasing physical activity time and sports activities, an important step towards reducing future chronic disease. Schools can also play an important role in addressing substance abuse, an increasing problem among teens.

#### **4.1.1 Disparities Highlights**

Although the root causes of health disparities are attributable to socioeconomics, race/ethnicity is a correlate for which data is more often available. The topic areas for which each race/ethnic group was noted to have a severe disparity (either by a key informant or for at least one indicator) are listed in Figure 4.1. Note that some race/ethnic categories differ between secondary data sources, and the degree to which disparities could be assessed depend on data availability. A significant finding is that Native Hawaiians and Pacific Islander women and children are faring worse across more topic areas than any other group. This population also has one of the highest poverty rates in the state.

Figure 4.1: Areas of Disparity for Women and Children by Race/Ethnicity Groups



#### 4.1.2 Identified Data Gaps

There were three topic areas for which so little data was available that a core indicator summary score was not calculated: Diabetes, Disabilities, and Older Adults & Aging. Data on hospitalizations related to diabetes among women was available to supplement the one adult diabetes core indicator; however, information on diabetes among children is needed. The population affected by disabilities was described with data from the American Community Survey, but information on the specific needs and challenges of this group is lacking. The health needs of older women in Hawaii can be further described with data from other topics, such as hospitalization rates due to fall-related injuries for women 65 and older. However, data describing the social isolation, disability, and care needs faced by this population is lacking as well.

Core indicators for Respiratory Diseases were also limited. As with the Diabetes topic area, hospitalization data for adults was available, but adding more information on hospitalizations for children with respiratory diseases would more fully describe need in the state. While secondary data for mental health did not seem to adequately describe Hawaii's problems, primary data brought further attention to this critical area that impacts many other health behaviors and outcomes. For Immunizations & Infectious Diseases, data on children was not available, and no sub-population data was available to examine disparities among female residents of Hawaii. And while Oral Health indicators

showed that Hawaii women compare well to the nation, no data could be found for Oral Health among children.

Another area where available data does not fully describe the health needs is with new immigrant and transient populations. Primary data did highlight the populations arriving in Hawaii under the Compact of Free Association and the new challenges this growing group presents to the state's health care system. Due to this population's mobility, marginalized existence, and cultural isolation, traditional public health surveys and population statistics typically do not capture their data and circumstance. However, acute care settings are challenged to provide services and community infrastructure to support the new populations.

## 4.2 Limitations and Other Considerations

This needs assessment is subject to limitations of the methods used for summarizing core indicators and key informant interview findings. Topic areas to which core indicators were assigned are not truly independent of each other, and the scoring system used could not account for the inherent relationships between health and wellness topics. The number of indicators available for each topic area varied, and while the scoring system numerically accounted for this variation, the impact of a given indicator on the final scoring for a topic area was greater if fewer indicators and/or comparisons were available. Nonetheless, this needs assessment utilized an extensive data set, derived from the best women- and children-specific public health data made available by the Hawaii State Department of Health and the Hawaii Health Data Warehouse. By using the local website source for indicator data, available from [www.HawaiiHealthMatters.org](http://www.HawaiiHealthMatters.org), the most recent, least aggregated across years, and most detailed race/ethnicity disparity data possible was considered. Race and ethnicity breakout data from this source provides information on the numerous subgroups in Hawaii (Japanese, Filipino, Chinese, Native Hawaiian, and Pacific Islander), allowing this report to understand health needs and disparities for groups that together comprise a majority of the population in Hawaii. However, data was typically available by gender or race separately, making it difficult to access the outcomes and risk factors for specific race groups among women only.

Indicators from national data sources had limitations, including combining important race and ethnic groups together and thus masking disparities. Importantly, in assessing poverty and economic measures, data sources did not account for the higher cost of living on the islands, resulting in an underestimation of poverty in Hawaii.

The variability in accuracy and precision of secondary data indicators, as well as the comparisons used, are further limitations. Some indicators, such as those from vital statistics, are based on accurate counts and are more exact. Other indicators which are based on surveys are subject to variability due to sampling error and accuracy of self-reported data. Because of the varying amount of historical data available for different sources, trend comparisons were not equal between indicators. Additionally, many indicators from surveys conducted in Hawaii, including the Hawaii Health Survey (HHS) and Pregnancy Risk Assessment Monitoring System (PRAMS), could not be compared to a national value or benchmark due to lack of equivalent data. When national comparisons were available, sometimes the indicator was in an area where the nation as a whole is doing very poorly and a favorable comparison for Hawaii did not necessarily reflect good health; examples of this include obesity and physical activity measures. Healthy People 2020 benchmarks were used for comparisons, when available, though some of these can be ambitious targets for communities to meet. In addition, national benchmarks used for comparisons, such as HP 2020, were not always available for women.

While preventable hospitalization rate indicators provided by HHIC were invaluable for enabling insight into the underlying health of the community for each county, it should also be considered that the



variation in rates may reflect geographic differences in patient demographics, access, and timeliness of care. Risk-adjusted hospitalization rates among women in Hawaii were not available within the timeframe of this CHNA analysis. While unadjusted rates are not typically compared across geographic regions due to uncertainties in varying age distributions, the female age distribution across Hawaii counties is similar. County-level unadjusted rates are compared in this report to provide an idea of the differences in hospitalization patterns across the state, but should be interpreted with caution (please see Section 3.1 for a more detailed examination of Hawaii's demographics). Further analysis may be needed to better understand Hawaii's preventable hospitalization patterns.

One challenge in conducting this community health needs assessment was the condensed timeline. All of this work was compressed into a 6-month time frame, overlapping the winter holidays, which impacted the primary data collection strategy. However, the key public health officials and community health leaders of Hawaii were successfully included in the key informant process (See Appendix C for a full list of key informants interviewed). Information provided by key informants was not verified and reflects their expert opinions. The online community survey was aimed to further complete the understanding of the local needs in Hawaii, although the limited participation makes it difficult to assess if findings accurately reflect the broader community's perspective. While invaluable data was provided through the primary data collected for this report, a future CHNA process would benefit from a longer time horizon and would allow for expanded involvement and input from the community.

Regardless of the limitations, this report provides a snapshot of the health and quality of life challenges for women and children in Hawaii. The needs outlined provide a guide for community benefit planning, but subsequent efforts may be needed to delve deeper into specific areas of need and the most effective methods of intervention. While there are many areas of need, there are also innumerable community assets and a true *aloha* spirit that provide ample foundation for community health improvement activities.

## 5 Selected Priority Areas

On March 25, 2013, HCI presented the Community Health Needs Assessment findings for the state of Hawaii, with special attention to the needs of women and children, to the Kapiolani Medical Center for Women and Children Community Benefit team. Following the presentation, HCI facilitated a prioritization process whereby the team of seven narrowed down the 20 topic areas of need from the CHNA report to two priorities. These two priorities will be the focus for Kapiolani's implementation strategy planning.

The group used the Nominal Group Planning Process. The group determined the following criteria for selecting priorities:

- Magnitude/severity of problem
- Opportunity to intervene at prevention level
- Alignment with Kapiolani's mission/strengths/programs
- Opportunity for partnership
- Solution could impact multiple problems
- Feasibility of change
- Importance of problem to community

Each member of the community benefit team was given a ballot that listed the 20 topic areas of need highlighted in the CHNA report. Each member cast their vote, selecting three topic areas as the key areas of need to focus community benefit efforts. The team members understood that the selected priorities would become the areas of focus for their implementation strategy planning.

After one round of voting and discussion, the top two topic areas selected as priorities were:

1. Access to Health Services
2. Maternal, Fetal, & Infant Health

HCI then asked for nominations for key stakeholders so that their priorities could be validated and communicated to the larger community. The group nominated the following individuals:

- Loretta Fuddy, Director, Hawaii Department of Health
- Beth Geisting, CEO, Hawaii Primary Care Association
- Dee Jay Mailer, CEO, Kamehameha Schools

HCI conducted these key stakeholder interviews and were able to share and validate the hospital's priorities and learn about partnership opportunities.

## Appendix A: HCI Provided Data

### About HCI Provided Data

Healthy Communities Institute (HCI), in partnership with the Hawaii Department of Health and the Hawaii Health Data Warehouse, provides demographic and secondary indicator data on health, health determinants, and quality of life topics. Data is typically presented in comparison to the distribution of counties, state average, national average, or Healthy People 2020 targets. Data is primarily derived from state and national public health sources. HCI also provides a database of promising practices from a variety of sources, including the Centers for Disease Control and Prevention.

All of the HCI content is presented in a public web platform that also serves as a publishing tool for components of Community Health Needs Assessments.

### Framework for Indicator/Data and Topic Selection

The framework for indicator selection within the Health category is based on the Department of Health and Human Services (DHHS) Healthy People initiative. Healthy People establishes science-based national objectives for improving the health of the nation. The initiative establishes benchmarks every ten years and tracks progress toward these achievable goals. This framework encourages collaboration across sectors and allows communities to track important health and quality of life indicators focusing on general health status, health-related quality of life and wellbeing, determinants of health and disparities.

The Health subcategories are based on the Healthy People framework, and multiple indicators across the health sub-topics that correspond with Healthy People targets have been chosen (based on data availability, reliability and validity from the source).

Indicators in the other categories were selected according to national consensus and feedback from a wide set of advisors, public health officials, health departments, and local stakeholders from various sectors in the community. For example, the education indicators are based on the National Center for Health Research and Statistics and United Way of America, and the standards and goals they set forth to help track educational attainment in the U.S. Economic indicators were selected in conjunction with economic development and chamber of commerce input. All of the selected indicators have gone through a vetting process where HCI's advisory board, as well as stakeholders in communities who have implemented HCI systems, provide feedback to refine the core indicators in order to best reflect local priorities.

The indicator selection process evolves over time with changing health priorities, new research models and national benchmarks. HCI continues to incorporate models and standards from nationally recognized institutions such as HHS's Healthy People, AHRQ's PQI's, EPA Air Quality standards, National Center for Education Research and Statistics' priorities, United Way, and United States Department of Agriculture's Food Atlas, among many others.

### Core Indicator Data Summary: Analytic Approach and Scoring Methodology

As discussed in Section 2.1, the selection of topic areas for primary data collection relied on four types of Core Indicator comparisons: geographic, trend, disparity, and benchmark. A four-point system was used to evaluate each indicator on these four comparison methods, as illustrated in the examples below. Please note the data in this section is presented only to demonstrate the methodology and may not reflect data referenced elsewhere in this report.

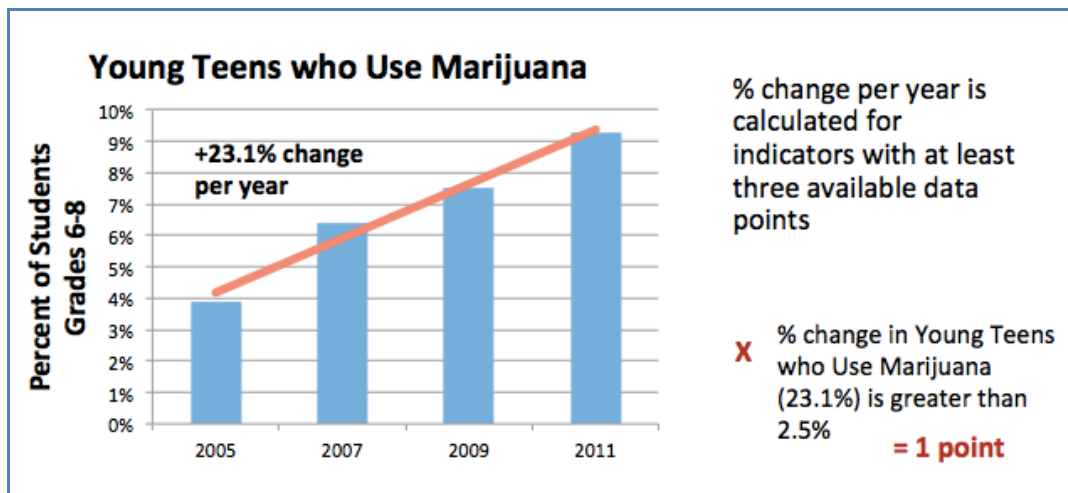
**Geographic Comparison**

The indicator was assigned a point if the value was worse than the U.S. value:



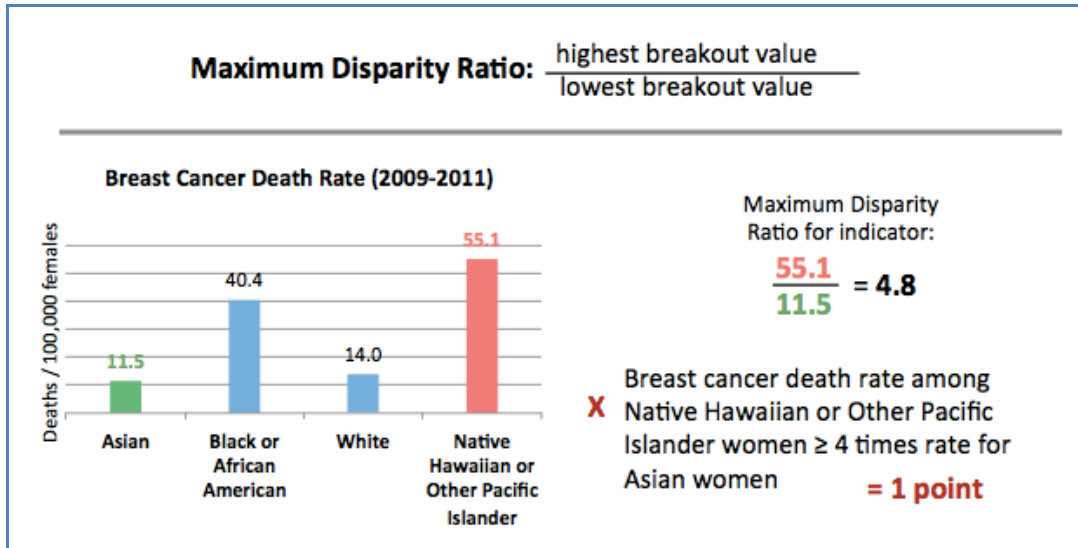
**Trend Comparison**

The indicator was assigned a point if the value was worsening by at least 2.5% on average. In this example of a young teen marijuana use indicator, a point would be assigned because the value increased by 23.1% on average:



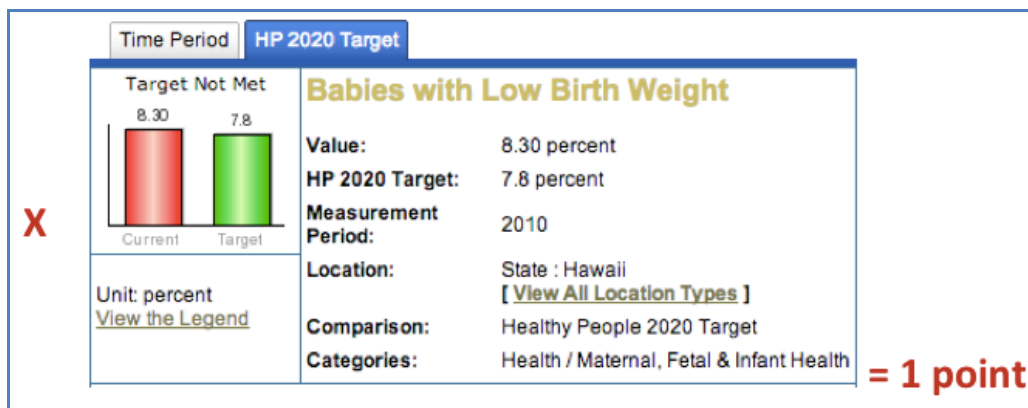
**Disparity Analysis**

The indicator was assigned a point if there were large disparities among subpopulations. In this Core Indicator analysis, any indicator with a maximum disparity ratio (MDR) of 4 or greater received a point. This example of a breast cancer indicator would receive a point because its MDR is over 4:



**Healthy People 2020 Target Comparison**

The indicator was assigned a point if it did not meet a Healthy People 2020 target. HP2020 benchmarks were used only if the benchmark definition matched the indicator definition (e.g. the female stroke death rate indicator would not be compared to the HP2020 stroke death rate benchmark because the benchmark is based on data for both men and women). In this example of a low birth weight vaccination indicator, a point would be assigned because the state did not meet the target of 7.8%:



### Scoring

The total earned points and total possible points were tallied for each indicator. In this example of a mammogram history indicator, four points were possible since all four comparisons were available. Out of the four potential points, the indicator earned only one point, for not meeting the Healthy People 2020 target:

Indicator	National Comparison	Trend	Disparity	HP2020 Target	Points / Possible
Mammogram History	√	√	√	X	1/4

X Poor value relative to comparison; point assigned  
 √ Value not poor relative to comparison; no point assigned

The total earned points and total possible points were then tallied for all indicators in a topic area to calculate the topic area summary score. In this cancer topic area example, 15 points were earned out of 38 possible points, giving the topic area a summary score of 0.39. These summary scores were then ranked in descending order to help guide the primary data collection process.

