Kauaʻi Community Health Improvement Plan

“Our Keiki, Our Kūpuna, Our ‘Ohana”

Community Building Mauka to Makai
All People on Kauaʻi Enjoy Healthy Lives and Healthy Communities

June 2014
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Partners:

Wilcox Memorial Hospital
Kaua‘i District Health Office County of Kaua‘i
Department of Education – Kaua‘i Complex
University of Hawai‘i – Kaua‘i Community College
The Governor’s Office (Kaua‘i)
In 2013, every major, relevant constituency on Kaua‘i—representing health, medical care, education, housing, the built environment, and other areas—agreed for its leaders to engage in a common enterprise. This partnership was called the Kaua‘i County Health Improvement Initiative, and our mission was to develop a plan to improve the health of the residents of Kaua‘i. We realized that health is influenced by many factors, and that a comprehensive health improvement plan could be done only by working together. Working together has ensured that the whole is infinitely greater than the sum of our individual silos. One of the products of this partnership was this vision for Kaua‘i in 2024.

Kaua‘i Vision 2024

All People on Kaua‘i Enjoy Healthy Lives and Healthy Communities

In 2024, nearly 80,000 residents, young and old, are enjoying the benefits of a healthy life in the County of Kaua‘i. According to the County Health Rankings and Roadmaps, Kaua‘i ranks highest in the State of Hawai‘i with the most favorable physical environment, social and economic indicators, clinical care, health behaviors, and health outcomes. Keiki (children) are blessed to be born, raised, and educated on the island. Parents, nā kūpuna (elders), and the community lay a solid foundation for the keiki to perpetuate family values, and to have the life skills to build strong families for the future. Nā kūpuna live full and active lives, knowing they are healthy, contributing to family and community, and growing old with dignity and self-determination. All of the County’s residents honor and practice the culture of being respectful, treating everyone equally, caring for one another, sharing, taking care of the ‘āina (land), being good stewards of the island’s resources, and being accountable to future generations. These characteristics make Kaua‘i a special place to be born, learn, play, work, and grow old.
Kauaʻi County includes the islands of Niʻihau and Kauaʻi, and has a population of about 67,700 people. Kauaʻi island is about 32 miles long and 25 miles wide, with an area of 562.3 square miles. It is the fourth-largest and geologically oldest of the main islands in the Hawaiian archipelago. It includes five districts: Waimea, Koloa, Lihuʻe, Kawaihau, and Hanalei. Lihuʻe town is the seat of government for Kauaʻi County, and Kapaʻa is the largest population center.

Because of its geography, Kauaʻi has more beaches, rivers, streams, and waterfalls than any of the other Hawaiian Islands. It has 111 miles of coastline, and 50% of those miles are sandy beaches. More than 97% of the land on Kauaʻi is used for conservation and agriculture. These characteristics have earned Kauaʻi the nickname “The Garden Island.”
Table of Contents

Kaua‘i Vision 2024 ............................................................................................................................................... 3
Glossary of Hawaiian Words ............................................................................................................................... 7
Messages ............................................................................................................................................................ 8
  Message from the County of Kaua‘i, Office of the Mayor ................................................................. 8
  Message from the Vice Chair of the House Committee on Health .................................................. 9
  Message from Wilcox Memorial Hospital ....................................................................................... 10
  Message from the Department of Education, Kaua‘i Complex ..................................................... 11
  Message from Kaua‘i Community College .................................................................................... 12
  Message from the Kaua‘i District Health Office ........................................................................ 13
Executive Summary ...................................................................................................................................... 15
  The Partnership ............................................................................................................................................ 15
  Vision ............................................................................................................................................................ 15
  Workgroup Goals .......................................................................................................................................... 16
  Logic Models Outlining Activities to Achieve 12 Objectives ............................................................... 16
  Next Steps ..................................................................................................................................................... 17
Acknowledgments ............................................................................................................................................ 18
  Leadership and Oversight Committee .......................................................................................... 18
  Steering Committee .......................................................................................................................... 18
  Workgroups .................................................................................................................................................. 19
Introduction ...................................................................................................................................................... 20
  The Partnership ............................................................................................................................................ 20
  Guiding Principles for KCHII ........................................................................................................ 20
  KCHII Timeline ........................................................................................................................................ 21
Background ....................................................................................................................................................... 22
  Unified Planning ........................................................................................................................................ 23
  Upstream Factors That Influence Health .................................................................................... 24
The Planning Structure and Process ............................................................................................................. 25
Community Engagement Milestones ................................................................................................................. 26
  Leadership and Oversight Committee, First Meeting, January 9, 2013 ..................................... 26
  Community Health Needs Assessment Process and Findings .................................................... 27
  Leadership and Oversight Committee Meeting, June 18, 2013 ............................................ 30
Community Gathering to Showcase the Community Health Needs Assessment, August 9, 2013 ..........32
The Workgroup Planning Process, September 2013 – March 2014 .................................................................33
Community Capacity Building: Logic Model Training, January 24, 2014 ...............................................................35
Kaua‘i Vision 2024..................................................................................................................................................36
Values ..................................................................................................................................................................36
Kaua‘i Vision 2024..................................................................................................................................................36
Workgroup Issues and 12 Strategic Actions ........................................................................................................39
Community Design and Planning/Get Fit Kaua‘i Built Environment Task Force ....................................................39
  Description of Issues...........................................................................................................................................39
  Strategic Actions..............................................................................................................................................39
  Goal...............................................................................................................................................................39
  Anticipated Outcomes by 2019-2020 ...............................................................................................................40
  Anticipated Accomplishments by 2016-2017 ..................................................................................................40
Housing ................................................................................................................................................................42
  Description of Issue .........................................................................................................................................42
  Strategic Actions..............................................................................................................................................42
  Goal...............................................................................................................................................................42
  Anticipated Outcomes by 2019-2020 ...............................................................................................................42
  Anticipated Accomplishments by 2016-2017 ..................................................................................................43
Education and Lifelong Learning ........................................................................................................................44
  Description of Issues...........................................................................................................................................44
  Strategic Actions..............................................................................................................................................44
  Goal...............................................................................................................................................................44
  Anticipated Outcomes by 2019-2020 ...............................................................................................................44
  Anticipated Accomplishments by 2016-2017 ..................................................................................................45
Health and Wellness ............................................................................................................................................46
  Description of Issues...........................................................................................................................................46
  Strategic Actions..............................................................................................................................................46
  Goal...............................................................................................................................................................46
  Anticipated Outcomes by 2019-2020 ...............................................................................................................47
  Anticipated Accomplishments by 2016-2017 ..................................................................................................47
Medical Care ................................................................................................................................................. 48
Description of Issues ........................................................................................................................................ 48
Strategic Actions ............................................................................................................................................... 48
Goal ................................................................................................................................................................. 48
Anticipated Outcomes by 2019-2020 ............................................................................................................... 48
Anticipated Accomplishments by 2016-2017 ............................................................................................... 49
Next Steps ......................................................................................................................................................... 50
Appendix A. Logic Models for 12 Strategic Actions .......................................................................................... 51
Community Design and Planning/Get Fit Kaua’i Logic Model to Improve Roadway Standards ............... 52
Community Design and Planning/Get Fit Kaua’i Logic Model to Improve Bike and Pedestrian Facilities ... 53
Community Design and Planning/Get Fit Kaua’i Logic Model to Improve Transit ..................................... 55
Housing Logic Model to Increase Retrofitting of Existing Housing ........................................................... 56
Housing Logic Model to Establish Incentives to Build Affordable Housing ............................................. 57
Education Logic Model to Increase High School Graduation Rates ........................................................... 58
Health and Wellness Logic Model to Consistently Implement the DOE Wellness Policy in All Public Schools ... 59
Health and Wellness Logic Model to Reduce Tobacco Use ....................................................................... 60
Health and Wellness Logic Model to Reduce Incidence of Adolescent Pregnancy .................................. 61
Medical Care Logic Model to Improve Access to Primary Care Services ................................................... 63
Medical Care Logic Model to Improve Access to Mental Health Care Services ........................................ 64
Medical Care Logic Model to Decrease Obesity by Promoting Healthy Eating and Physical Activity .......... 65
Appendix B. Logic Model to Implement the Kaua’i County Health Improvement Plan .................................. 66
Suggested Citation ............................................................................................................................................ 68

Glossary of Hawaiian Words
From http://wehewehe.org

Ahupua’a - land division usually extending from the uplands to the sea
‘Āina - land, earth, or environment
Holoholo - to run, sail, ride, go, walk, or travel for fun
Keiki - child or children, offspring, descendant
Kuleana - right, privilege, concern, responsibility
Kūpuna - elders, grandparents, ancestors, relatives or close friends of the grandparents’ generation
Mahalo - thanks, gratitude
Makai - ocean, toward the ocean
Mālama - to take care of, attend, care for, preserve, protect
Mana’o - thought, idea, belief, opinion, theory
Mauka - inland, toward the mountains
‘Ohana - family, relative, kin group
Olakino - health
Aloha!

It is our pleasure to support and participate in the development of the Kauai Community Health Improvement Initiative (KCHII)--Our Keiki, Our Kupuna, Our ‘Ohana.

Health and wellness is a cornerstone of our Holo Holo 2020 initiative, which calls for all organizations, businesses, residents and visitors on Kaua’i to be part of creating an island that is sustainable, values our native culture, has a thriving and healthy economy, cares for all – keiki to kupuna, and has a responsible and user-friendly local government.

In order to insure the sustainability of any community, attention to the health and wellness need of our residents is essential. On Kaua‘i, we believe that everyone in our community can contribute in this effort. Whether it is providing health-promoting infrastructure such as walking paths and bike lanes, supporting the development of affordable housing, offering healthy food choices in our schools, or insuring that state-of-the-art health care facilities are available to all – we all play a role in creating a healthier Kaua‘i and Ni‘ihau.

We invite you to learn more about this effort and, more importantly, determine how you can play a role in this important initiative.

Sincerely,

Bernard P. Carvalho, Jr.
Mayor
MESSAGE FROM REP. DEE MORIKAWA, VICE-CHAIR, HOUSE COMMITTEE ON HEALTH

The Kaua‘i Community Health Improvement Initiative (KCHII)--Our Keiki, Our Kupuna, Our ‘Ohana represents a partnership and collaboration of key agencies, stakeholders, and individuals who have supported this effort since January, 2013. This Plan, which identifies strategies to address community design and the built environment, housing, education and lifelong learning, health and wellness, and medical care, is working toward improving the health of all of Kauai’s residents.