Indicator	National Comparison	Trend	Disparity	HP2020 Target	Points / Possible
Mammogram History	√	√	√	X	1/4
Breast Cancer Incidence	X	√	√		1/3
Breast Cancer Death		√	X	√	1/3
Pap Test History		√	√	X	1/3
Cervical Cancer Incidence	X	X	√		2/3
Colon Cancer Screening	√	X	√		1/3
Colorectal Cancer Incidence	X	√	√	X	2/4
Colon Cancer Death Rate		√	X	√	1/3
Liver and Bile Duct Cancer Incidence	X	X	√		2/3
Lung and Bronchus Cancer Incidence	√	√	√		0/3
Melanoma Incidence	X	X	X		3/3
Prostate Cancer Incidence	√	√	√		0/3
<b>Total for Cancer</b>	<b>5/9</b>	<b>4/12</b>	<b>3/12</b>	<b>3/5</b>	<b>15/38</b>

**Cancer Summary Score:**  
 $15 \div 38 = 0.39$

All points earned by indicators in a topic area are divided by total points possible to calculate the topic area's summary score

## Core Indicator Data

Most of the core indicator data included in this report can be found on Hawaii Health Matters (<http://www.HawaiiHealthMatters.org/>).

### Core Indicator Data Summary

#### Kapiolani Medical Center for Women & Children

#### Detailed Explanation of Contents

Topic Area	Health/Quality of Life topic area
Score	Score calculated as proportion of poor comparisons for all indicators within topic (range 0-1)
Indicator	Measure of a specific issue within a topic area
Value	Most recent value available, with period of measurement
National Value	U.S. value, for same time period as Hawaii value unless noted
% Change per Year	Percent change per year (calculated using line of best fit for all values available), with earliest period of measurement
Race Disparity Ratio	Ratio between highest and lowest value for a specific race/ethnic group
Gender Disparity Ratio	Ratio between gender-specific values
Age Disparity Ratio	Ratio between highest and lowest value for a specific age group
HP2020 Target	Healthy People 2020 Target for indicator
Sub-populations in greatest need	Race, gender, or age specific sub-populations with a value greater than average, with sub-population value. Only worst age group is included.
Source of Data	Source of indicator data
Unit of Measure	Units of measure for indicator data

Red text indicates "poor" comparison that contributed to topic area score

Please note that availability of comparisons and sub-population categories vary by indicator and data source

All data is presented in the following format:

Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							

Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
<b>Family Planning</b>							<b>0.57</b>
Pregnancies that are Intended <20 years (13.3) Filipino (49.7) Native Hawaiian (38.3)	52.6 (2009)		-0.6% (2003)	1.8		4.9	56
Source: Pregnancy Risk Assessment Monitoring System							Units: percent
Teen Birth Rate American Indian or Alaska Native (91.5) Black or African American (33.3) Native Hawaiian and Other Pacific Islander (145.4)	29.9 (2011)		-2.2% (2003)	119.9			
Source: Hawaii Health Data Warehouse							Units: births/1,000 women aged 15-19 years
Infants Born to Mothers with <12 Yrs Education 10-14 (100) American Indian or Alaska Native (8.5) Native Hawaiian and Other Pacific Islander (13.7) Other (11.7)	7.3 (2011)		-2.7% (2003)	8.1		35.8	
Source: Vital Statistics							Units: percent
<b>Substance Abuse &amp; Lifestyle</b>							<b>0.52</b>
Women who Binge Drink	11 (2010)	10.4	3.5% (2006)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Teens who Use Alcohol	29.1 (2011)	41.8	-1.2% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Women who Smoke	13 (2010)	15.8	-1.9% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Teens who Smoke	8.7 (2011)		-4% (2005)				16
Source: Youth Tobacco Survey							Units: percent
Illegal Tobacco Sales to Minors	5.9 (2011)						5
Source: State Synar Enforcement Reporting							Units: percent
Teens who Use Marijuana	21.9 (2011)	20.8	6% (2005)				6
Source: Youth Risk Behavior Survey							Units: percent



Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
<i>Source of Data</i>							<i>Unit of Measure</i>
*****							
Young Teens who Use Marijuana	9.3 (2011)		22.2% (2005)				6
<i>Source: Youth Risk Behavior Survey</i>							<i>Units: percent</i>
Teens who have Used Methamphetamines	3.4 (2011)	4.1	-3.8% (2005)				
<i>Source: Youth Risk Behavior Survey</i>							<i>Units: percent</i>
Preemptive Tobacco Laws on Youth Access	No (2010)						Met
<i>Source: State Tobacco Activities Tracking &amp; Evaluation System</i>							<i>Units: n/a</i>
Smoke-Free Commercial Daycare Centers	Yes (2010)						Met
<i>Source: State Tobacco Activities Tracking &amp; Evaluation System</i>							<i>Units: n/a</i>
Smoke-Free High Schools	76 (2010)						100
<i>Source: School Health Profiles Study</i>							<i>Units: percent</i>
Smoke-Free Home-Based Daycare Centers	Yes (2010)						Met
<i>Source: State Tobacco Activities Tracking &amp; Evaluation System</i>							<i>Units: n/a</i>
Smoke-Free Junior High Schools	60 (2010)						100
<i>Source: School Health Profiles Study</i>							<i>Units: percent</i>
Smoke-Free Middle Schools	82.4 (2010)						100
<i>Source: School Health Profiles Study</i>							<i>Units: percent</i>
Smoke-Free Vehicles with Children	No (2010)						Not Met
<i>Source: State Tobacco Activities Tracking &amp; Evaluation System</i>							<i>Units: n/a</i>

Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
<b>Environment</b>							<b>0.5</b>
Safe Beaches for Swimming	99.8 (2010)						96
Source: BEACH Program, Environmental Protection Agency							Units: percent
Beach Water Quality	4 (2011)		30% (2008)				
Source: Natural Resources Defense Council							Units: percent
<b>Heart Disease &amp; Stroke</b>							<b>0.5</b>
High Blood Pressure Prevalence among Women	30.1 (2009)	27.8	5.5% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
High Cholesterol Prevalence among Women	36.3 (2009)	36.2	6.1% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Heart Disease Death Rate	45.1 (2009-2011)	98.6 (2008-2010)	-5% (2003-2005)				
Source: Hawaii State Department of Health, Vital Statistics							Units: deaths/100,000 females
Stroke Death Rate	32.1 (2009-2011)	39.5 (2008-2010)	-4.6% (2003-2005)				
Source: Hawaii State Department of Health, Vital Statistics							Units: deaths/100,000 females
<b>Respiratory Diseases</b>							<b>0.5</b>
Women with Asthma	12.1 (2010)	11.1	7.7% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Children with Current Asthma	11.1 (2010)		-0.7% (2005)	3.0	0.7	1.2	
Male (13) 5-9 (12.8) Japanese (11.3) Native Hawaiian (18.8) Other (11.2)							
Source: Behavioral Risk Factor Surveillance System							Units: percent

Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
<b>Mental Health &amp; Mental Disorders</b>							<b>0.4</b>
Self-Reported Good Physical and Mental Health among Women	53 (2010)		-1.2% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Mental Health Treatment for Children	83.7 (2009/2010)						75.8
Source: National Survey of Children with Special Health Care Needs							Units: percent
Suicide Death Rate	5.8 (2009-2011)	4.9 (2008-2010)	3.8% (2003-2005)				
Source: Hawaii State Department of Health, Office of Health Status Monitoring							Units: deaths/100,000 females
Women with a Depressive Disorder	10.6 (2010)		-2.5% (2006)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
<b>Social Environment</b>							<b>0.4</b>
Children in Single-Parent Households	29 (2006-2010)	32					
Source: American Community Survey							Units: percent
Teens with More Than 3 Hours of Computer/Video Game Time	36.6 (2011)		4.4% (2007)				
Source: Youth Risk Behavior Survey							Units: percent
Young Teens with More Than 3 Hours of Computer/Video Game Time	37.5 (2011)		12.2% (2007)				
Source: Youth Risk Behavior Survey							Units: percent
Teens who Watch 3+ Hours of Television	24.7 (2011)		-5.3% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Young Teens with More Than 3 Hours of TV Time	39.4 (2011)		-0.9% (2003)				
Source: HHDW							Units: percent

Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
<b>Exercise, Nutrition, &amp; Weight</b>							<b>0.35</b>
Women Engaging in Regular Physical Activity	49.7 (2009)	48.6	1.3% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Women Not Engaging in Physical Activity	23 (2010)	25.6	0.6% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Teens who Engage in Regular Physical Activity	34.4 (2009)	37	3.5% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Young Teens who Engage in Regular Physical Activity	44.4 (2011)		8.7% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Women Fruit and Vegetable Consumption	27.3 (2009)	27.7	-4.8% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Teen Fruit and Vegetable Consumption	17.5 (2011)	22.3	-1.3% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	17.5 (2011)		-3.2% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Food Insecurity Among Children	1.1 (2010)						0.2
Source: Food Security Supplement to the Current Population Survey							Units: percent
Food Insecurity Among Households	16.6 (2010)						6
Source: Food Security Supplement to the Current Population Survey							Units: percent

Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
Women who are Overweight	26.5 (2010)	29.8	1.1% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Women who are Obese	20.9 (2010)	26.8	5% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Teens who are Overweight	14 (2009)	15.8	-0.4% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Teens who are Obese	13.2 (2011)	12	-0.7% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
Teens with a Healthy Body Weight	73.4 (2011)		0.3% (2005)				
Source: Youth Risk Behavior Survey							Units: percent
<b>Transportation</b>							<b>0.33</b>
Mean Travel Time to Work among Women	25.7 (2006-2010)	23.5					
Source: American Community Survey							Units: minutes
Female Workers Commuting by Public Transportation	7.8 (2006-2010)	5.3					
Source: American Community Survey							Units: percent
Female Workers who Walk to Work	4.6 (2006-2010)	2.8					
Source: American Community Survey							Units: percent
<b>Cancer</b>							<b>0.32</b>
Mammogram History	76.5 (2010)	75.2	-0.3% (2003)	1.1		1.2	81.1
80+ (67) Caucasian (73) Filipino (75.6) Native Hawaiian (73.1)							
Source: Behavioral Risk Factor Surveillance System							Units: percent

Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
Breast Cancer Incidence Rate	125.1 (2005-2009)	122	1.9% (2003-2007)	1.7			
Caucasian (135) Hispanic (127.8)							
Source: National Cancer Institute							Units: cases/100,000 females
Breast Cancer Death Rate	14.2 (2009-2011)	22.3 (2008-2010)	-2.2% (2000-2002)	4.8			20.6
Black or African American (40.4) Native Hawaiian and Other Pacific Islander (55.1)							
Source: Hawaii State Department of Health, Vital Statistics							Units: deaths/100,000 females
Pap Test History	77.4 (2010)		-1% (2003)	1.2		1.8	93
75+ years (49) Chinese (77.3) Filipino (73.1) Other (73.5) Other Asian (72.1) Other Pacific Islander (64.2)							
Source: Behavioral Risk Factor Surveillance System							Units: percent
Cervical Cancer Incidence Rate	8.2 (2005-2009)	8	3.9% (2003-2007)	1.1			
Source: National Cancer Institute							Units: cases/100,000 females
Colon Cancer Screening among Women	24.6 (2010)	16.1	-4.7% (2003)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Colorectal Cancer Incidence Rate	38.7 (2005-2009)	40.2					
Source: National Cancer Institute							Units: cases/100,000 females
Colon Cancer Death Rate	10.7 (2009-2011)	13.7 (2008-2010)	-0.5% (2003-2005)				
Source: Hawaii State Department of Health, Vital Statistics							Units: deaths/100,000 females
Liver and Bile Duct Cancer Incidence Rate	5.9 (2005-2009)	3.4					
Source: National Cancer Institute							Units: cases/100,000 females
Lung and Bronchus Cancer Incidence Rate	40.4 (2005-2009)	55.7					
Source: National Cancer Institute							Units: cases/100,000 females
Melanoma Incidence Rate	14.9 (2005-2009)	15.6					
Source: National Cancer Institute							Units: cases/100,000 females

Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
<b>Maternal, Fetal &amp; Infant Health</b>							<b>0.32</b>
Mothers who Received Late or No Prenatal Care	15.2 (2011)		-2.2% (2003)	2.3		2.3	
15-19 (26.7) Native Hawaiian and Other Pacific Islander (22.1) Other (17.2)							
Source: Hawaii Health Data Warehouse							Units: percent
Mothers who Smoked During Pregnancy	9.6 (2009)		0.7% (2003)	3.0		1.5	
20-24 (11.9) Japanese (12.8) Native Hawaiian (14.8)							
Source: Pregnancy Risk Assessment Monitoring System							Units: percent
Women who Binge Drink Prior to Pregnancy (2009+)	23.1 (2009)			2.6		2.4	
20-24 (29.7) Caucasian (31.1) Native Hawaiian (27.4)							
Source: Pregnancy Risk Assessment Monitoring System							Units: percent
Preterm Births	9.9 (2011)	12.0 (2010)	-0.7% (2003)	2.1		4.7	11.4
45-54 (41.7) Asian (10.9) Black or African American (10.4) Native Hawaiian and Other Pacific Islander (10.3)							
Source: Vital Statistics							Units: percent
Babies with Low Birth Weight	8.2 (2011)	8.1 (2010)	0.1% (2003)	2.9		5.5	7.8
45-54 (39.6) Asian (10.1) Black or African American (9.5)							
Source: Hawaii Health Data Warehouse							Units: percent
Infant Mortality Rate	5.8 (2010)	6.1	-2% (2003)				6
Source: Vital Statistics							Units: deaths/1,000 live births
Births Delivered by Cesarean Section	26.5 (2011)		2.2% (2003)	1.4		4.1	
45-54 (70.8) Asian (28.2) Black or African American (32.2) Other (31.2)							
Source: Hawaii Health Data Warehouse							Units: percent
Births Occurring in Baby-Friendly Facilities	8.7 (2011)						8.1
Source: Breastfeeding Report Card							Units: percent
Newborns who Received Formula within the First 2 Days of Life	23.9 (2011)						14.2
Source: National Immunization Survey							Units: percent

Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
<i>Source of Data</i>							<i>Unit of Measure</i>
*****							
Infants who were Ever Breastfed	85 (2011)						81.9
<i>Source: National Immunization Survey</i>							<i>Units: percent</i>
Mothers who Breastfeed 25-34 (92.8) Chinese (88.3) Native Hawaiian (88.5) Other (93.1)	93.3 (2009)		0.7% (2003)	1.1		1.0	
<i>Source: Pregnancy Risk Assessment Monitoring System</i>							<i>Units: percent</i>
Children Still Breastfeeding at 4 Weeks	81.9 (2008)		0.5% (2006)				
<i>Source: Pregnancy Risk Assessment Monitoring System</i>							<i>Units: percent</i>
Children Still Breastfeeding at 8 Weeks	72.5 (2008)		1.3% (2006)				
<i>Source: Pregnancy Risk Assessment Monitoring System</i>							<i>Units: percent</i>
Infants who were Breastfed at 6 Months	52.4 (2011)						60.6
<i>Source: National Immunization Survey</i>							<i>Units: percent</i>
Infants who were Breastfed Exclusively Through 3 Months	42.4 (2011)						46.2
<i>Source: National Immunization Survey</i>							<i>Units: percent</i>
Infants who were Breastfed Exclusively Through 6 Months	20.8 (2011)						25.5
<i>Source: National Immunization Survey</i>							<i>Units: percent</i>
<b>Injury Prevention &amp; Safety</b>							<b>0.3</b>
Motor Vehicle Collision Death Rate	3.7 (2009-2011)	6.6 (2008-2010)	-4.6% (2003-2005)				
<i>Source: National Center for Injury Prevention and Control</i>							<i>Units: deaths/100,000 females</i>
Drowning Death Rate	0.9 (2009-2011)	0.5 (2008-2010)	6.7% (2003-2005)				
<i>Source: National Center for Injury Prevention and Control</i>							<i>Units: deaths/100,000 females</i>



Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
<i>Source of Data</i>							<i>Unit of Measure</i>
*****							
Poisoning Death Rate	7.8 (2009-2011)	9.9 (2008-2010)	7.8% (2003-2005)				
<i>Source: National Center for Injury Prevention and Control</i>							<i>Units: deaths/100,000 females</i>
Unintentional Injury Death Rate	15.1 (2009-2011)	25.3 (2008-2010)	-1% (2003-2005)				
<i>Source: National Center for Injury Prevention and Control</i>							<i>Units: deaths/100,000 females</i>
Injury Death Rate	25.3 (2009-2011)	33.7 (2008-2010)	0.1% (2003-2005)				
<i>Source: National Center for Injury Prevention and Control</i>							<i>Units: deaths/100,000 females</i>
<b>Education</b>							<b>0.25</b>
Women 18+ without a High School Degree	4.8 (2010)	6.9	-0.1% (2003)				
<i>Source: Behavioral Risk Factor Surveillance System</i>							<i>Units: percent</i>
Women 25+ with a Bachelor's Degree or Higher	29.9 (2006-2010)	27.3					
<i>Source: American Community Survey</i>							<i>Units: percent</i>
Student-to-Teacher Ratio	15.8 (2009-2010)	14.6					
<i>Source: National Center for Education Statistics</i>							<i>Units: students/teacher</i>
<b>Economy</b>							<b>0.17</b>
Women Living Below Poverty Level	10.6 (2006-2010)	15.1					
<i>Source: American Community Survey</i>							<i>Units: percent</i>
Children Living Below Poverty Level	12.3 (2006-2010)	19.2		5.4	1.0	1.2	
Female (12.5) <6 years (13.4) American Indian or Alaska Native (32.1) Hispanic (16) Native Hawaiian or Other Pacific Islander (24.1) Other (19.4)							
<i>Source: American Community Survey</i>							<i>Units: percent</i>
Women 65+ Living Below Poverty Level	8.9 (2006-2010)	11.4					
<i>Source: American Community Survey</i>							<i>Units: percent</i>

Topic Area							Score
Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
<i>Source of Data</i>							<i>Unit of Measure</i>
*****							
Families Living Below Poverty Level	6.7 (2006-2010)	10.1		3.7			
American Indian or Alaska Native (9.7) Hispanic (11.7) Native Hawaiian or Other Pacific Islander (15.1) Other (13.9) Two or more races (10.1)							
<i>Source: American Community Survey</i>							<i>Units: percent</i>
<b>Diabetes</b>							<b>Not calculated</b>
Women with Diabetes	7.9 (2010)	8.4	3.7% (2003)				
<i>Source: Behavioral Risk Factor Surveillance System</i>							<i>Units: percent</i>
<b>Disabilities</b>							<b>Not calculated</b>
Blindness and Visual Impairment in Children	26 (2009/2010)						25.4
<i>Source: National Survey of Children with Special Health Care Needs</i>							<i>Units: per 1,000 persons 17 years and under</i>
<b>Access to Health Services</b>							<b>0</b>
Women with a Usual Source of Health Care	90.1 (2010)		0.7% (2003)				
<i>Source: Behavioral Risk Factor Surveillance System</i>							<i>Units: percent</i>
Women without Health Insurance	6.2 (2010)	15.8	-4.7% (2003)				
<i>Source: Behavioral Risk Factor Surveillance System</i>							<i>Units: percent</i>
Children without Health Insurance	2.2 (2005)		-13.3% (2003)				
<i>Source: Hawaii Health Survey</i>							<i>Units: percent</i>
<b>Immunizations &amp; Infectious Diseases</b>							<b>0</b>
Influenza Vaccination Rate among Women 65+	75.2 (2010)	67.3	0.9% (2003)				
<i>Source: Behavioral Risk Factor Surveillance System</i>							<i>Units: percent</i>
Pneumonia Vaccination Rate among Women 65+	71.7 (2010)	70.7	-0.2% (2003)				
<i>Source: Behavioral Risk Factor Surveillance System</i>							<i>Units: percent</i>

Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							Unit of Measure
*****							
<b>Oral Health</b>							<b>0</b>
Adult Preventive Dental Care among Women	72.2 (2010)		-0.6% (2004)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Women who Visited a Dentist	73.5 (2010)	72.4	-0.7% (2004)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
Women with Total Tooth Loss	7.9 (2010)	18.1	-4.3% (2004)				
Source: Behavioral Risk Factor Surveillance System							Units: percent
<b>Older Adults &amp; Aging</b>							
No data							

## Appendix B: Hospitalization Data

### Hospitalization Rates

Hospitalization rates were provided by HHIC, and are defined by the Agency for Healthcare Research and Quality (AHRQ) as a set of measures that can be used to identify quality of outpatient care that can potentially prevent the need for hospitalization. Please see

[http://qualityindicators.ahrq.gov/Modules/pqi\\_resources.aspx](http://qualityindicators.ahrq.gov/Modules/pqi_resources.aspx) for a complete definition of indicators.

All rates presented are crude rates that have not been adjusted for patient age or race. Risk-adjusted hospitalization rates among women in Hawaii were not available within the timeframe of this CHNA analysis. While unadjusted rates are not typically compared across geographic regions due to uncertainties in varying age distributions, the female age distribution across Hawaii counties is similar. County-level unadjusted rates are compared in this report to provide an idea of the differences in hospitalization patterns across the state, but should be interpreted with caution (please see Section 3.1 for a more detailed examination of Hawaii's demographics).

Values were suppressed if rates were based on fewer than 10 cases. Population estimates are based on the U.S. Census Bureau, Population Division, Intercensal Estimates of the Resident Population for Counties of Hawaii.

The tables below include unadjusted female hospitalization rates with 95% confidence intervals for the State of Hawaii and counties for 2009, 2010, and 2011. Use caution when comparing unadjusted rates, as they may represent populations of differing age distribution.

	Hawaii State		Counties			
	Cases	Rate (95% CI)	Hawaii Rate (95% CI)	Honolulu Rate (95% CI)	Kauai Rate (95% CI)	Mauai Rate (95% CI)
<b>Short-Term Complications of Diabetes</b>						
2009	218	41.5 (36-47)	29.4 (16.8-42)	43.6 (36.9-50.4)	46.3 (20.1-72.5)	40.6 (24.3-56.8)
2010	242	45.4 (39.7-51.1)	36.1 (22.2-49.9)	47.8 (40.8-54.8)	--	49.9 (32.1-67.8)
2011	222	41 (35.6-46.4)	37.3 (23.5-51.1)	37.6 (31.4-43.7)	44.7 (19.4-70)	64.8 (44.7-84.8)
<b>Long-Term Complications of Diabetes</b>						
2009	385	73.3 (66-80.6)	53.3 (36.3-70.2)	68 (59.6-76.5)	146.6 (100-193.2)	98 (72.8-123.3)
2010	408	76.6 (69.2-84)	54.1 (37.1-71.1)	76.1 (67.3-85)	156.4 (108.5-204.3)	71.6 (50.2-92.9)
2011	364	67.2 (60.3-74.1)	38.6 (24.6-52.7)	73.5 (64.9-82.2)	85.7 (50.7-120.8)	55.1 (36.5-73.6)
<b>Uncontrolled Diabetes</b>						
2009	22	4.2 (2.4-5.9)	--	3 (1.2-4.7)	--	--
2010	21	3.9 (2.3-5.6)	--	3.5 (1.6-5.4)	--	--
2011	33	6.1 (4-8.2)	--	6.6 (4-9.2)	--	--
<b>Rate of Lower-Extremity Amputation</b>						
2009	65	12.4 (9.4-15.4)	--	14.1 (10.3-17.9)	--	--
2010	76	14.3 (11.1-17.5)	--	16.6 (12.4-20.7)	--	--
2011	66	12.2 (9.2-15.1)	13.3 (5.1-21.6)	11.6 (8.2-15.1)	--	16.2 (6.2-26.2)
<b>Hypertension</b>						
2009	124	23.6 (19.4-27.8)	36.4 (22.4-50.4)	21.7 (16.9-26.4)	--	22 (10-33.9)
2010	155	29.1 (24.5-33.7)	41.6 (26.7-56.5)	27.5 (22.2-32.8)	--	23.3 (11.1-35.5)
2011	161	29.7 (25.1-34.3)	37.3 (23.5-51.1)	28.8 (23.4-34.2)	--	29.1 (15.7-42.6)
<b>Heart Failure</b>						
2009	1269	241.6 (228.3-254.9)	238.3 (202.5-274.1)	255.6 (239.3-271.9)	227.6 (169.6-285.7)	164 (131.3-196.6)
2010	1326	248.9 (235.5-262.3)	227.5 (192.6-262.3)	267.9 (251.3-284.5)	190.8 (137.9-243.6)	181.4 (147.3-215.4)
2011	1251	230.9 (218.1-243.7)	198.4 (166.6-230.3)	250 (234-265.9)	234.9 (176.9-292.9)	152.2 (121.4-183)
<b>Angina without Procedure</b>						
2009	84	16 (12.6-19.4)	18.2 (8.3-28.1)	13 (9.3-16.7)	--	32.1 (17.7-46.6)
2010	110	20.6 (16.8-24.5)	20.8 (10.3-31.3)	21.4 (16.7-26.1)	--	16.6 (6.3-27)
2011	90	16.6 (13.2-20)	13.3 (5.1-21.6)	18.3 (13.9-22.6)	--	--
<b>Bacterial Pneumonia</b>						
2009	1214	231.1 (218.1-244.1)	208.8 (175.3-242.4)	233.1 (217.5-248.7)	331.8 (261.7-402)	201.1 (165-237.3)
2010	1058	198.6 (186.6-210.6)	158.1 (129.1-187.1)	211.3 (196.6-226)	217.5 (161-273.9)	159.8 (127.8-191.7)
2011	1065	196.6 (184.8-208.4)	153.1 (125.2-181.1)	203.7 (189.3-218.1)	268.4 (206.4-330.4)	174.9 (141.9-207.9)
<b>Asthma in Younger Adults (Ages 18-39)</b>						
2009	88	44.8 (35.4-54.1)	60.7 (30-91.5)	36.7 (26.7-46.6)	--	83.2 (44.8-121.7)
2010	69	34.8 (26.6-43)	52.6 (24-81.2)	29.3 (20.4-38.1)	--	50.4 (20.6-80.2)
2011	59	29.1 (21.7-36.6)	--	27.5 (19-36.1)	--	--
<b>COPD or Asthma in Older Adults (Ages 40+)</b>						
2009	1116	339.5 (319.5-359.4)	370.8 (315.6-426.1)	337 (313.1-360.8)	342 (255.4-428.5)	314.3 (257.6-371.1)
2010	935	279.7 (261.7-297.6)	346.1 (293.1-399)	267.7 (246.6-288.8)	275.4 (198.3-352.5)	271.8 (219.5-324)
2011	958	282.4 (264.5-300.3)	314 (264.4-363.6)	277.9 (256.5-299.3)	236.6 (165.9-307.3)	291 (237.6-344.5)

--Rate suppressed due to low case count

	Counties					
	Hawaii State		Hawaii	Honolulu	Kauai	Mauai
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
<b>Low Birth Weight</b>						
2009	1138	6.2 (5.8-6.5)	4.7 (3.9-5.6)	6.5 (6.1-7)	7.9 (6-9.8)	4.8 (3.9-5.8)
2010	1103	6 (5.7-6.4)	4.4 (3.6-5.3)	6.3 (5.9-6.8)	5 (3.5-6.6)	6.4 (5.3-7.6)
2011	1072	6 (5.6-6.3)	5.3 (4.4-6.2)	6.2 (5.8-6.6)	5.1 (3.6-6.6)	5.7 (4.6-6.8)
Filipino	197	8.4 (7.2-9.5)	6.6 (3.4-9.8)	9.4 (7.9-10.9)	--	7.3 (4.6-10)
Hawaiian	142	5.4 (4.6-6.3)	3 (1.8-4.1)	7 (5.6-8.5)	8 (3.3-12.7)	4.9 (2.7-7)
Japanese	62	4.9 (3.7-6.2)	--	5.1 (3.6-6.5)	--	--
Other Race	539	6.4 (5.9-7)	10.7 (7.9-13.5)	6 (5.4-6.6)	6 (3.2-8.7)	9.5 (6.2-12.8)
White	132	3.9 (3.2-4.6)	3.3 (1.8-4.7)	4.2 (3.3-5.1)	--	3.8 (2.3-5.2)
<b>Dehydration</b>						
2009	415	79 (71.4-86.6)	50.5 (34-66.9)	88.9 (79.3-98.5)	88.7 (52.5-125)	47.3 (29.8-64.9)
2010	378	71 (63.8-78.1)	52.7 (35.9-69.5)	79.9 (70.8-88.9)	53.4 (25.4-81.4)	44.9 (28-61.9)
2011	354	65.3 (58.5-72.2)	46.6 (31.2-62.1)	76.7 (67.9-85.5)	44.7 (19.4-70)	27.5 (14.4-40.6)
<b>Urinary Tract Infection</b>						
2009	781	146.7 (138.2-159.1)	186.4 (154.7-218.1)	141.8 (129.6-153.9)	204.5 (149.4-259.6)	121.7 (93.6-149.8)
2010	780	146.4 (136.1-156.7)	127.6 (101.5-153.7)	146.7 (134.4-158.9)	190.8 (137.9-243.6)	148.1 (117.3-178.9)
2011	829	153 (142.6-163.4)	174.5 (144.6-204.3)	149.4 (137.1-161.8)	208.8 (154.1-263.4)	124.7 (96.8-152.5)
<b>Perforated Appendix</b>						
2009	114	18.2 (14.8-21.5)	16.4 (7.1-25.7)	19.5 (15.5-23.5)	--	--
2010	127	22.6 (18.7-26.5)	19.7 (9.4-30)	23 (18.1-27.9)	--	22.8 (13.1-32.6)
2011	157	27.4 (23.2-31.7)	23.2 (10.6-35.8)	28.7 (23.6-33.9)	31.7 (14.5-48.9)	19.7 (8.5-30.8)
<b>Mental Health</b>						
2009	2076	395.2 (378.2-412.2)	581.7 (525.7-637.6)	344 (325.1-362.9)	470.7 (387.2-554.3)	456.4 (401.9-510.8)
2010	2083	391 (374.2-407.8)	613 (555.9-670.2)	339 (320.3-357.6)	370.1 (296.4-443.7)	457.6 (403.5-511.7)
2011	2092	386.2 (369.6-402.7)	556.7 (503.3-610)	348.4 (329.5-367.2)	343 (272.9-413.1)	429.1 (377.4-480.8)
<b>PQI Composite – Acute Conditions</b>						
2009	2410	458.8 (440.4-477.1)	445.7 (396.7-494.7)	463.8 (441.8-485.8)	625.1 (528.8-721.3)	370.2 (321.1-419.2)
2010	2216	416 (398.6-433.3)	338.4 (296-380.9)	437.8 (416.6-459)	461.6 (379.4-543.9)	352.8 (305.3-400.3)
2011	2248	415 (397.8-432.1)	374.2 (330.5-418)	429.8 (408.9-450.7)	521.9 (435.5-608.4)	327.1 (282-372.2)
<b>PQI Composite – Chronic Conditions</b>						
2009	3354	638.5 (616.8-660.1)	653.1 (593.8-712.4)	637.8 (612.1-663.6)	710 (607.4-812.5)	593.3 (531.2-655.4)
2010	3313	621.9 (600.7-643)	639.4 (581-697.8)	630.2 (604.7-655.6)	629.5 (533.4-725.5)	545.8 (486.8-604.9)
2011	3187	588.3 (567.9-608.7)	562 (508.4-615.6)	605.4 (580.6-630.3)	574.1 (483.4-664.8)	521.4 (464.5-578.4)
<b>PQI Composite</b>						
2009	5764	1097.2 (1068.9-1125.5)	1098.9 (1021.9-1175.8)	1101.6 (1067.8-1135.5)	1335 (1194.4-1475.7)	963.5 (884.4-1042.6)
2010	5529	1037.8 (1010.5-1065.2)	977.8 (905.6-1050)	1068 (1034.9-1101.1)	1091.1 (964.6-1217.6)	898.6 (822.8-974.4)
2011	5435	1003.3 (976.6-1029.9)	936.2 (867-1005.4)	1035.3 (1002.8-1067.7)	1096 (970.7-1221.3)	848.5 (775.9-921.2)