As the Vice-Chair of the House Committee on Health, I am pleased to be a part of this initiative of community building and engagement. I want to acknowledge the efforts of the Kaua‘i District Health Office, Hawaii Dept. of Health, in partnership with Wilcox Memorial Hospital, the Kaua‘i County Mayor’s Office, the Hawai‘i State Dept. of Education - Kaua‘i District Schools Area Complex, and the University of Hawai‘i – Kaua‘i Community College. I also want to thank the other government and non-government agencies and individuals who took the time to provide input for a unified planning process to create this Plan for Kaua‘i.

Together, we will help to move forward and address the health needs of our keiki, kupuna, and ‘ohana so that all people in Kaua‘i enjoy healthy lives and healthy communities.

Daynette "Dee" Morikawa
House of Representatives
16th District – Ni‘ihau, Lehua, Koloa, Waimea
May 5, 2014

Aloha!

It is with great pleasure I write this letter as this signifies the completion of the second phase of the Community Health Needs Assessment, the Kaua‘i Community Health Improvement Initiative—Our Keiki, Our Kupuna, Our ‘Ohana. This is our ongoing quest to improve the health of our island residents. When Dr. Bal and I began this journey I hoped that we would be able to impact change based on what we were able to see in the data and hear from the residents. Since then we have added many to our fold, all intent on creating a sustainable change in the health, wellness and well-being of our island.

This journey will have no end as it will take a lifetime to create and sustain the kind of change that is needed here on Kaua‘i. However each day we are seeing more people who recognize that the habits and routines we have learned must be changed. We need to move away from tobacco and sugar, exercise more, and spend more time with our families. We need to live off the land and the sea and stay away from fast food and soda. I didn’t say it would be easy however if we are going to truly promote health and wellness we have to start somewhere.

There are so many to thank that I am afraid I will forget someone, I will attempt to name you, if you are forgotten it is only on paper and not in my heart. I must start with my partner in crime, Dr. Dileep Bal who has had a career full of successes; Naomi Sugihara who kept us all on task, had great ideas and did it all with kindness and graciousness; Romala Radcliffe and Shirley Kidani who are lovely women always full of support and excellent wordsmithing, our Mayor Bernard P. Carvalho and his Director of Communications Beth Tokioka who were behind us all the way; my fellow section leaders Bill Arakaki and Helen Cox, Kamuela Cobb-Adams, Bev Brody and Lyle Tabata, Dr. Bal and Tommy Noyes and last but certainly not least Kathryn Braun who put phase 2 together for us. To each of you my admiration and respect.

I continue to be excited about our progress and the future of the health of Kaua‘i. My fervent hope is that someday there will be 67,000 of us all living long and healthy lives.

With much aloha,

Kathy Clark, RN, BSN, MBA, FACHE
President and Chief Executive Officer
Wilcox Memorial Hospital
Chief Executive Officer, Kaua‘i Medical Clinic
April 30, 2014

Aloha:

I am pleased to endorse the Kauai Community Health Improvement Initiative (KCHII) - Our Keiki, Our Kupuna, Our ‘Ohana in my capacity as the Kauai complex area superintendent for the Hawaii State Department of Education.

It is clear that improving the health of all Kauai residents by preventing, detecting and treating disease during the early stages and limiting disability as a consequence of disease will increase wellness during one’s lifetime; from birth to advance years.

Through this collaborative process, participating community partners and stakeholders will develop a collective vision for 2024 by identifying priority issues addressed over the next two to five years and implement strategies that achieve this vision to cultivate environmental conditions for improved public health.

I fully support this effort and firmly agree with the intent of the initiative. The strength of our island lies in our ability to work together for a common purpose for Our Keiki, Our Kupuna, Our ‘Ohana.

Sincerely,

William N. Arakaki
Kauai Complex Area Superintendent

WA:ji
Message from Helen A. Cox, Chancellor, Kauai Community College

The mission of the University of Hawaii - Kauai Community College is to support students of all ages, cultures, and backgrounds to achieve their educational goals. Access to education is one of the resources that enhance quality of life and can have a significant impact on the health of our population.

We support the Kauai Community Health Improvement Initiative and this plan, and have appreciated the partnership that was created in January, 2013 with the Kauai District Health Office, Wilcox Memorial Hospital, the Kauai County Mayor’s Office, the Hawaii State Dept. of Education - Kauai District Schools Area Complex.

*Kauai Community Health Improvement Initiative (KCHII)--Our Keiki, Our Kupuna, Our ‘Ohana* embraces the concept of community building and empowers local residents in creating their desired vision for improved population health. As a partner and work group co-chair, this collective effort and vision for the health of Kauai’s children, older adults, families, and community is an example of people working together so that all people on Kauai enjoy healthy lives.

Helen A. Cox
ACKNOWLEDGEMENTS & MESSAGE

Aloha Kakou,

Again I am compelled to begin my remarks with well-deserved acknowledgments. This sequel to our opus magnus would not have seen the light of day without my partner in crime — Kathy Clark (President and CEO of Wilcox Memorial Hospital), and three talented and unstoppable leaders Romala Radcliffe and Shirley Kidani (from the State Health Planning and Development Agency), and Kaua‘i’s very own Naomi Sugihara. We are all truly indebted to Professor Kathryn Braun for coaching everyone about the logic model and then patiently helping the chairs modify and adapt their logic models, to generate a logical and coherent end product.

Of course, we could never have done this without the direct and personal involvement of community leaders throughout all the private and public sectors of Kaua‘i. I would like to particularly single out our Mayor Bernard Carvalho, Jr., and the Chairs of the respective workgroups, School Superintendent Bill Arakaki and Chancellor Helen Cox (Education), Kauai County Housing Director Kamuela Cobb-Adams (Housing), Get Fit Kauai Director Bev Brody and County Public Works Deputy Director Lyle Tabata (Community Design) and especially Thomas Noyes, the Vice-Chair of the Health and Wellness Workgroup who made up for his errant chair. Kauai County Planning Director, Michael Dahilig, deserves our especial Mahalo for funding the mechanics of this last year’s efforts and Na Lei Willi Area Health Education Center Executive Director, Fran Becker, for her logistical genius and for keeping us on track.

At the State level, Governor Neil Abercrombie continues his superb leadership in this difficult period for health, healthcare, and most especially for the implementation of the Affordable Care Act in Hawai‘i.

Basically this report takes up the story where our previous CHNA report ended. That report was an extensive overview of the entire waterfront of health, disease and its societally influenced upstream factors on Kauai. This sequel intensively hones in on the five areas of Community Design, Education, Health and Wellness, Housing, and Medical Care. Each workgroup successfully attempted to provide the outcome of their deliberations in the same format by using a common logic model that Dr. Kathryn Braun melded into our end product report. She has skillfully made the whole greater than the sum of the parts.

The beauty of this year’s end product is that the five priority issues have now been more closely examined and prioritized by “Kauai’s Best” and the results can be used by the different constituencies for their own purposes. One central focus was Kauai County’s (long range) General Plan and yet the self-same information can be of utility for shorter time frame efforts like the Mayor’s Holo Holo 2020 and the Federal Government’s Healthy People 2020. As the funder and client of record, the county will be given our plan. This report will also uniquely inform Wilcox Memorial Hospital for their ongoing CHNA efforts.
Finally, the richness of this shared community effort is best illustrated by the fact that Wilcox Memorial Hospital will continue our community organization and coordination efforts by becoming the lead coordinator for the coming year. Through the good offices of Kathy Clark, President and CEO of Wilcox Memorial Hospital, they will work this into the fabric of their ongoing CHNA requirements.

It would be remiss of me not to thank every member of all the five workgroups who worked diligently on this effort and kept their workgroup chairs and the process honest and on track.

Once again, I am humbled by the wealth of talent, ingenuity and diligence by these representatives of Kauai who ultimately are responsible for this current year’s “work-in-progress” report. This product is a testament to all of you who worked so hard to put it together.

Mahalo,

Dileep G. Bal, M.D., M.S., M.P.H.
Kauai District Health Officer
Co-Chair of Kauai CHNA and Community Health Improvement
Executive Summary

The Partnership

In January 2013, the Kaua’i District Health Office, Hawai’i Department of Health, in partnership with Wilcox Memorial Hospital, the County of Kaua’i Office of the Mayor, various county departments, the Governor’s Office (Kaua’i), the Department of Education, Kaua’i Community College, other government and non-government agencies, and interested individuals, created the Kaua’i Community Health Improvement Initiative (KCHII)--Our Keiki, Our Kūpuna, Our ‘Ohana.

This Initiative represented a partnership of stakeholders dedicated to improving the health of Kaua’i’s residents. The partnership set out to engage residents and organizations from across the island and from different disciplines in a planning process to assess community health needs, determine core values and visions for a preferred future, identify priority issues, develop strategies for action, and implement effective strategies.

The Initiative included two phases. The needs assessment phase of the planning process (Phase One)—through which the Kaua’i Community Health Needs Assessment (CHNA) was produced—was funded by the Hawai’i Department of Health and Wilcox Memorial Hospital. The detailed planning work (Phase Two) was funded by the County of Kaua’i and operated under the umbrella of the Na Lei Wili Area Health Education Center, Inc., a nongovernmental organization dedicated to community health promotion and education.

The entire process was guided by the Leadership and Oversight Committee. This committee commissioned the CHNA in January 2013 and reviewed the draft CHNA at its June 2013 meeting. In reviewing the draft, the Leadership and Oversight Committee identified five priority issues for focused work during Phase Two—Community Design and Planning, Housing, Education and Lifelong Learning, Health and Wellness, and Medical Care. Five Workgroups were established, one for each thematic area. Due to their similar missions, the Community Design and Planning joined forces with the Get Fit Kaua’i Built Environment Task Force for Phase Two work. All five groups diligently worked to identify core values, vision statements, issues, goals, and strategies related to their area. The Steering Committee, which included representatives from the Leadership and Oversight Committee and the Workgroups, met regularly throughout the year to identify needed resources. A Coordinator was hired to facilitate the many meetings, decisions, and documents entailed in the process, and her role was essential to expediting a successful, inclusive planning process. Her work was advised by a Core Group, including the chairs of the Leadership and Oversight Committee, the Coordinator, the director of Na Lei Wili Area Health Education Center, Inc., and committee members from the Hawaii State Health Planning and Development Agency.