--Rate suppressed due to low case count

Acute Composite Rate includes Dehydration, Bacterial Pneumonia, and Urinary Tract Infection

Chronic Composite Rate includes Short-Term Complications of Diabetes, Long-Term Complications of Diabetes, Uncontrolled Diabetes, Rate of Lower-Extremity Amputation, Hypertension, Heart Failure, Angina without Procedure, COPD or Asthma in Older Adults (Ages 40+), and Asthma in Younger Adults (Ages 18-39)

## Appendix C: Key Informant Interview Guide and Participants

### Completed Interviews

<b>Key Informant</b> Title, Organization	Expertise	Date of Interview
<b>Jennifer Dang</b> State Director, Hawaii Nutrition and Physical Activity Coalition, Department of Education	Exercise, Nutrition & Weight	12/20/2012
<b>Lynn Fallin</b> Deputy Director, Behavioral Health Services Administration, Hawaii Department of Health	Mental Health & Mental Disorders	12/12/2012
<b>Dr. Kenny Fink</b> Administrator, Department of Human Services, Med-QUEST Division	Access to Health Services	12/10/2012
<b>Loretta Fuddy</b> Director, Hawaii State Department of Health	Mental Health & Mental Disorders Substance Abuse	12/12/2012
<b>Beth Giesting</b> Healthcare Transformation Officer, Office of the Governor	Access to Health Services Oral Health	12/20/2012
<b>Dr. Josh Green</b> State Senator Executive Medical Director, Hawaii Independent Physicians Association Emergency Room Physician	Diabetes Substance Abuse	11/28/2012
<b>Robert Hirokawa</b> CEO, Hawaii Primary Care Association	Respiratory Disease Social Environment	12/19/2012
<b>Lola Irvin</b> Healthy Hawaii Initiative, Tobacco Settlement Project Manager, Hawaii State Department of Health	Cancer Exercise, Nutrition & Weight Respiratory Disease	12/17/2012
<b>Dr. Bliss Kaneshiro</b> Professor of Obstetrics/Gynecology, Director of Family Planning, John A. Burns School of Medicine, University of Hawaii	Family Planning	12/17/2012
<b>Leslie Lam</b> Executive Director, American Diabetes Association Hawaii	Diabetes	12/28/2012
<b>Dee Jay Mailer</b> CEO, Kamehameha Schools	Education	12/17/2012
<b>Kathy Matayoshi</b> Superintendent of Education, Hawaii State Department of Education	Mental Health & Mental Disorders	12/26/2012
<b>Dee Dee Nelson</b> Director, Mountain-Pacific Quality Health	Heart Disease Older Adults & Aging	12/3/2012
<b>May Okihiro</b> Director, Hawaii Initiative for Childhood Obesity Research and Education, John A. Burns School of Medicine Department of Pediatrics, University of Hawaii	Exercise, Nutrition & Weight	12/10/2012
<b>Dr. Bill Osheroff</b> Chief Medical Officer, Hawaii Medical Service Association	Maternal, Fetal & Infant Health	12/20/2012

<b>Dr. Neal Palafox</b> Professor, John A. Burns School of Medicine, University of Hawaii	Access to Health Services Cancer	12/26/2012
<b>Dr. Sarah Park</b> Chief, Disease Outbreak Control Division, Department of Health	Immunizations & Infectious Disease	12/4/2012
<b>Dr. Linda Rosen</b> Chief, Emergency Medical Services and Injury Prevention Systems Branch, Hawaii State Department of Health	Injury Prevention & Safety	12/20/2012
<b>David Sakamoto</b> Deputy Director, Health Services, Hawaii State Department of Health	Mental Health & Mental Disorders	12/12/2012
<b>Emilie Smith</b> Administrator, CareResource Hawaii	Older Adults & Aging Transportation	12/6/2012
<b>Hardy Spoehr</b> Executive Director, Papa Ola Lokahi	Access to Health Services Social Environment	12/19/2012
<b>Lori Suan</b> Executive Director, American Heart Association, Hawaii Chapter	Heart Disease	12/10/2012
<b>Dr. Jackie Young</b> Chief Staff Officer, High Plains Division, American Cancer Society Hawaii Site	Cancer	12/26/2012
<b>Ken Zeri</b> President & CEO, Hospice Hawaii	Older Adults & Aging	12/6/2012

## Attempted Interviews

Following the nomination and voting process, individuals from the following organizations were attempted to be reached but were unavailable for interview.

Organization	Expertise
Aloha United Way	Social Environment



## Appendix D: Identified Community Resources

### Statewide Health-Related Resources Identified from Aloha United Way<sup>23</sup>

The following list includes selected resources available to residents of the State of Hawaii, as identified from Aloha United Way. However, it is not an exhaustive directory of all statewide programs. To find more resources, please visit <http://www.auw211.org/>.

Topic Area(s)	Organization/Program	URL	Phone
Access to Health Services	DISABILITY & COMMUNICATION ACCESS BOARD	<a href="http://www.state.hi.us/health/dcab/home/index.htm">http://www.state.hi.us/health/dcab/home/index.htm</a>	(808)586-8121
Access to Health Services	DISABLED RIGHTS LEGAL PROJECT		(808)585-0920
Access to Health Services; Transportation	EYE OF THE PACIFIC GUIDE DOGS FOUNDATION	<a href="http://www.eyeofthepacific.org">www.eyeofthepacific.org</a>	(808)941-1088
Access to Health Services; Substance Abuse	HAWAII TOBACCO QUITLINE	<a href="http://www.callitquitshawaii.org">www.callitquitshawaii.org</a>	
Cancer	AMERICAN CANCER SOCIETY	<a href="http://www.cancer.org">www.cancer.org</a>	(808)595-7544
Cancer	BCCCP - BREAST AND CERVICAL CANCER CONTROL PROGRAM	<a href="http://www.queens.org">www.queens.org</a>	
Cancer	THE LEUKEMIA & LYMPHOMA SOCIETY	<a href="http://www.lls.org/aboutlls/chapters/sd/">www.lls.org/aboutlls/chapters/sd/</a>	(808)534-1222
Cancer	US TOO INTERNATIONAL AND NATIONAL ALLIANCE OF STATE PROSTATE CANCER COALITIONS	<a href="http://www.naspc.org/hawaii">www.naspc.org/hawaii</a>	(808)521-2630
Cancer; Access to Health Services	CANCER INFORMATION SERVICE	<a href="http://www.cancer.gov">www.cancer.gov</a>	1-800-4-CANCER (1-800-422-6237)
Children's Health	CHILD & FAMILY SERVICES	<a href="http://www.childandfamilyservice.org">www.childandfamilyservice.org</a>	
Children's Health	HAWAII KIDS COUNT	<a href="http://uhfamily.hawaii.edu/projects/kidscount/home.aspx">http://uhfamily.hawaii.edu/projects/kidscount/home.aspx</a>	
Children's Health	PREVENT CHILD ABUSE HAWAII	<a href="http://www.preventchildabusehawaii.org">www.preventchildabusehawaii.org</a>	(808)951-0200
Diabetes	AMERICAN DIABETES ASSOCIATION - HI	<a href="http://www.diabetes.org">www.diabetes.org</a>	
Diabetes	NATIONAL KIDNEY FOUNDATION OF HAWAII - OAHU	<a href="http://www.kidneyhi.org">www.kidneyhi.org</a>	(808)593-1515
Diabetes; Children's Health	JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - HAWAII CHAPTER	<a href="http://www.jdrfhawaii.org">www.jdrfhawaii.org</a>	(808)988-1000
Education	OUTREACH COLLEGE	<a href="http://www.outreach.hawaii.edu">www.outreach.hawaii.edu</a>	(808)956-7221
Exercise, Nutrition, & Weight	EXPANDED FOOD & NUTRITION EDUC-OAHU	<a href="http://www.ctahr.hawaii.edu/site/Extprograms.aspx">www.ctahr.hawaii.edu/site/Extprograms.aspx</a>	(808)956-7138
Exercise, Nutrition, & Weight	OVEREATERS ANONYMOUS - HAWAII	<a href="http://www.oa.org">www.oa.org</a>	(808)737-3469
Heart Disease & Stroke	REHABILITATION HOSPITAL OF THE PACIFIC - STROKE PROGRAM	<a href="http://www.rehabhospital.org">www.rehabhospital.org</a>	(808)531-3511

<sup>23</sup> Data was accessed February 2013

<b>Topic Area(s)</b>	<b>Organization/Program</b>	<b>URL</b>	<b>Phone</b>
Heart Disease & Stroke; Education	LAST MINUTE CPR & FIRST AID	<a href="http://www.lastminutecpr.com">www.lastminutecpr.com</a>	(808)671-4100
Immunizations & Infectious Diseases	HIV EARLY INTERVENTION SERVICES	<a href="http://www.waikikihc.org">www.waikikihc.org</a>	(808)926-0742 (808)791-9387
Injury Prevention & Safety	BRAIN INJURY ASSOCIATION OF HAWAII	<a href="http://www.biausa.org/hawaii">http://www.biausa.org/hawaii</a>	(808)791-6942
Injury Prevention & Safety; Social Environment	HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE	<a href="http://www.hscadv.org">www.hscadv.org</a>	
Injury Prevention & Safety; Substance Abuse	MADD HAWAII	<a href="http://www.madd.org/local-offices/hi/">http://www.madd.org/local-offices/hi/</a>	(808)532-6232
Injury Prevention & Safety; Social Environment	OHIA DOMESTIC VIOLENCE SHELTER	<a href="http://www.pacthawaii.org/ohia.html">http://www.pacthawaii.org/ohia.html</a>	(808)526-2200
Maternal, Fetal & Infant Health	H-KISS	<a href="http://hawaii.gov/health/family-child-health/eis">http://hawaii.gov/health/family-child-health/eis</a>	(808)594-0066
Maternal, Fetal & Infant Health	LA LECHE LEAGUE	<a href="http://www.llnocal.org/groups/Hawaii.html">www.llnocal.org/groups/Hawaii.html</a>	(808)325-3055
Maternal, Fetal & Infant Health	PARENT LINE	<a href="http://www.theparentline.org">www.theparentline.org</a>	(808)526-1222
Mental Health	NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) - HAWAII	<a href="http://www.namihawaii.org">www.namihawaii.org</a>	(808)591-1297
Mental Health	WARM LINES	<a href="http://www.unitedselfhelp.org">www.unitedselfhelp.org</a>	(808)931-6444
Older Adults & Aging	AGING, EXECUTIVE OFFICE ON	<a href="http://www.hawaii.gov/health/eoa/index.html">www.hawaii.gov/health/eoa/index.html</a>	(808)586-0100
Older Adults & Aging	ALZHEIMER'S ASSOCIATION - ALOHA CHAPTER	<a href="http://www.alz.org/hawaii/">http://www.alz.org/hawaii/</a>	(808)591-2771
Older Adults & Aging	CTR ON AGING, OFFICE OF PUBLIC HEALTH STUDIES	<a href="http://www.hawaii.edu/aging">www.hawaii.edu/aging</a>	(808)956-5001
Older Adults & Aging	LEJ DISABILITY VETERANS PROJECT	<a href="http://www.lejdisability.org">www.lejdisability.org</a>	(888) 557-9789
Oral Health	HAWAII DENTAL ASSOCIATION	<a href="http://www.hawaiidentalassociation.net/">www.hawaiidentalassociation.net/</a>	(808)593-7956
Organ Donation	LEGACY OF LIFE HAWAII	<a href="http://www.legacyoflifehawaii.org">www.legacyoflifehawaii.org</a>	(808)599-7630
Other Chronic Conditions	ARTHRITIS FOUNDATION, HAWAII BRANCH	<a href="http://www.arthritis.org">www.arthritis.org</a>	(808)596-2900
Other Chronic Conditions	AUTISM SOCIETY OF HAWAII	<a href="http://www.autismhi.org/">www.autismhi.org/</a>	(808)228-0122
Other Chronic Conditions	EPILEPSY FOUNDATION OF HAWAII	<a href="http://www.hawaiiepilepsy.com">www.hawaiiepilepsy.com</a>	(808)528-3058
Other Chronic Conditions	LUPUS FOUNDATION, HAWAII	<a href="http://www.lupushawaii.org">www.lupushawaii.org</a>	
Social Environment	OFFICE OF HAWAIIAN AFFAIRS - OAHU	<a href="http://www.oha.org">www.oha.org</a>	(808)594-1888
Social Environment; Economy	HAWAI'I HOTEL & LODGING ASSOCIATION	<a href="http://www.hawaiihotels.org">www.hawaiihotels.org</a>	(808)923-0407
Substance Abuse	COALITION FOR A DRUG-FREE HAWAII	<a href="http://www.drugfreehawaii.org">www.drugfreehawaii.org</a>	

Topic Area(s)	Organization/Program	URL	Phone
Substance Abuse; Teen & Adolescent Health	COALITION FOR A TOBACCO-FREE HAWAII	<a href="http://www.tobaccofreehawaii.org">www.tobaccofreehawaii.org</a>	

## Health-Related Resources Identified by Hawaii Department of Health

The following list includes organizations that have active contracts with the Hawaii Department of Health in 2013.

Geography	Topic Area(s)	Organization/Program
Hawaii County	Access to Health Services; Family Planning	HAWAII ISLAND HIV/AIDS FOUNDATION
Hawaii County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - HILO/PUNA
Hawaii County	Children's Health; Access to Health Services	FAMILY SUPPORT SERVICES OF WEST HAWAII - KAU
Hawaii County	Children's Health; Access to Health Services	FAMILY SUPPORT SERVICES OF WEST HAWAII - KOHALA/HAMAKUA
Hawaii County	Environment	COUNTY OF HAWAII
Hawaii County	Environment	COUNTY OF HAWAII DEPARTMENT OF FINANCE
Hawaii County	Environment	COUNTY OF HAWAII DEPARTMENT OF WATER SUPPLY
Hawaii County	Environment	HAWAII RURAL WATER ASSOCIATION
Hawaii County	Environment	HAWAIIAN BEACHES
Hawaii County	Environment	HAWAIIAN SHORES
Hawaii County	Environment	KAWELA PLANTATION
Hawaii County	Environment	RURAL COMMUNITY ASSISTANCE CORPORATION
Hawaii County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	BAY CLINIC, INC.
Hawaii County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	FAMILY PLANNING EDUCATION SERVICES
Hawaii County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	HAMAKUA HEALTH CENTER
Hawaii County	Maternal, Fetal & Infant Health; Children's Health	FAMILY SUPPORT SERVICES OF WEST HAWAII
Hawaii County	Mental Health	ALAKAI NA KEIKI, INC (EAST HAWAII)
Hawaii County	Mental Health	ALAKAI NA KEIKI, INC (WEST HAWAII)
Hawaii County	Mental Health	TIFFE (EAST HAWAII)
Hawaii County	Mental Health	TIFFE (WEST HAWAII)
Hawaii County	Substance Abuse	BISAC
Hawaii County	Substance Abuse	HAWAII COUNTY POLICE DEPT.
Hawaii County	Substance Abuse	HAWAII SPEED AND QUICKNESS
Hawaii County	Substance Abuse; Family Planning	BISAC
Hawaii State	Access to Health Services	HAWAII ISLAND HIV/AIDS FOUNDATION