Vision

The Workgroups developed an overall vision statement for Kaua’i in the year 2024:

In 2024, nearly 80,000 residents, young and old, are enjoying the benefits of a healthy life in the County of Kaua’i. According to the County Health Rankings and Roadmaps, Kaua’i ranks the highest in the State of Hawai‘i with the most favorable physical environment, social and economic indicators, clinical care, health behaviors, and health outcomes. Keiki (children) are blessed to be
born, raised, and educated on the island. Parents, nā kūpuna (elders), and the community lay a solid foundation for the keiki to perpetuate family values, and to have the life skills to build strong families for the future. Nā kūpuna live full and active lives, knowing they are healthy, are contributing to family and community, and can grow old with dignity and self-determination. All of the County’s residents honor and practice the culture of being respectful, treating everyone equally, caring for one another, sharing, taking care of the ‘āina (land), being good stewards of the island’s resources, and being accountable to future generations. These characteristics make Kaua‘i a special place to be born, learn, play, work, and grow old.

The Workgroups also developed detailed visions for their thematic areas, as well as Workgroup goals, strategic issues, and strategic actions to address the issues. Workgroups prioritized their strategic actions based on potential impact and feasibility for implementation in the next five years.

Workgroup Goals

1. To establish complete pedestrian, bicycle, and transit networks connecting the commercial town core, schools, parks, and residential areas and connecting towns and destinations to one another (Community Design and Planning/Get Fit Kaua‘i Built Environment Task Force joint Workgroup)
2. To increase the supply of residential housing that is affordable, accessible to services, and promotes aging-in-place (Housing Workgroup)
3. To increase health education for keiki, kūpuna, and ‘ohana through community initiatives and existing community structures by networking with other agencies, government, nonprofit agencies and businesses (Education and Lifelong Learning Workgroup)
4. To facilitate wellness by: (1) promoting affordable healthy foods, physical activity opportunities, prevention of and screening for chronic diseases, and good mental health; and (2) preventing tobacco use, infectious diseases, and high-risk behaviors (Health and Wellness Workgroup)
5. To create an integrated health care system based on education and prevention that reduces health disparities and the burdens of chronic disease (Medical Care Workgroup)

Logic Models Outlining Activities to Achieve 12 Objectives

Workgroup members attended training in logic models, and then outlined activities needed to implement at least two of their prioritized strategic actions. Also identified were anticipated outputs and outcomes of these activities by 2019 and by 2024. Through this process, 12 logic models were developed (shown in Appendix A), guiding work to:

1. Improve roadway standards.
2. Improve bike and pedestrian facilities.
3. Improve transit.
4. Increase retrofitting of existing housing.
5. Establish incentives to build affordable housing.
6. Increase high school graduation rates.
7. Consistently implement the DOE Wellness Policy in all public schools.
8. Reduce tobacco use.
10. Improve access to primary care services.
11. Improve access to mental health care services.
12. Decrease obesity by promoting healthy eating and physical activity.
Next Steps

In Phase Two of the KCHII planning process, 12 strategic actions were prioritized for immediate implementation. Steps to implement them are shown in logic models in Appendix A. In Phase Three of KCHII, the detailed plans provided in this plan need to be actualized.

Because the KCHII Leadership endeavors to work collaboratively with others and avoid duplication of effort, more potential partners should be invited to join in Phase Three. For example:

- Leadership could further identify organizations and agencies already carrying out work outlined in the logic models and ask them to join in the KCHII effort.
- Leadership could help Workgroups incorporate new members and confirm roles and responsibilities moving forward.
- Leadership and workgroups may want to identify work plan gaps that are not currently being addressed by existing agencies and organizations, and recommend ways to address the gaps.

Leadership should keep in mind that other strategic actions were recommended by the five Workgroups, but these were not prioritized for immediate action, and logic models for them were not developed. It is hoped that expanding the partners involved in KCHII will generate energy and enthusiasm to develop detailed plans for strategic actions for which there are no logic models.

The structure used for Phase Two—including the Leadership and Oversight Committee, Steering Committee, Workgroups, and paid staff—or an adaptation of that structure, could be applied in Phase Three. If the same structure is chosen, a logic model provided in Appendix B shows recommended activities, outputs, and outcomes for the Leadership and Oversight Committee, the Steering Committee, and the Workgroups as they move forward to implement this plan.

At a meeting of the Leadership and Oversight Committee on May 20, 2014, it was agreed that KCHII continue under the vision of Mayor Bernard P. Carvalho, Jr.’s unified planning theme of Holo Holo 2020. With simple genius, Holo Holo 2020 enunciates a common direction for work to improve the health of our residents, our communities, and this ‘āina. Also at this meeting, and with no other immediate funding available to implement this plan, Wilcox Memorial Hospital committed funding and staff for coordinating Phase Three efforts in the coming year. Meanwhile, further discussion should consider options for a more long-term, sustainable infrastructure for administrative oversight of KCHII.

This plan acknowledges that health is influenced by many policy and other “upstream” factors, as well as by individual and family behavior. It demonstrates that a dedicated group of individuals representing a variety of government and non-government agencies and organizations can look at health comprehensively and can work together to improve health of the residents of Kaua‘i. Achieving the Kaua‘i Vision 2024 requires a continuation of this teamwork, and this plan provides a roadmap.
Acknowledgments

Leadership and Oversight Committee
Dileep G. Bal, Co-Chair, Kaua‘i District Health Officer
Kathy Clark, Co-Chair, CEO and President, Wilcox Hospital
William Arakaki, Kaua‘i Complex Superintendent, Hawai‘i Department of Education
Fran Becker, Executive Director, Na Lei Wili Area Health Education Center
Bernard P. Carvalho, Jr., Mayor, County of Kaua‘i
Kaua Castillo, Unit Manager, Queen Lili‘uokalani Children’s Center Charlotte
Carvalho, Chair, Kaua‘i County Subarea Health Planning Council Frederick
Kamuela Cobb-Adams, Director, County of Kaua‘i Housing Agency Helen Cox,
Chancellor, Kaua‘i Community College
Michael Dahilig, Director, County of Kaua‘i Planning Agency
Arnulfo Diaz, Kaua‘i Filipino Chamber of Commerce
Dennis Esaki, Governor’s Office (Kaua‘i)
Paul Esaki, Primary Care Physician, Kapa’a Family Physicians
Ronald Fujimoto, Medical Director, Aloha Care Pat Griffin, President, Lihu‘e Business Association Jimmy
Illoreta, President, Filipino Community Council
Ron Kouchi, Senate, Vice President, Hawai‘i State Legislature
Gary Mackler, Planner, County of Kaua‘i Housing Agency
Lori Miller, Executive Director, Kaua‘i Hospice
Daynette “Dee” Morikawa, House of Representatives, Hawai‘i State Legislature
Jeffrey Murata, Kapaa Branch Manager, First Hawaiian Bank
Bruce Nakamura, Resident Minister, Lihu‘e Hongwanji Mission
Nadine Nakamura, County Managing Director
David Peters, CEO, Ho‘ola Lahui Hawai‘i
Dely Sasaki, Community Representative
Wanda Shibata, Governor’s Office (Kaua‘i)
Kealoha Takahashi, County Executive on Aging, Kaua‘i County Agency on Elderly Affairs
Beth Tokioka, Director of Communications, County of Kaua‘i
Liza Trinidad, Community Representative
Jerry Walker, Regional CEO, West Kaua‘i Medical Center
Diane Zachary, President and CEO, Kaua‘i Planning and Action Alliance

Steering Committee
Dileep G. Bal, Kaua‘i District Health Officer, Hawai‘i Department of Health
Kathy Clark, CEO and President, Wilcox Memorial Hospital
Fran Becker, Executive Director, Na Lei Wili Area Health Education Center
Lisa Gelling, Epidemiologist, Kaua‘i District Health Office
Shirley Kidani, Comprehensive Health Planning Coord, State Health Planning and Development Agency
Nadine Nakamura, County Managing Director
Thomas Noyes, Section Head, Public Health Emergency Preparedness, Kaua‘i District Health Office
Romala S. Radcliffe, Administrator, State Health Planning and Development Agency
Beth Tokioka, Director of Communications, County of Kaua‘i
Toni Torres, Section Head, Kaua‘i Public Health Nursing, Kaua‘i District Health Office
Naomi Sugihara, Principal, Sugihara Planning and Consulting
Sam Valeriano, Research Statistician, State Health Planning and Development Agency
Workgroups


**Education and Lifelong Learning Workgroup.** Bill Arakaki and Dr. Helen Cox (Co-Chairs), Cynthia Chiang, Laura Dillman, Lisa Gelling, Stacey Gillette, Karyn Leisz-Foley, Marc Miguel, Priscilla Morales, Kurt Rutter, Kealoha Takahashi, Pastor Jeannie Thompson.

**Housing Workgroup.** Kamuela Cobb-Adams (Chair), Lillian Bennett, Charlotte Carvalho, Sheryl Keliipio, Kealoha Takahashi, Shelley Teraoka.

**Health and Wellness Workgroup.** Dr. Dileep Bal (Chair), Thomas Noyes (Vice-Chair), Rachelle Bachran, Mistee Bailey-Myrick, Cynthia Chiang, Jodi Drisko, Eva LaBarge, Emily Lucente, Scott McFarland, Ed Nakaya, DeAnna Starinieri, Char Ono, Solange Patrick, Dr. Sydney Swetnam.

**Medical Care Workgroup.** Kathy Clark (Chair), Kurt Akamine, Dr. Neil Clendeninn, Dr. Amy Corliss, Dr. Arnulfo Diaz, Maria Fabro, Carrie Hermosura, David Peters, Toni Torres.
Introduction

Kaua‘i is home to 67,700 individuals, many of whom are enjoying the benefits of good health. In recent years, there has been an increase in life expectancy for males and females, a decrease in the percentage of adults who use tobacco, and an increase in the percentage of adults who meet recommendations for physical activity.

At the same time, there are some disturbing trends, such as:
- Increased percentage of adults and children who are obese
- Increased age-adjusted mortality rates for motor vehicle accidents
- Increased cost of housing
- Increased teen birth rates
- Increased bullying

These trends have major social, economic, and political implications and costs to Kaua‘i’s people, families, communities, and society, as well as to the island’s visitors, who are our major economic drivers. In response to these trends, the Kaua‘i Community Health Improvement Initiative (KCHII)--Our Keiki, Our Kūpuna, Our ‘Ohana was created in January 2013.