<b>Geography</b>	<b>Topic Area(s)</b>	<b>Organization/Program</b>
Hawaii State	Access to Health Services	LIFE FOUNDATION
Hawaii State	Access to Health Services; Family Planning	AIDS COMMUNITY CARE TEAM
Hawaii State	Children's Health; Access to Health Services	EASTER SEALS HAWAII
Hawaii State	Children's Health; Access to Health Services	UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII
Hawaii State	Environment	HAWAII ASSOCIATION OF CONSERVATION DISTRICTS
Hawaii State	Environment	HEALTHY HAWAII COALITION
Hawaii State	Environment	SURFRIDER FOUNDATION
Hawaii State	Immunizations & Infectious Diseases; Social Environment	PCF VIRTUAL
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	HEALTHY MOTHERS, HEALTHY BABIES COALITION OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	PLANNED PARENTHOOD OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	UNIVERSITY OF HAWAII AT MANOA/LEEWARD COMMUNITY COLLEGE
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	UNIVERSITY OF HAWAII HILO
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	BOYS AND GIRLS CLUB OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	CATHOLIC CHARITIES OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	CHILD AND FAMILY SERVICE
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	CHILD AND FAMILY SERVICE KAUAI
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	FAMILY SUPPORT SERVICES OF WEST HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	THE INSTITUTE FOR FAMILY ENRICHMENT
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	YWCA OF HAWAII ISLAND
Hawaii State	Mental Health	CATHOLIC CHARITIES HAWAII
Hawaii State	Mental Health	CHILD AND FAMILY SERVICE
Hawaii State	Substance Abuse	ALCOHOLIC REHABILITATION SERVICES OF HI
Hawaii State	Substance Abuse	BOYS AND GIRLS CLUB OF THE BIG ISLAND
Hawaii State	Substance Abuse	COALITION FOR A DRUG-FREE HAWAII
Hawaii State	Substance Abuse	COMMUNITY HEALTH OUTREACH WORK PROJECT
Hawaii State	Substance Abuse	SALVATION ARMY ATS
Hawaii State	Substance Abuse	SALVATION ARMY FIS
Hawaii State	Substance Abuse	THE INSTITUTE FOR FAMILY ENRICHMENT
Hawaii State	Substance Abuse	UH CANCER CENTER
Hawaii State	Substance Abuse	UNIVERSITY OF HAWAII
Hawaii State	Substance Abuse	UNIVERSITY OF HAWAII-HILO
Hawaii State	Substance Abuse; Family Planning	CHILD & FAMILY SVCS

<b>Geography</b>	<b>Topic Area(s)</b>	<b>Organization/Program</b>
Hawaii State	Substance Abuse; Mental Health	SALVATION ARMY FTS
Hawaii State	Substance Abuse; Older Adults & Aging	CATHOLIC CHARITIES HAWAII
Hawaii State	Substance Abuse; Teen & Adolescent Health	BOYS AND GIRLS CLUB OF HAWAII
Honolulu County	Access to Health Services	ALOHA HOUSE, INC.
Honolulu County	Access to Health Services	LIFE FOUNDATION
Honolulu County	Children's Health; Access to Health Services	ACES
Honolulu County	Children's Health; Access to Health Services	ALAKAI NA KEIKI, INC.
Honolulu County	Children's Health; Access to Health Services	B.C.P., INC. DBA BAYADA HOME HEALTH CARE
Honolulu County	Children's Health; Access to Health Services	CARE HAWAII, INC.
Honolulu County	Children's Health; Access to Health Services	COMPREHENSIVE AUTISM SERVICES & EDUCATION, INC. DBA C.A.S.E., INC.
Honolulu County	Children's Health; Access to Health Services	DEBORAH T. TOM DBA DEBORAH T. TOM, MS, PT
Honolulu County	Children's Health; Access to Health Services	DR. BRENDA LOVETTE DBA LOKAHI CONSULTING GROUP, INC.
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - HONOLULU CENTRAL
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - HONOLULU EAST
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - KAILUA
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - KAPOLEI
Honolulu County	Children's Health; Access to Health Services	HAWAII BEHAVIORAL HEALTH, LLC
Honolulu County	Children's Health; Access to Health Services	HELPING HANDS HAWAII
Honolulu County	Children's Health; Access to Health Services	IMUA FAMILY SERVICES
Honolulu County	Children's Health; Access to Health Services	JHEE KIM NGUYEN
Honolulu County	Children's Health; Access to Health Services	JUNE UYEHARA ISONO, INC. DBA AUDIOLOGY CONSULTANT AND SERVICES
Honolulu County	Children's Health; Access to Health Services	KAPIOLANI MEDICAL SPECIALISTS
Honolulu County	Children's Health; Access to Health Services	MARY MARASOVICH DBA OAHU SPEECH LANGUAGE PATHOLOGY CONSULTANTS
Honolulu County	Children's Health; Access to Health Services	PACIFIC GATEWAY CENTER
Honolulu County	Children's Health; Access to Health Services	QUALITY BEHAVIORAL OUTCOMES, LLC
Honolulu County	Children's Health; Access to Health Services	SAYURI'S NUTRITIONAL CONSULTATION, LLC
Honolulu County	Children's Health; Access to Health Services	THE INSTITUTE FOR FAMILY ENRICHMENT, LLC
Honolulu County	Children's Health; Access to Health Services	WAIANAE COAST EARLY CHILDHOOD SERVICES, INC. - WAIANAE
Honolulu County	Environment	CITY & COUNTY OF HONOLULU
Honolulu County	Environment	HUI O KO'OLAUPOKO
Honolulu County	Environment	OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL
Honolulu County	Environment	SUSTAINABLE RESOURCES GROUP INTERNATIONAL, INC.
Honolulu County	Environment	TOWNSCAPE, INC.
Honolulu County	Immunizations & Infectious Diseases; Children's Health	NA KAHU MALAMA NURSES, INC.

<b>Geography</b>	<b>Topic Area(s)</b>	<b>Organization/Program</b>
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	CHILD AND FAMILY SERVICE
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	COMMUNITY CLINIC OF MAUI
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KALIHI PALAMA HEALTH CENTER
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KOKUA KALIHI VALLEY
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KOOLAULOA HEALTH AND WELLNESS CENTER
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	MOLOKAI GENERAL HOSPITAL
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	WAIANAE COAST DISTRICT COMPREHENSIVE
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	WAIKIKI HEALTH CENTER
Honolulu County	Maternal, Fetal & Infant Health; Children's Health	CHILD AND FAMILY SERVICE
Honolulu County	Maternal, Fetal & Infant Health; Children's Health	THE INSTITUTE FOR FAMILY ENRICHMENT
Honolulu County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	WAIANAE COAST COMPREHENSIVE HEALTH SERVICES
Honolulu County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	WAIMANALO HEALTH CENTER
Honolulu County	Mental Health	ALAKAI NA KEIKI, INC (CENTRAL OAHU)
Honolulu County	Mental Health	ALAKAI NA KEIKI, INC (HONOLULU)
Honolulu County	Mental Health	ALAKAI NA KEIKI, INC (LEEWARD OAHU)
Honolulu County	Mental Health	ALOHA HOUSE, INC
Honolulu County	Mental Health	ALOHA HOUSE, INC (CR - CRISIS MOBILE)
Honolulu County	Mental Health	BENCHMARK BEHAVIORAL HEALTH, INC. (ANCILLARY)
Honolulu County	Mental Health	BOBBY BENSON CENTER
Honolulu County	Mental Health	BREAKING BOUNDARIES
Honolulu County	Mental Health	CARE HAWAII, INC.
Honolulu County	Mental Health	CARE HAWAII, INC. (CR - CRISIS MOBILE)
Honolulu County	Mental Health	CASTLE MEDICAL CENTER
Honolulu County	Mental Health	CHILD AND FAMILY SERVICE (CR - CRISIS MOBILE)
Honolulu County	Mental Health	CHILD AND FAMILY SERVICE
Honolulu County	Mental Health	CHILD AND FAMILY SERVICE (CR - CRISIS MOBILE)
Honolulu County	Mental Health	COMMUNITY EMPOWERMENT RESOURCES

<b>Geography</b>	<b>Topic Area(s)</b>	<b>Organization/Program</b>
Honolulu County	Mental Health	HALE KIPA, INC.
Honolulu County	Mental Health	HAWAII BEHAVIORAL HEALTH, LLC
Honolulu County	Mental Health	HAWAII BEHAVIORAL HEALTH, LLC (CR - MTFC)
Honolulu County	Mental Health	HAWAII FAMILIES AS ALLIES (BG30&31)
Honolulu County	Mental Health	HAWAII FAMILIES AS ALLIES(PK)
Honolulu County	Mental Health	HELPING HANDS HAWAII
Honolulu County	Mental Health	HOPE SERVICES OF HAWAII, INC.
Honolulu County	Mental Health	MARIMED FOUNDATION FOR ISLAND HEALTH CARE TRAINING
Honolulu County	Mental Health	MENTAL HEALTH KOKUA
Honolulu County	Mental Health	NORTH SHORE MENTAL HEALTH, INC.
Honolulu County	Mental Health	PARENTS AND CHILDREN TOGETHER (CR - FFT)
Honolulu County	Mental Health	PARENTS AND CHILDREN TOGETHER (EAST OAHU)
Honolulu County	Mental Health	PARENTS AND CHILDREN TOGETHER (WEST OAHU)
Honolulu County	Mental Health	PO'AILANI, INC.
Honolulu County	Mental Health	SPECIAL EDUCATION CENTER OF HAWAII
Honolulu County	Mental Health	STEADFAST HOUSING DEVELOPMENT CORP.
Honolulu County	Mental Health	SUSANNAH WESLEY COMMUNITY CENTER
Honolulu County	Mental Health	TALAVERA, ELSA
Honolulu County	Mental Health	THE INSTITUTE FOR FAMILY ENRICHMENT (TIFFE)
Honolulu County	Mental Health	TIFFE
Honolulu County	Mental Health	TIFFE- COST REIMB (FFT)
Honolulu County	Mental Health	WAIANAEO COAST COMMUNITY MENTAL HEALTH CENTER, INC.
Honolulu County	Substance Abuse	ALOHA HOUSE, INC.
Honolulu County	Substance Abuse	BRIDGE HOUSE
Honolulu County	Substance Abuse	C&C OF HONOLULU POLICE DEPT.
Honolulu County	Substance Abuse	CARE HAWAII
Honolulu County	Substance Abuse	CITY AND COUNTY OF HONOLULU
Honolulu County	Substance Abuse	HINA MAUKA
Honolulu County	Substance Abuse	HO'OMAU KE OLA
Honolulu County	Substance Abuse	HOA AINA O MAKAHA
Honolulu County	Substance Abuse	KA HALE POMAIIKAI
Honolulu County	Substance Abuse	KLINE WELSH
Honolulu County	Substance Abuse	KU ALOHA OLA MAU
Honolulu County	Substance Abuse	OXFORD HOUSE
Honolulu County	Substance Abuse	PARENTS AND CHILDREN TOGETHER
Honolulu County	Substance Abuse	SALVATION ARMY ATS
Honolulu County	Substance Abuse	WAIKIKI HEALTH CENTER

<b>Geography</b>	<b>Topic Area(s)</b>	<b>Organization/Program</b>
Honolulu County	Substance Abuse	WAIMANALO HEALTH CENTER
Honolulu County	Substance Abuse; Family Planning	MALAMA NA MAKUA
Honolulu County	Substance Abuse; Mental Health	ALOHA HOUSE, INC.
Honolulu County	Substance Abuse; Mental Health	HINA MAUKA
Honolulu County	Substance Abuse; Mental Health	KLINE WELSH
Honolulu County	Substance Abuse; Mental Health	OHANA MAKAMAE
Honolulu County	Substance Abuse; Mental Health	QUEENS MEDICAL CTR
Honolulu County	Substance Abuse; Teen & Adolescent Health	ALOHA HOUSE, INC.
Honolulu County	Substance Abuse; Teen & Adolescent Health	ALU LIKE, INC.
Honolulu County	Substance Abuse; Teen & Adolescent Health	BISAC
Honolulu County	Substance Abuse; Teen & Adolescent Health	CARE HAWAII
Honolulu County	Substance Abuse; Teen & Adolescent Health	FAMILY EDUCATION CENTER OF HAWAII
Honolulu County	Substance Abuse; Teen & Adolescent Health	HALE HO'OKUPA'A
Honolulu County	Substance Abuse; Teen & Adolescent Health	HINA MAUKA
Honolulu County	Substance Abuse; Teen & Adolescent Health	MYFS
Honolulu County	Substance Abuse; Teen & Adolescent Health	OHANA MAKAMAE
Honolulu County	Substance Abuse; Teen & Adolescent Health	PO'AILANI
Honolulu County	Substance Abuse; Teen & Adolescent Health	TIFFE
Honolulu County	Substance Abuse; Teen & Adolescent Health	YMCA
Kauai County	Access to Health Services	MALAMA PONO HEALTH SERVICES
Kauai County	Access to Health Services; Family Planning	LIFE FOUNDATION
Kauai County	Access to Health Services; Family Planning	MALAMA PONO HEALTH SERVICES
Kauai County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - KAUAI
Kauai County	Environment	COUNTY OF KAUAI
Kauai County	Environment	COUNTY OF KAUAI DEPARTMENT OF WATER
Kauai County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KAUAI COMMUNITY COLLEGE
Kauai County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KAUAI RURAL HEALTH
Kauai County	Mental Health	HALE OPIO KAUAI, INC.
Kauai County	Mental Health	PARENTS AND CHILDREN TOGETHER (KAUAI)
Kauai County	Substance Abuse	KAUAI COUNTY POLICE DEPT.
Maui County	Access to Health Services	PHARMACY CORPORATION OF AMERICA DBA PHARMERICA
Maui County	Access to Health Services	UNIVERSITY, CLINICAL, EDUCATION AND RESEARCH ASSOCIATES
Maui County	Access to Health Services; Family Planning	MAUI AIDS FOUNDATION
Maui County	Children's Health; Access to Health Services	IMUA FAMILY SERVICES - LANAI
Maui County	Children's Health; Access to Health Services	IMUA FAMILY SERVICES - MAUI



<b>Geography</b>	<b>Topic Area(s)</b>	<b>Organization/Program</b>
Maui County	Environment	CENTRAL MAUI SOIL & WATER CONSERVATION DISTRICT
Maui County	Environment	COUNTY OF MAUI
Maui County	Environment	KAHOOLAWE ISLAND RESERVE COMMISSION
Maui County	Environment	LANAI INSTITUTE FOR THE ENVIRONMENT
Maui County	Environment	MAUI DEPARTMENT OF WATER SUPPLY
Maui County	Environment	RRR RECYCLING SERVICES HAWAII
Maui County	Environment	WEST MAUI LAND COMPANY, INC.
Maui County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	LANAI WOMEN'S HEALTH CENTER
Maui County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	MAUI COMMUNITY COLLEGE
Maui County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	MOLOKAI GENERAL HOSPITAL
Maui County	Maternal, Fetal & Infant Health; Children's Health	MAUI FAMILY SUPPORT SERVICES
Maui County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	MAUI FAMILY SUPPORT SERVICES, INC.
Maui County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	MOLOKAI OHANA HEALTH CARE, INC.
Maui County	Mental Health	ALAKAI NA KEIKI, INC (MAUI)
Maui County	Mental Health	MAUI YOUTH AND FAMILY SERVICES, INC.
Maui County	Mental Health	PARENTS AND CHILDREN TOGETHER (MAUI)
Maui County	Substance Abuse	MAUI COUNTY POLICE DEPT.
Maui County	Substance Abuse	MAUI ECONOMIC OPPORTUNITY, INC.
Maui County	Substance Abuse; Teen & Adolescent Health	MAUI YOUTH AND FAMILY SERVICES
<i>unknown</i>	<i>unknown</i>	ALAKAI NA KEIKI, INC (EAST HAWAII)
<i>unknown</i>	<i>unknown</i>	ALCOHOLIC REHABILITATION SERVICES OF HI
<i>unknown</i>	<i>unknown</i>	ALOHA HOUSE, INC.
<i>unknown</i>	<i>unknown</i>	BAY CLINIC, INC.
<i>unknown</i>	<i>unknown</i>	BISAC
<i>unknown</i>	<i>unknown</i>	BOBBY BENSON CENTER
<i>unknown</i>	<i>unknown</i>	BRIDGE HOUSE
<i>unknown</i>	<i>unknown</i>	C&C OF HONOLULU
<i>unknown</i>	<i>unknown</i>	CATHOLIC CHARITIES HAWAII
<i>unknown</i>	<i>unknown</i>	CATHOLIC CHARITIES OF HAWAII
<i>unknown</i>	<i>unknown</i>	CHILD & FAMILY SVCS
<i>unknown</i>	<i>unknown</i>	CHILD AND FAMILY SERVICE
<i>unknown</i>	<i>unknown</i>	CHILD AND FAMILY SERVICE KAUAI

<b>Geography</b>	<b>Topic Area(s)</b>	<b>Organization/Program</b>
<i>unknown</i>	<i>unknown</i>	COALITION FOR A DRUG-FREE HAWAII
<i>unknown</i>	<i>unknown</i>	COMMUNITY CLINIC OF MAUI
<i>unknown</i>	<i>unknown</i>	FAMILY PLANNING EDUCATION SERVICES
<i>unknown</i>	<i>unknown</i>	FAMILY SUPPORT SERVICES OF WEST HAWAII
<i>unknown</i>	<i>unknown</i>	HALE KIPA, INC.
<i>unknown</i>	<i>unknown</i>	HAMAKUA HEALTH CENTER
<i>unknown</i>	<i>unknown</i>	HAWAII ASSOCIATION OF CONSERVATION DISTRICTS
<i>unknown</i>	<i>unknown</i>	HAWAII BEHAVIORAL HEALTH, LLC
<i>unknown</i>	<i>unknown</i>	HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE
<i>unknown</i>	<i>unknown</i>	HEALTHY MOTHERS, HEALTHY BABIES COALITION OF HAWAII
<i>unknown</i>	<i>unknown</i>	HINA MAUKA
<i>unknown</i>	<i>unknown</i>	HO'OMAU KE OLA
<i>unknown</i>	<i>unknown</i>	J. WALTER CAMERON CENTER
<i>unknown</i>	<i>unknown</i>	JACKSON & COKER LOCUM TENENS, LLC
<i>unknown</i>	<i>unknown</i>	KA HALE POMAIIKAI
<i>unknown</i>	<i>unknown</i>	KALIHI PALAMA HEALTH CENTER
<i>unknown</i>	<i>unknown</i>	KAUAI COMMUNITY COLLEGE
<i>unknown</i>	<i>unknown</i>	KAUAI RURAL HEALTH
<i>unknown</i>	<i>unknown</i>	KLINE WELSH
<i>unknown</i>	<i>unknown</i>	KOKUA KALIHI VALLEY
<i>unknown</i>	<i>unknown</i>	KOOLAULOA HEALTH AND WELLNESS CENTER
<i>unknown</i>	<i>unknown</i>	KU ALOHA OLA MAU
<i>unknown</i>	<i>unknown</i>	LANAI WOMEN'S HEALTH CENTER
<i>unknown</i>	<i>unknown</i>	MALAMA NA MAKUA
<i>unknown</i>	<i>unknown</i>	MARIMED FOUNDATION FOR ISLAND HEALTH CARE TRAINING
<i>unknown</i>	<i>unknown</i>	MAUI COMMUNITY COLLEGE
<i>unknown</i>	<i>unknown</i>	MAUI FAMILY SUPPORT SERVICES
<i>unknown</i>	<i>unknown</i>	MOLOKAI GENERAL HOSPITAL
<i>unknown</i>	<i>unknown</i>	OHANA MAKAMAE
<i>unknown</i>	<i>unknown</i>	OXFORD HOUSE
<i>unknown</i>	<i>unknown</i>	PARENTS AND CHILDREN TOGETHER (CR - FFT)
<i>unknown</i>	<i>unknown</i>	PLANNED PARENTHOOD OF HAWAII
<i>unknown</i>	<i>unknown</i>	QUEENS MEDICAL CTR
<i>unknown</i>	<i>unknown</i>	SALVATION ARMY ATS
<i>unknown</i>	<i>unknown</i>	SALVATION ARMY FIS
<i>unknown</i>	<i>unknown</i>	SALVATION ARMY FTS
<i>unknown</i>	<i>unknown</i>	STEADFAST HOUSING DEVELOPMENT CORP.

Geography	Topic Area(s)	Organization/Program
<i>unknown</i>	<i>unknown</i>	THE QUEEN'S MEDICAL CENTER
<i>unknown</i>	<i>unknown</i>	TIFFE
<i>unknown</i>	<i>unknown</i>	UNIVERSITY OF HAWAII
<i>unknown</i>	<i>unknown</i>	UNIVERSITY OF HAWAII HILO
<i>unknown</i>	<i>unknown</i>	WAIANAEO COAST DISTRICT COMPREHENSIVE
<i>unknown</i>	<i>unknown</i>	WAIKIKI HEALTH CENTER
<i>unknown</i>	<i>unknown</i>	WAIMANALO HEALTH CENTER
<i>unknown</i>	<i>unknown</i>	WEST HAWAII COMMUNITY HEALTH CENTER

### State of Hawaii Licensed Health Care Facilities Reported by the Centers for Medicare & Medicaid Services<sup>24</sup>

The following list includes the places of service reported by the Centers for Medicare & Medicaid Services for the State of Hawaii. However, it is not an exhaustive directory of all facilities in the county.

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	BIG ISLAND ENDOSCOPY CENTER, LLC	64-5188 KINOHOU STREET KAMUELA HI 96743
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HILO COMMUNITY SURGERY CENTER	82 PU'UHONU PLACE, SUITE 100 HILO HI 96720
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	KONA AMBULATORY SURGERY CENTER, LLC	75-5905 WALUA ROAD, UNIT 4 KAILUA KONA HI 96740
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	THE ENDOSCOPY CENTER, LLC	134 PUUHONU WAY HILO HI 96720
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC-KONA DIALYSIS	78-6831 ALII DRIVE, SUITE 336 KAILUA KONA HI 96740
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII LLC HILO DIALYSIS FACILITY	140 RAINBOW DRIVE HILO HI 96720
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-NORTH HAWAII, LLC	67-1123 MAMALAOHOA HIGHWAY, SUITE 112 KAMUELA HI 96743
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	NORTH HAWAII DIALYSIS CENTER	67-1123 MAMALAOHOA HIGHWAY KAMUELA HI 96743
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	ST FRANCIS MEDICAL CENTER - KONA DIALYSIS FACILITY	79-1020 HAUKAPILA STREET, #213 KEALAKEKUA HI 96750

<sup>24</sup> The Centers for Medicare & Medicaid Services published this list in the 4<sup>th</sup> Quarter of 2012.

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	ST FRANCIS MEDICAL CENTER-HILO DIALYSIS FACILITY	140 RAINBOW DRIVE HILO HI 96720
Hawaii County	Extension or Branch	OPT EXTENSION	HAWAIIAN REHABILITATION SERVICES, INC	68-1845 WAIKOLOA ROAD, SUITE 211 WAIKOLOA HI 96738
Hawaii County	Extension or Branch	OPT EXTENSION	HAWAIIAN REHABILITATION SERVICES, INC.	54-383 HOSPITAL ROAD KAPAAU HI 96755
Hawaii County	Extension or Branch	OPT EXTENSION	HAWAIIAN REHABILITATION SERVICES, INC.	65-1230 MAMALAHOA HIGHWAY, SUITE E-11 KAMUELA HI 96743
Hawaii County	Extension or Branch	OPT EXTENSION	REHAB AT KAILUA - KONA	74-5620 A PALANI ROAD SUITE 101 KAILUA KONA HI 96740
Hawaii County	Extension or Branch	OPT EXTENSION	REHAB AT KONA	79-7430 MAMALAHOA HIGHWAY KEALAKEKUA HI 96750
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	BAY CLINIC	311 KALANIA NAOLE HILO HI 96720
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	BAY CLINIC FAMILY HEALTH CENTER	73 PU'UHONU PLAZA, ROOM 204 HILO HI 96720
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	BAY CLINIC MOBILE HEALTH	95-5583 MAMALAHOA HIGHWAY NAALEHU HI 96772
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	HAMAKUA HEALTH CENTER	45-549 PLUMERIA STREET HONOKAA HI 96727
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KA U FAMILY HEALTH CTR	95-5583 MAMALALOA HWY NAALEHU HI 96772
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KEAAU FAMILY HEALTH CENTER	16-192 PILIMUA STREET KEAAU HI 96749
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOHALA FAMILY HEALTH CENTER	53-3925 AKONI PULE HIGHWAY KAPAAU HI 96755
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	PAHOA FAMILY HEALTH	3 GOVERNMENT ROAD PAHOA HI 96778
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	PAHOA WOMEN'S HEALTH CENTER	15-2866 PAHOA VILLAGE ROAD, BUILDING F PAHOA HI 96778
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WEST HAWAII COMMUNITY HEALTH CENTER, INC	75-5751 KUAKINI HIGHWAY, SUITE 101A KAILUA KONA HI 96740
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	HILO HOSP HHS-KONA SUB-UNIT	P O BOX 69 KEALAKEKUA HI 96750
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	HILO MEDICAL CENTER HOME CARE	45 MOHOULI STREET, SUITE 201 HILO HI 96720

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE HILO	519 MANONO STREET HILO HI 96720
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE KONA	75 5995 KUAKINI HIGHWAY SUITE KAILUA KONA HI 96740
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	KOHALA HOME HEALTH CARE OF NORTH HI COMM HOSP	67-1125 MAMALAHOA HIGHWAY KAMUELA HI 96743
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	WEST HAWAII HOME HEALTH SERVICES	P O BOX 69 KEALAKEKUA HI 96750
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	WEST HAWAII HOME HEALTH SVCS	82-5899 OLD GOVERNMENT ROAD CAPTAIN COOK HI 96704
Hawaii County	Hospice	HOSPICE	HOSPICE OF HILO	1011 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Hospice	HOSPICE	HOSPICE OF KONA	75-5925 WALUA ROAD, SUITE 101 KAILUA KONA HI 96740
Hawaii County	Hospice	HOSPICE	NORTH HAWAII HOSPICE, INC	65-1328 KAUIHAE ROAD KAMUELA HI 96743
Hawaii County	Hospital	Short Term	HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA HI 96727
Hawaii County	Hospital	Short Term	HILO MEDICAL CENTER	1190 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Hospital	Short Term	KAU HOSPITAL	1 KAMANI STREET PAHALA HI 96777
Hawaii County	Hospital	Short Term	KOHALA HOSPITAL	54-383 HOSPITAL ROAD KAPAAU HI 96755
Hawaii County	Hospital	Short Term	KONA COMMUNITY HOSPITAL	79-1019 HAUKAPILA STREET KEALAKEKUA HI 96750
Hawaii County	Hospital	Short Term	NORTH HAWAII COMMUNITY HOSPITAL	67 1125 MAMALAHOA HIGHWAY KAMUELA HI 96743
Hawaii County	Nursing Facility	TITLE 19 ONLY	HILO HOSPITAL - ICF/DP	1190 WAIANUENUE AVE HILO HI 96720
Hawaii County	Nursing Facility	TITLE 19 ONLY	KOHALA HOSPITAL ICF/DP	P O BOX 10 KAPAAU HI 96755
Hawaii County	Nursing Facility	TITLE 19 ONLY	KONA HOSPITAL SNF/ICF	P O BOX 69 KEALAKEKUA HI 96750
Hawaii County	Nursing Facility	TITLE 19 ONLY	LIFE CARE CENTER OF HILO	944 W KAWAILANI ST HILO HI 96720

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	EASTER SEAL SOCIETY - HILO SVC CTR	49 KAIULANI ST HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HAWAII PHYSICAL THERAPY AND CHIROPRACTIC CLINIC	261 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HAWAIIAN REHABILITATION SERVICES, INC	75-165 HUALALAI ROAD KAILUA KONA HI 96740
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF HILO	116 HUALALAI STREET, SUITE 100 HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT HILO	76 PUUHONU PLACE HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT KAILUA - KONA	75-1029 HENRY STREET SUITE 101 KAILUA KONA HI 96740
Hawaii County	Rural Health Clinic	RURAL HEALTH CLINICS	HAMAKUA HEALTH CENTER INC	45-549 PLUMERIA ROAD HONOKAA HI 96727
Hawaii County	Rural Health Clinic	RURAL HEALTH CLINICS	KAU HOSPITAL RURAL HEALTH CLIN	1 KAMANI STREET PAHALA HI 96777
Hawaii County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	HILO MEDICAL CENTER	1190 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	KEAUHOU REHABILITATION AND HEALTHCARE	78-6957 KAMEHAMEHA III RD KAILUA KONA HI 96740
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE ANUENUE RESTORATIVE CARE	1333 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA HI 96727
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAU HOSPITAL	1 KAMANI STREET PAHALA HI 96777
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KOHALA HOSPITAL	54-383 HOSPITAL ROAD KAPAAU HI 96755
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KONA COMMUNITY HOSPITAL	79-1019 HAUKAPILA STREET KEALAKEKUA HI 96750
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LIFE CARE CENTER OF HILO	944 WEST KAWAILANI STREET HILO HI 96720
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LIFE CARE CENTER OF KONA	78-6957 KAMEHAMEHA III ROAD KAILUA KONA HI 96740
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	YUKIO OKUTSU STATE VETERANS HOME	1180 WAIANUENUE AVENUE HILO HI 96720

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	CATARACT & VISION CENTER OF HAWAII	1712 LILIHA STREET, SUITE 400 HONOLULU HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HAWAII ENDOSCOPY CENTERS LLC	2226 LILIHA STREET #307 HONOLULU HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HAWAIIAN EYE CENTER	606 KILANI AVENUE WAHIAWA HI 96786
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HONOLULU MEDICAL GROUP,THE	550 S BERETANIA ST HONOLULU HI 96813
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HONOLULU SPINE CENTER	500 ALA MOANA BOULEVARD, BUILDING 1, SUITE 301 HONOLULU HI 96813
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	KAISER PERMANENTE HONOLULU CLINIC - ASC	1010 PENSACOLA STREET HONOLULU HI 96814
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	PACIFIC ASC LLC DBA EYE SURGERY CTR OF HAWAII	650 IWILEI RD, SUITE 225 HON HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	PROFESSIONAL PLAZA ASC	1520 LILIHA STREET SUITE 302 HONOLULU HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	SURGICARE OF HAWAII	500 ALA MOANA BOULEVARD, TOWER 1 SUITE 1B HONOLULU HI 96813
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	THE SURGICAL SUITES, LLC	1100 WARD AVENUE, SUITE 1001 HONOLULU HI 96814
Honolulu County	Comprehensive Outpatient Rehab Facility	COMPREHENSIVE OUTPATIENT	CORF OF HAWAII INC	226 N KUAKINI STREET HONOLULU HI 96817
Honolulu County	Comprehensive Outpatient Rehab Facility	COMPREHENSIVE OUTPATIENT	HONOLULU MEDICAL GROUP CORF	550 S BERETANIA ST HONOLULU HI 96813
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	ALOHA DIALYSIS CENTER	1520 LILIHA STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FMC DIALYSIS SERVICES OF KAPOL	555 FARRINGTON HIGHWAY KAPOLEI HI 96707
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FMC-DIALYSIS SERVICES OF PEARLRIDGE	98-1005 MOANALUA ROAD SUITE 420 AIEA HI 96701
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FMC-WINDWARD DIALYSIS CENTER	45-480 KANEOHE BAY DRIVE KANEOHE HI 96744
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FRESENIUS MEDICAL CARE - KAPAHULU	750 PALANI AVENUE HONOLULU HI 96816

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FRESENIUS MEDICAL CARE KO'OLAU	47-388 HUI IWA STREET KANEOHE HI 96744
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	HONOLULU DIALYSIS CENTER	226 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KAIMUKI DIALYSIS FACILITY	3625 HARDING AVENUE HONOLULU HI 96816
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KUAKINI DIDNEY DISEASE CENTER	347 N KUAKINI STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LEEWARD DIALYSIS FACILITY	91-2137 FORT WEAVER ROAD EWA BEACH HI 96706
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC-SIEMSEN DIALYSIS	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC-WAIANAE DIALYSIS	86-080 FARRINGTON HIGHWAY WAIANAE HI 96792
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII - KAILUA DIALYSIS FACILITY	25 KANEOHE BAY DRIVE, SUITE 230 KAILUA HI 96734
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII LLC-LEEWARD DIALYSIS	91-2137 FORT WEAVER ROAD EWA BEACH HI 96706
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII, WAIPAHU DIALYSIS FACILITY	94-450 MOKUOLA STREET, SUITE 109 WAIPAHU HI 96797
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	SIEMSEN DIALYSIS CENTER	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	WAHIAWA DIALYSIS CENTER	850 KILANI AVENUE WAHIAWA HI 96786
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	WAIANAE DIALYSIS SATELLITE FAC	86-080 FARRINGTON HIGHWAY WAIANAE HI 96792
Honolulu County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	1221 KAPIOLANI BOULEVARD, SUITE 730 HONOLULU HI 96814
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	ISLAND WEST CLINIC	607 N KING STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KALIHI PALAMA HEALTH CENTER	89 SOUTH KING STREET HONOLULU HI 96813
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KALIHI-PALAMA HEALTH CENTER	766 N KING ST HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KAPOLEI HEALTH CARE CENTER	525 FARRINGTON HIGHWAY, SUITE 102 KAPOLEI HI 96707