The Partnership

The partners included:
- The Kaua‘i District Health Office, Hawai‘i Department of Health
- Wilcox Memorial Hospital
- The Kaua‘i County Office of the Mayor
- The Hawai‘i Department of Education, Kaua‘i Complex
- The University of Hawai‘i, Kaua‘i Community College
- The Governor’s Office (Kaua‘i)
- Other government and non-government agencies

Partnership stakeholders joined together to improve the health of Kaua‘i’s residents by engaging residents and organizations from across the island in a planning process to assess community health needs, determine core values and visions for preferred futures, identify priority issues, and develop strategies and detailed plans for action.

Guiding Principles for KCHII

- To address health disparities
- To adopt evidence-based strategies (policies, systems and environmental)
- To join forces, collaborate, build/renew partnerships
- To invest in prevention at all levels
- To be inclusive, to listen, and to value communities’ mana‘o
KCHII Timeline

**KCHII Phase One**

- **Spring 2013**
  - Focus Groups & Meetings
    - These were held with residents, government, business, nonprofit organizations and other stakeholders to discuss community issues.

- **June 2013**
  - CHNA Completed
    - The CHNA includes data from secondary review, focus groups, and assets mapping.

- **August 2013**
  - CHNA Presented
    - The community heard, validated, and celebrated the CHNA at a public meeting.

- **October 2013**
  - Workgroups Established
    - Five workgroups—Community Design and Planning, Housing Education and Lifelong Learning, Health and Wellness, and Medical Care—were established to develop a collective vision for Kaua‘i 2024 and strategies for improved community health.

**KCHII Phase Two**

- **January 2014**
  - Logic Model Training
    - KCHII partners attended training in Logic Models to build community capacity and facilitate the development of the Kaua‘i Community Health Improvement Plan.

- **June 2014**
  - KCHII Completed
    - Kaua‘i’s Community Health Improvement Plan is completed, charting a course of action.

- **Late Summer 2014**
  - Island-wide Meeting
    - An island-wide meeting showcases the work of KCHII and kicks off the plan’s implementation.
Background

The current policy environment provides an unprecedented opportunity to make major strides in improving population health. Policies at the global, federal, state, and county levels all point to the need to bring people together to make Kaua‘i’s environment more supportive of healthy behaviors and to help residents make positive behavior changes.

At the global level, the World Health Organization calls on all communities to join in building age-friendly communities and cities.

At the federal level, the Affordable Care Act (ACA) offers a framework for significant health care reform aimed at improving the health outcomes of every citizen. Healthy People 2020 sets national goals and objectives to reduce health disparities and promote health for all. Integral to the ACA is its National Prevention Strategy, which attempts to move the nation away from a health care system focused on sickness to one focused on wellness by outlining actions to help Americans stay healthy and fit.

At the state level, Hawai‘i’s Governor Neil Abercrombie unveiled a New Day in Hawai‘i, which provided a roadmap for positive changes in the economy, education, energy, the environment, food and agriculture, health, and housing. The 2011-2014 Strategic Plan of the Hawai‘i Department of Health builds on the New Day agenda, with goals and objectives around eliminating health disparities, promoting healthy behaviors, increasing emergency preparedness, and creating sustainable environments.

At the county level, the Kaua‘i General Plan outlines actions for Kaua‘i to protect the environment, diversify job and business opportunities, improve safety, support youth, and respect traditions and values of the people of Kaua‘i. The General Plan calls for broad participation of Kaua‘i residents in the planning process. Holo Holo 2020 outlines the vision of Kaua‘i’s Mayor Bernard P. Carvalho, Jr. to create an island that is sustainable, values native culture, has a thriving and healthy economy, cares for all, and has a responsible and user-friendly local government. Finally, in compliance with the ACA, Kaua‘i completed its CHNA in 2013, findings from which informed the Kaua‘i Community Health Improvement Plan.
Federal, State, and County Policy Alignment in Care, Building, Health, and Disparities

### Unified Planning

Policy directives on the national, state, and local levels are remarkably similar and well aligned. Yet, government bodies often work in parallel to one another in planning activities to operationalize their policy directives. This practice can be counterproductive, especially in small communities, like Kaua‘i.

Thus, the Kaua‘i Community Health Improvement Initiative was unique in the agreement of partner from diverse sectors—community design, transportation, housing, education, health, and medical care— to work together on a broad planning initiative that responded to community-defined need. This convergence allowed the Partnership to draw on expertise from the full range of sectors dedicated to health. The Partnership stands as an exemplar in this unified planning effort.
**Upstream Factors That Influence Health**

Both the CHNA and the KCHII planning process embraced the concept of “Community Building from Mauka to Makai.” This concept recognizes that upstream factors, such as politics, policy, and socio-economic conditions, can have midstream effects on access to health care, the built environment, and health risk factors. These upstream root causes and midstream effects have downstream consequences for population and individual health. Thus, improving health takes more than educating people about healthy behaviors. It also requires attention to community and organizational policy, the built environment, housing, transportation, high school graduation rates, and access to care.

*Adapted from: State Department of Health, 2011 Chronic Disease Disparities Report*

Upstream “Root Causes” have Midstream “Effects” and Downstream “Consequences.”
The Planning Structure and Process

KCHII operated as a coalition of government and nonprofit agencies under the umbrella of Na Lei Wili Area Health Education Center, Inc., a nongovernmental organization dedicated to community health promotion and education. A Coordinator, Naomi Sugihara, was hired to assist the Initiative, and her role was integral to a successful, inclusive planning process.