County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER, INC	54-316 KAMEHAMEHA HIGHWAY, SUITE 6 & 7 HAUULA HI 96717
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER, INC	56-119 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTERS	56-565 KAMEHAMEHA HIGHWAY KAHUKU HI 96731
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOKUA KALIHI VALLEY	1846 GULICK AVE HON HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES	1475 LINAPUNI STREET, BLDG A, #105 HONOLULU HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES	1846 GULICK AVENUE HONOLULU HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KPHC BEHAVORAL HEALTH DEPT	952 NORTH KING STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KPHC ICM KOHOU CLINIC	904 KOHOU STREET SUITES 306 & 307 HONOLULU HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KPHC WOMEN & FAMILY SHELTER KAAAHU ST CLINIC	546 KAAAHU STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	LEEWARD PEDIATRICS	87-2070 FARRINGTON HIGHWAY WAIANAЕ HI 96792
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	RIVER OF LIFE MISSION SITE	101 NORTH PAUAHI STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	SAFE HAVEN SITE	41 SOUTH BERENTANIA STREET HONOLULU HI 96813
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	SUMNER STREET CLINIC	350 SUMNER STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIANAЕ COAST COMPREHENSIVE HLTH CTR	86-260 FARRINGTON HIGHWAY WAIANAЕ HI 96792
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER	277 OHUA AVENUE HONOLULU HI 96815
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER	415 KEONIANA STREET HONOLULU HI 96815

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER	407 KAIOLU STREET HONOLULU HI 96815
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER - HO'OLA LIKE PROJECT	KEY PROJECT, 47-200 WAIHE ROAD KANEOHE HI 96744
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIMANALO HEALTH CENTER	41-1347 KALANIANA'OLE HIGHWAY WAIMANALO HI 96795
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIOLA CLINIC	86-120 FARRINGTON HIGHWAY, SUITE 350-B WAIANA'EA HI 96792
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIPAHU FAMILY HEALTH CENTER	94-428 MOKUOLA STREET, SUITE 108-B WAIPAHU HI 96797
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	CARERESOURCE HAWAII	680 IWILEI ROAD, SUITE 660 HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	CARERESOURCE HAWAII	702 SOUTH BERETANIA ST, SUITE 3-A HONOLULU HI 96813
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	CASTLE HOME CARE	46 001 KAMEHAMEHA HIGHWAY, SUITE 212 KANEOHE HI 96744
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	HOSPICE HAWAII INC	860 IWILEI ROAD HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE HONOLULU	1441 KAPIOLANI BLVD SUITE 1320 HONOLULU HI 96814
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KAHUKU HOSPITAL HHA	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KAISER HOME HEALTH AGENCY - OAHU	2828 PA'A STREET #2048 HONOLULU HI 96819
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KAPIOLANI HOME HEALTH SERVICES	94-479 UKE'E STREET, SUITE 201 WAIPAHU HI 96797
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KOKUA NURSES INC	1210 ARTESIAN STREET, SUITE 201 HONOLULU HI 96826
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	MALUHIA HOME HEALTH CARE	1027 HALA DRIVE HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	PRIME CARE SERVICES HAWAII INC	3375 KOAPAKA STREET, SUITE I-570 HONOLULU HI 96819
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	ST FRANCIS HOME CARE SERVICES	2226 LILIHA STREET, SUITE 505 HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	STRAUB HOME HEALTH AGENCY	641 KAILUA ROAD KAILUA HI 96734

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	UPJOHN HOME HEALTH AGENCY	210 WARD AVE HONOLULU HI 96814
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	WAHIAWA GENERAL HOSP HHA	128 LEHUA ST WAHIAWA HI 96786
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	WAHIAWA GENERAL HOSPITAL HHA	1008 CALIFORNIA AVENUE, UNIT A101 WAHIAWA HI 96786
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	WAIANAEO COAST COMPREHENSIVE HEALTH CTR	86-260 FARRINGTON HIGHWAY WAIANAEO HI 96792
Honolulu County	Hospice	HOSPICE	BRISTOL HOSPICE - HAWAII, LLC	500 ALA MOANA BOULEVARD, SUITE 4-545 AND 547 HONOLULU HI 96813
Honolulu County	Hospice	HOSPICE	HOSPICE HAWAII	860 IWILEI RD HONOLULU HI 96817
Honolulu County	Hospice	HOSPICE	ISLANDS HOSPICE	560 NORTH NIMITZ HIGHWAY, SUITE 204 HONOLULU HI 96817
Honolulu County	Hospice	HOSPICE	ST FRANCIS HOSPICE	24 PUIWA ROAD HONOLULU HI 96817
Honolulu County	Hospital		HALE MOHALU HOSP	PEARL CITY HI 96782
Honolulu County	Hospital		SHRINERS HOSPITALS FOR CHILDREN	1310 PUNAHOU STREET HONOLULU HI 96826
Honolulu County	Hospital		VA PACIFIC ISLANDS HCS	459 PATTERSON ROAD HONOLULU HI 96819
Honolulu County	Hospital		WAIMANO TRAINING SCHOOL & HOSP	PEARL CITY HI 96782
Honolulu County	Hospital	Childrens	KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	1319 PUNAHOU STREET HONOLULU HI 96826
Honolulu County	Hospital	Childrens	SHRINERS HOSPITAL FOR CHILDREN	1310 PUNAHOU STREET HONOLULU HI 96826
Honolulu County	Hospital	Critical Access Hospitals	KAHUKU MEDICAL CENTER	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Hospital	Long Term	LEAHI HOSPITAL	3675 KILAUEA AVENUE HONOLULU HI 96816
Honolulu County	Hospital	Psychiatric	HAWAII STATE HOSP	47-710 KEAAHALA ROAD KANEOHE HI 96744
Honolulu County	Hospital	Psychiatric	KAHI MOHALA	91-2301 FORT WEAVER ROAD EWA BEACH HI 96706

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Hospital	Rehabilitation	REHABILITATION HOSPITAL OF THE PACIFIC	226 N KUAKINI STREET HONOLULU HI 96817
Honolulu County	Hospital	Short Term	CASTLE MEDICAL CENTER	640 ULUKAHIKI ST KAILUA HI 96734
Honolulu County	Hospital	Short Term	HAWAII MEDICAL CENTER EAST	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	Hospital	Short Term	HAWAII MEDICAL CENTER WEST	91-2141 FORT WEAVER ROAD EWA BEACH HI 96706
Honolulu County	Hospital	Short Term	KAHUKU HOSPITAL	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Hospital	Short Term	KAISER FOUNDATION HOSPITAL	3288 MOANALUA RD HONOLULU HI 96819
Honolulu County	Hospital	Short Term	KUAKINI MEDICAL CENTER	347 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	Hospital	Short Term	PALI MOMI MEDICAL CENTER	98-1079 MOANALUA ROAD AIEA HI 96701
Honolulu County	Hospital	Short Term	SELECT SPECIALTY HOSPITAL	1301 PUNCHBOWL ST, KAMAHEMAHA, 3RD FLOOR HONOLULU HI 96813
Honolulu County	Hospital	Short Term	STRAUB CLINIC AND HOSPITAL	888 SO KING STREET HONOLULU HI 96813
Honolulu County	Hospital	Short Term	THE QUEENS MEDICAL CENTER	1301 PUNCHBOWL ST HONOLULU HI 96813
Honolulu County	Hospital	Short Term	WAHIAWA GENERAL HOSPITAL	128 LEHUA STREET WAHIAWA HI 96786
Honolulu County	Hospital	Transplant Hospitals	HAWAII MEDICAL CENTER EAST	2230 LILIHA STREET, HONOLULU HI 96817
Honolulu County	Hospital	Transplant Hospitals	THE QUEEN'S MEDICAL CENTER	1301 PUNCHBOWL STREET HON HI 96813
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - DOMINIS	1316 DOMINIS ST HONOLULU HI 96822
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - EWA A	91-824 A HANAKAHI ST EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - HALAWA	99-545 HALAWA HEIGHTS RD AIEA HI 96701
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-B)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-C)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 2-A)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-A)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-B)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	2240 WILSON ST HONOLULU HI 96819
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	911 LALASWAI ST WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	268 KILEA ST WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	91-1020 KEKAIHILI PLACE EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-547 ANA AINA PLACE WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	91-838 KEHUE ST EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-1032 LUMIKULA ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	2467 N. SCHOOL ST HONOLULU HI 96819
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-1149 HOOMAKOA ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-943 HIAPO ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-511 APII STREET WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	1018 MCCANDLESS LANE HONOLULU HI 96817

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CTR OF HI - WAIPAHU III	94-912 KUMUOAO ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CTR OF HI - WHITMORE	911-A LALAWAI ST WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESPONSIVE CAREGIVERS OF HAWAII	99-112 PUAkala STREET AIEA HI 96701
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESPONSIVE CAREGIVERS OF HAWAII	94-1054 LUMIKULA STREET WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESPONSIVE CAREGIVERS OF HAWAII	99-226 OHENANA PLACE AIEA HI 96701
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - 6 A	852 PAAHANA STREET HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - 6 B	852-A PAAHANA STREET HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - EWA B	91-824 B HANAKAHI STREET EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - EWA C	91-824 C HANAKAHI STREET EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - KAIMUKI A	3705 MAHINA AVENUE HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - KAIMUKI B	811 19TH AVENUE HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - WAHIAWA A	140-A KUAHIWI AVENUE WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	WAIMANO TRAINING SCHOOL AND HOSPITAL	2201 WAIMANO HOME ROAD PEARL CITY HI 96782
Honolulu County	Nursing Facility	TITLE 19 ONLY	ALOHA HEALTH CARE CENTER	45-545 KAMEHAMEHA HWY KANEOHE HI 96744
Honolulu County	Nursing Facility	TITLE 19 ONLY	ANN PEARL INTERMEDIATE CARE FACILITY	45-181 WAIKALUA RD KANEOHE HI 96744
Honolulu County	Nursing Facility	TITLE 19 ONLY	BEVERLY MANOR CONV CTR	1930 KAM IV ROAD HONOLULU HI 96819
Honolulu County	Nursing Facility	TITLE 19 ONLY	CRAWFORD`S CONVALESCENT HOME	58-130 KAMEHAMEHA HIGHWAY HALEIWA HI 96712
Honolulu County	Nursing Facility	TITLE 19 ONLY	HALE MALAMALAMA	6163 SUMMER ST HONOLULU HI 96821

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Nursing Facility	TITLE 19 ONLY	HALE NANI HEALTH CENTER	1677 PENSACOLA ST HONOLULU HI 96822
Honolulu County	Nursing Facility	TITLE 19 ONLY	KAHANAOLA CONV HOSP	45-090 NAMOKU ST KANEOHE HI 96744
Honolulu County	Nursing Facility	TITLE 19 ONLY	KUAKINI MEDICAL CTR ICF	347 N KUAKINI ST HONOLULU HI 96817
Honolulu County	Nursing Facility	TITLE 19 ONLY	LEAHI HOSPITAL ICF/DP	3675 KILAUEA AVE HONOLULU HI 96816
Honolulu County	Nursing Facility	TITLE 19 ONLY	LEEWARD NURSING HOME	84-390 JADE ST WAIANAE HI 96792
Honolulu County	Nursing Facility	TITLE 19 ONLY	LILIHA HEALTHCARE CENTER	1814 LILIHA ST HONOLULU HI 96817
Honolulu County	Nursing Facility	TITLE 19 ONLY	OAHU CARE FACILITY	1808 S BERETANIA ST HON HI 96822
Honolulu County	Nursing Facility	TITLE 19 ONLY	WAHIAWA GEN HOSP ICF	128 LEHUA ST WHIAWA HI 96786
Honolulu County	Nursing Facility	TITLE 19 ONLY	WAIMANO TRAINING SCHOOL & HOSPITAL	2201 WAIMANO HOME ROAD PEARL CITY HI 96782
Honolulu County	Nursing Facility	TITLE 19 ONLY	WAIMANO TRAINING SCHOOL AND HOSPITAL	WAIMANO HOME RD PEARL CITY HI 96782
Honolulu County	Organ Procurement Organization	ORGAN PROCUREMENT	LEGACY OF LIFE HAWAII	405 NORTH KUAKINI STREET, SUIT 810 HONOLULU HI 96817
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	ACTION REHAB	863 HALEKAUWILA STREET, SUITE A HONOLULU HI 96813
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HALE NANI REHABILITATION & NURSING CTR	1677 PENSACOLA STREET HONOLULU HI 96822
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF KAIMUKI	3221 WAIALAE AVENUE, SUITE 360 HONOLULU HI 96816
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CTR WAIPAHU	94 307 FARRINGTON HWY A 11 WAIPAHU HI 96797
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT AIEA	98-1005 MOANALUA ROAD, STE 425 AIEA HI 96701
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	SUNDANCE REHABILITATION THERAPY	406 ULUNI STREET KAILUA HI 96734
Honolulu County	Portable X-Ray Supplier	X-RAY	ALOHA MOBILE IMAGING	1502 PENSACOLA STREET, SUITE B-1 HONOLULU HI 96822

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Portable X-Ray Supplier	X-RAY	PACIFIC MOBILE IMAGING, LLC	1010 S KING STREET, SUITE B6 HONOLULU HI 96814
Honolulu County	Portable X-Ray Supplier	X-RAY	PORTA-MED OF HAWAII	1380 LUSITANA ST, #215 HONOLULU HI 96813
Honolulu County	Skilled Nursing Facility	TITLE 18 ONLY	ARCADIA RETIREMENT RESIDENCE	1434 PUNAHOU STREET HONOLULU HI 96822
Honolulu County	Skilled Nursing Facility	TITLE 18 ONLY	REHABILITATION HOSPITAL OF THE PACIFIC	226 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	HALE OLA KINO	1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU HI 96826
Honolulu County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	HI'OLANI CARE CENTER AT KAHALA NUI	4389 MALIA STREET HONOLULU HI 96821
Honolulu County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	MAUNALANI NURSING AND REHABILITATION CENTER	5113 MAUNALANI CIRCLE HONOLULU HI 96816
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	15 CRAIGSIDE	15 CRAIGSIDE PLACE HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	ALOHA NURSING & REHAB CENTRE	45-545 KAMEHAMEHA HIGHWAY KANEHOE HI 96744
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	ANN PEARL NURSING FACILITY	45-181 WAIKALUA ROAD KANEHOE HI 96744
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	AVALON CARE CENTER - HONOLULU, LLC	1930 KAMEHAMEHA IV RD HONOLULU HI 96819
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	CASTLE MEDICAL CENTER	640 ULUKAHIKI STREET KAILUA HI 96734
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	CONVALESCENT CENTER OF HONOLULU	1900 BACHELOT STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MALAMALAMA	6163 SUMMER STREET HONOLULU HI 96821
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE NANI REHABILITATION AND NURSING CENTER	1677 PENSACOLA STREET HONOLULU HI 96822
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HARRY AND JEANETTE WEINBERG CARE CENTER	45-090 NAMOKU ST KANEHOE HI 96744
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HAWAII MEDICAL CENTER EAST	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	ISLAND NURSING HOME	1205 ALEXANDER STREET HONOLULU HI 96826



County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KA PUNAWAI OLA	91-575 FARRINGTON HIGHWAY KAPOLEI HI 96707
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAHUKU MEDICAL CENTER	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KFH - MALAMA 'OHANA NURSING AND REHAB CENTER	3288 MOANALUA ROAD HONOLULU HI 96819
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KUAKINI GERIATRIC CARE	347 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KULANA MALAMA	91-1360 KARAYAN STREET EWA BEACH HI 96706
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LEAHI HOSPITAL	3675 KILAUEA AVENUE HONOLULU HI 96816
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LEEWARD INTEGRATED HEALTH SERVICES	84-390 JADE STREET WAIANAE HI 96792
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LILIHA HEALTHCARE CENTER	1814 LILIHA STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MALAMA OHANA SCF	3288 MOANALUA ROAD HONOLULU HI 96819
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MALUHIA	1027 HALA DRIVE HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	NUUANU HALE	2900 PALI HIGHWAY HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	OAHU CARE FACILITY	1808 SOUTH BERETANIA STREET HONOLULU HI 96826
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	PALOLO CHINESE HOME	2459 10TH AVENUE HONOLULU HI 96816
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	PEARL CITY NURSING HOME	919 LEHUA AVENUE PEARL CITY HI 96782
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	THE QUEEN'S MEDICAL CENTER	1301 PUNCHBOWL STREET HONOLULU HI 96813
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	WAHIAWA GENERAL HOSPITAL	128 LEHUA STREET WAHIAWA HI 96786
Kalawao County	Hospital		KALAUPAPA SETTLEMENT HOSP	MOLOKAI HI 96742
Kauai County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	ASC OF KAUAI MED GROUP, INC	4366 KUKUI GROVE ST LIHUE HI 96766

County	Facility Type	Facility Sub-Type	Facility Name	Address
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KAUAI DIALYSIS SATELLITE FACIL	3224 ELUA STREET LIHUE HI 96766
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII, LLC WEST KAUAI DIALYSIS	4643-A WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII LLC- KAUAI DIALYSIS	3224 ELUA STREET LIHUE HI 96766
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	WEST KAUAI DIALYSIS FACILITY	4643-A WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF ELEELE	4485 WAIALO ROAD, SUITE 15B ELEELE HI 96705
Kauai County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	HLH KAUA'I COMMUNITY HEALTH CENTER	4643 B WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KAUA'I COMMUNITY HEALTH CENTER	4800 KAWAIHAU ROAD KAPAA HI 96746
Kauai County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER - HO'OLA LIKE PROJECT	QUEEN LILIU'OKALANI PROTESTANT CHURCH HANAIEI HI 96714
Kauai County	Home Health Agency	HOME HEALTH AGENCY	HAWAII PROFESSIONALS HOMECARE SERVICES, INC	2970 KELE STREET, SUITE 213 LIHUE HI 96766
Kauai County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE LIHUE	4370 KUKUI GROVE STREET SUITE LIHUE HI 96766
Kauai County	Home Health Agency	HOME HEALTH AGENCY	ST.FRANCIS HOME CARE SERVICES - KAUAI	4473 PAHE'E STREET, SUITE N LIHUE HI 96766
Kauai County	Hospice	HOSPICE	KAUAI HOSPICE	4457 PAHE'E STREET LIHUE HI 96766
Kauai County	Hospice	HOSPICE	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU ROAD KAPAA HI 96746
Kauai County	Hospital	Critical Access Hospitals	KAUAI VETERANS MEMORIAL HOSPITAL	4643 WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	Hospital	Critical Access Hospitals	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU ROAD KAPAA HI 96746
Kauai County	Hospital	Short Term	KAUAI VETERANS MEMORIAL HOSPITAL	4643 WAIMEA CANYON ROAD WAIMEA HI 96796
Kauai County	Hospital	Short Term	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU RD KAPAA HI 96746
Kauai County	Hospital	Short Term	WILCOX MEMORIAL HOSPITAL	3-3420 KUHIO HIGHWAY LIHUE HI 96766

County	Facility Type	Facility Sub-Type	Facility Name	Address
Kauai County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - WAILUA	6342 KOUKALAKA PLACE KAPAA HI 96746
Kauai County	Nursing Facility	TITLE 19 ONLY	G N WILCOX MEM HOSP - SNF/ICF	3420 KUHIO HWY LIHUE HI 96766
Kauai County	Nursing Facility	TITLE 19 ONLY	HALE KUPUNA HERITAGE HOME, LLC	4297A OMAO ROAD KOLOA HI 96756
Kauai County	Nursing Facility	TITLE 19 ONLY	KAUAI CARE CENTER	9611 WAENA ROAD WAIMEA HI 96796
Kauai County	Nursing Facility	TITLE 19 ONLY	SAMUEL MAHELONA MEMORIAL HOSPITAL ICF	4800 KAWAIHAU RD KAPAA HI 96746
Kauai County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF KAUAI	3170-A JERVES STREET LIHUE HI 96766
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	GARDEN ISLE HEALTHCARE	3-3420 KUHIO HIGHWAY, SUITE 300 LIHUE HI 96766
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE KUPUNA HERITAGE HOME, LLC	4297A OMAO ROAD KOLOA HI 96756
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAUAI CARE CENTER	9611 WAENA ROAD WAIMEA HI 96796
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAUAI VETERANS MEMORIAL HOSPITAL	4643 WAIMEA CANYON RD WAIMEA HI 96796
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU ROAD KAPAA HI 96746
Maui County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	ALOHA EYE CLINIC LTD	239 EAST WAKEA AVENUE KAHULUI HI 96732
Maui County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	ALOHA SURGICAL CENTER, LP	239 HO'OHANA STREET KAHULUI HI 96732
Maui County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	KAISER WAILUKU CLINIC - ASC	80 MAHALANI STREET WAILUKU HI 96793
Maui County	Comprehensive Outpatient Rehab Facility	COMPREHENSIVE OUTPATIENT	MAUI COMPREHENSIVE REHABILITATION CTR	140 HOOHANA ST, STE 201 KAHULUI HI 96732
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KAHANA DIALYSIS SATELLITE FACI	10 HOOHUI STREET, SUITE 100 LAHAINA HI 96761
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LANAI COMMUNITY DIALYSIS CENTE	628 7TH STREET LANAI CITY HI 96763
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS - HAWAII LLC, WAILUKU DIALYSIS	1831 WILI PA LOOP WAILUKU HI 96793

County	Facility Type	Facility Sub-Type	Facility Name	Address
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS -HAWAII LLC-MOLOKAI DIALYSIS	28 KAMOI STREET SUITE 400 KAUNAKAKAI HI 96748
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC - KAHANA DIALYSIS FACI	10 HOOHUI STREET, SUITE 100 LAHAINA HI 96761
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-MAUI DIALYSIS FACILITY	105 MAUI LANI PARKWAY, SUITE 105 WAILUKU HI 96793
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	MAUI HEMODIALYSIS SATELLITE FA	255 MAHALANI STREET WAILUKU HI 96793
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	MOLOKAI DIALYSIS FACILITY	28 KAMOI STREET SUITE 400 KAUNAKAKAI HI 96748
Maui County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	180 DICKENSON SQUARE, SUITE 119 LAHAINA HI 96761
Maui County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	1325 SOUTH KIHEI ROAD, SUITE 108 WAILUKU HI 96793
Maui County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF MAKAWAO	1043 MAKAWAO AVENUE, SUITE 107 MAKAWAO HI 96768
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	COMMUNITY CLINIC OF MAUI	670 WAIALE DRIVE WAILUKU HI 96793
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	HANA COMMUNITY HEALTH CENTER	4590 HANA HIGHWAY HANA HI 96713
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	LANAI COMMUNITY HEALTH CENTER	478 LAUHALA STREET LANAI CITY HI 96763
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	MALAMA I KE OLA HEALTH CENTER	1881 NANI STREET WAILUKU HI 96793
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	MALAMA I KE OLA HEALTH CENTER	15 IPU AUMAKUA LANE LAHAINA HI 96761
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	MOLOKAI COMMUNITY HEALTH CENTER	28 KAMOI STREET, SUITE 600 KAUNAKAKAI HI 96748
Maui County	Home Health Agency	HOME HEALTH AGENCY	HALE MAKUA HOME HEALTH SERVICE	1520 EAST MAIN STREET WAILUKU HI 96793
Maui County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE KAHULUI	360 PAPA PLACE SUITE 205 KAHULUI HI 96732
Maui County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE MOLOKAI	40 ALA MALAMA STREET KAUNAKAKAI HI 96748
Maui County	Home Health Agency	HOME HEALTH AGENCY	KAISER PERMANENTE HOME HEALTH AGENCY MAUI	55 MAUI LANI PARKWAY WAILUKU HI 96793

County	Facility Type	Facility Sub-Type	Facility Name	Address
Maui County	Home Health Agency	HOME HEALTH AGENCY	LANAI HOME HEALTH AGENCY	P O BOX 763 LANAI CITY HI 96763
Maui County	Home Health Agency	HOME HEALTH AGENCY	MOLOKAI HOME HEALTH AGENCY	65 MAKAENA STREET KAUNAKAKAI HI 96748
Maui County	Hospice	HOSPICE	HOSPICE MAUI	400 MAHALANI STREET WAILUKU HI 96793
Maui County	Hospital	Critical Access Hospitals	KULA HOSPITAL	100 KOKEA PLACE KULA HI 96790
Maui County	Hospital	Critical Access Hospitals	MOLOKAI GENERAL HOSPITAL	280 HOME OLU PLACE KAUNAKAKAI HI 96748
Maui County	Hospital	Short Term	KULA HOSPITAL	100 KEOKEA PLACE KULA HI 96790
Maui County	Hospital	Short Term	LANAI COMMUNITY HOSPITAL	628 7TH STREET LANAI CITY HI 96763
Maui County	Hospital	Short Term	MAUI MEMORIAL MEDICAL CENTER	221 MAHALANI STREET WAILUKU HI 96793
Maui County	Hospital	Short Term	MOLOKAI GENERAL HOSPITAL	280 PUALI STREET KAUNAKAKAI HI 96748
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	HALE KIHEI HOUSING INC	95 MAHALANI STREET WAILUKU HI 96793
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	KULA HOSPITAL	100 KEOKEA PLACE KULA HI 96790
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC OF MAUI - HALE KANALOA	450-B KANALOA AVENUE KAHULUI HI 96732
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC OF MAUI - HALE KIHEI	179 HALE KAI STREET KIHEI HI 96753
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC OF MAUI - MANA OLA	450 KANALOA AVENUE KAHULUI HI 96732
Maui County	Nursing Facility	TITLE 19 ONLY	HALE MAKUA - WAILUKU	1540 LOWER MAIN STREET WAILUKU HI 96793
Maui County	Nursing Facility	TITLE 19 ONLY	KULA HOSP ICF	KULA HI 96790
Maui County	Nursing Facility	TITLE 19 ONLY	LANI COMMUNITY HOSP - SNF/ICF	729 7TH ST LANAI CITY HI 96763
Maui County	Nursing Facility	TITLE 19 ONLY	MOLOKAI GENERAL HOSPITAL ICF/DP	P O BOX 408 KAUNAKAKAI HI 96748

County	Facility Type	Facility Sub-Type	Facility Name	Address
Maui County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	450 HOOKAHI STREET WAILUKU HI 96793
Maui County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT MAUI-KIHEI	221 PIIKEA AVENUE, SUITE D KIHEI HI 96753
Maui County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT MAUI-LAHAINA	180 DICKENSON ST, STE 210 LAHAINA HI 96761
Maui County	Rural Health Clinic	RURAL HEALTH CLINICS	MOLOKAI GENERAL HOSPITAL	280 HOME OLU PLACE KAUNAKAKAI HI 96748
Maui County	Rural Health Clinic	RURAL HEALTH CLINICS	MOLOKAI RURAL HEALTH CLINIC	PO BOX 408 KAUNAKAKAI HI 96748
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MAKUA	1540 EAST MAIN STREET WAILUKU HI 96793
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI HI 96732
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MAKUA - WAILUKU	1540 LOWER MAIN STREET WAILUKU HI 96793
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KULA HOSPITAL	100 KEOKEA PLACE KULA HI 96790
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LANAI COMMUNITY HOSPITAL	628 7TH STREET LANAI CITY HI 96763
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MAUI MEMORIAL MEDICAL CENTER	221 MAHALANI STREET WAILUKU HI 96793
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MOLOKAI GENERAL HOSPITAL	280 HOME OLU PLACE KAUNAKAKAI HI 96748
Honolulu County	Hospital		US ARMY TRIPLER GEN HOSP	1 JARRETT WHITE ROAD HONOLULU HI 96859

## Appendix E: Referenced Reports

While only some of the following reports are referenced throughout the report, the list below includes all previously published reports that contributed to the authors' understanding of the health needs of Hawaii. These reports may be useful for further assessment and planning.

*Chronic Disease Disparities Report 2011: Social Determinants*

Chronic Disease Management and Control Branch, Hawaii State Department of Health

[http://hawaii.gov/health/family-child-health/chronic-disease/reports/CD\\_BurdenReport\\_FINAL.pdf](http://hawaii.gov/health/family-child-health/chronic-disease/reports/CD_BurdenReport_FINAL.pdf)

*The Burden of Cardiovascular Disease in Hawaii 2007*

Hawaii State Department of Health, Community Health Division

<http://hawaii.gov/health/family-child-health/chronic-disease/cvd/CVD2007.pdf>

*State of Hawaii Maternal & Child Health Needs Assessment Summary 2010*

Family Health Services Division, Department of Health, State of Hawaii

<http://hawaii.gov/health/doc/MCH-NASummary2010>

*State of Hawaii Primary Care Needs Assessment Data Book 2012*

Family Health Services Division, Hawaii Department of Health

<http://hawaii.gov/health/doc/pcna2012databook.pdf>

*Hawaii Community Health Needs Assessment*

Kaiser Foundation Health Plan of Hawaii

[https://healthy.kaiserpermanente.org/static/health/pdfs/how\\_to\\_get\\_care/hi\\_community\\_voices\\_on\\_health.pdf](https://healthy.kaiserpermanente.org/static/health/pdfs/how_to_get_care/hi_community_voices_on_health.pdf)

*Special Action Team Report to the Governor on Revitalization of the Adult Mental Health System and Effective Management of the Hawaii State Hospital Census October 2012*

Hawaii Department of Health

<http://www.amhd.org/SAT%20Report.pdf>

*A Costly Dental Destination*

The Pew Center on the States, Pew Research Center

[http://www.pewstates.org/uploadedFiles/PCS\\_Assets/2012/A%20Costly%20Dental%20Destination\(1\).pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2012/A%20Costly%20Dental%20Destination(1).pdf)

*Falling Short: Most States Lag on Dental Sealants*

The Pew Center on the States, Pew Research Center

[http://www.pewstates.org/uploadedFiles/PCS\\_Assets/2013/Pew\\_dental\\_sealants\\_report.pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Pew_dental_sealants_report.pdf)

*The State of Children's Dental Health: Making Coverage Matter*

The Pew Center on the States, Pew Research Center

[http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/State\\_policy/Childrens\\_Dental\\_50\\_State\\_Report\\_2011.pdf](http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/State_policy/Childrens_Dental_50_State_Report_2011.pdf)

*Overview of injuries from falls among seniors in Hawaii*

Injury Prevention and Control Program, Hawaii Department of Health

<http://healthuser.hawaii.gov/health/healthy-lifestyles/injury-prevention/PDF/fall-data10-07.pdf>

*Hawaii 2012 State Fact Sheet*

Children's Safety Network

<http://www.childrensafetynetwork.org/sites/childrensafetynetwork.org/files/HI%20Fact%20Sheet%20-%20Print.pdf>

*Violence Between Intimate Partners in Hawaii*

Family Health Services Division, Hawaii Department of Health

<http://hawaii.gov/health/family-child-health/mchb/prams-doc/IPV>

*National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2011*

Centers for Disease Control and Prevention

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm?s\\_cid=mm6135a1\\_e%0d%0a](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm?s_cid=mm6135a1_e%0d%0a)

*State Mental Health Cuts: A National Crisis*

National Alliance on Mental Illness

<http://www.nami.org/ContentManagement/ContentDisplay.cfm?ContentFileID=126233>

*Homeless Service Utilization Report*

Center on the Family at the University of Hawaii; Homeless Programs Office of the State of Hawaii  
Department of Human Services

<http://uhfamily.hawaii.edu/publications/brochures/HomelessServiceUtilization2012.pdf>



## Appendix F: Road map to IRS Requirements in Schedule H Form

All IRS 990 requirements are met by this CHNA in the referenced sections:

<b>Community Health Needs Assessment Requirements - SCHEDULE H (Form 990)</b> <b><a href="http://www.irs.gov/pub/irs-pdf/f990sh.pdf">http://www.irs.gov/pub/irs-pdf/f990sh.pdf</a></b>	<b>Reference</b>
The definition of the community served by the hospital facility	Section 1.2.1
Demographics of the community	Section 3.1
Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Appendix D
How data was obtained	Section 2.1 - 2.4
The health needs of the community, including the primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Section 3.2
The process for identifying and prioritizing community health needs and services to meet the community health needs	Section 5
The process for consulting with persons representing the community's interests	Section 2.3
Information gaps that limit the hospital facility's ability to assess all of the community's health needs	Section 4.1.2
Make CHNA widely available to the public	URL

## Appendix G: Authors

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