The Leadership and Oversight Committee led the planning process. They first met in January 2013 to commission the Kaua’i CHNA. This needs assessment compiled and analyzed data from existing surveillance systems, including those maintained by the Hawai’i Department of Health, and from 15 focus groups and four break out groups held across Kaua’i County.

In June 2013, the Leadership and Oversight Committee reviewed the draft of the CHNA. From the findings of the CHNA, the Leadership and Oversight Committee identified five priority issues—Community Design and Planning, Housing, Education and Lifelong Learning, Health and Wellness, and Medical Care.

Five Workgroups were established (one for each thematic area) to identify core values, vision statements, goals, strategic issues, and action strategies related to their area. Given their similar missions, the Get Fit Kaua’i Built Environment Task Force joined with the Community Design and Planning Workgroup in the KCHII planning process. Workgroups chose at least two strategic actions to implement in the coming years, outlining anticipated activities, outputs, and outcomes in logic models.

A Core Group, including Dr. Dileep Bal, Kathy Clark, Naomi Sugihara, Fran Becker from Na Lei Wili, and Romala Sue Radcliffe and Shirley Kidani from the State Health Planning and Development Agency (SHPDA), met frequently to coordinate the day-to-day work. The Steering Committee, which included representatives from the Leadership and Oversight Committee and the Core Group, met regularly throughout the year to identify needed resources.
Community Engagement Milestones

Leadership and Oversight Committee, First Meeting, January 9, 2013

Members of the Leadership and Oversight Committee included a cross section of residents from across the island, representing government, business, health agencies, other nonprofits, the faith community, and others. At this meeting, the Leadership and Oversight Committee reviewed and confirmed the purpose, strategy, guiding principles, and the overall vision of KCHII. Also presented to the group was the recommended process for developing the Kaua’i CHNA.

Purpose
To improve the health of all Kaua’i residents by preventing disease, detecting and treating disease during its early stages, and limiting disability as a consequence of disease

Strategy
To engage hospitals, public health agencies, and other stakeholders in a collaborative planning process to improve community health by assessing community health needs and developing a framework for implementation on Kaua’i

Guiding Principles
• To address health disparities
• To adopt evidence-based strategies (policies, systems and environmental)
• To join forces, collaborate, build/renew partnerships
• To invest in prevention at all levels
• To be inclusive, to listen, and to value communities’ mana’o

Overall Vision
All people of Kaua’i enjoy healthy lives and healthy communities.

Dr. Dileep Bal reviews the charge to the Leadership and Oversight Committee.
Community Health Needs Assessment Process and Findings

Funding to conduct the CHNA was provided by the Hawai‘i Department of Health and Wilcox Memorial Hospital. The final report can be accessed at: http://health.hawaii.gov/Kau/files/2013/07/KAUAI-CHNA-July-2013.pdf

Information for the CHNA was gathered from several sources, including secondary data review, focus groups, and asset mapping.

Secondary Data Review
A team compiled data relevant to Kaua‘i from:
- The Hawai‘i Data Book http://Hawai‘i.gov/dbedt/info/economic/databook/db2010/
- County Health Rankings & Roadmaps http://www.countyhealthrankings.org/about-project
- Community Commons http://www.communitycommons.org/
- CHNA.org http://www.chna.org/Home.aspx
- CHNA.org http://assessment.communitycommons.org/CHNA/
- Hawai‘i Health Matters/Hawai‘i Data Warehouse http://www.hhdw.org
- County Health Rankings and Roadmaps http://www.countyhealthrankings.org/app/#/Hawaii/2013/Kauai/county/outcomes/overall/snapshot/by-rank

Assets Mapping
A team from the Kaua‘i County Subarea Health Planning Council conducted a project called Assets Mapping: Kaua‘i Island. The resulting maps presented an inventory of the various assets and resources that contribute to individual and community health on Kaua‘i, including health care, government, education and research, social services, and community organizations.

Focus Groups
A team facilitated by Naomi Sugihara conducted 15 focus groups and four breakout groups that engaged 200 participants from across the five districts of Kaua‘i—Waimea, Koloa, Lihu‘e, Kawaihau, and Hanalei. To maximize the involvement of local residents in the process of creating a desirable future that would improve population health, focus groups were conducted with:

- Older adults
- Paana Village residents
- The Filipino Community Council
- The Kaua‘i Developmental Disabilities Council
- Marshallene men and women (2 groups)
- Friendship House consumers
- Native Hawaiians (2 groups)
- The Hanamalu Community Association
- The public in Lihu‘e (3 groups)
- The public in Kapa‘a (2 groups)
- Youth (2 groups)
- Individuals facing homelessness c/o Kaua‘i Economic Opportunity, Inc.
- The business community
Focus Group Questions and Findings

Major themes were identified under three guiding focus group questions.

**What strengths or good things do we have in our community that can improve health?**
- Agencies and organizations that provide exercise programs and classes, such as Ho‘ola Lahui Hawai‘i, senior centers, youth sports
- A clean, healthy environment that we live in, with beaches, hiking trails, and good weather on Kaua‘i
- Walk/bike paths – Ke Ala Hele Makalae
- Community and home gardens
- Good medical facilities and professionals

**What are some of the challenges to having good health?**
- Growing older and the increasing older population
- Junk and fast foods
- Discipline and motivation to diet and exercise
- Cost of healthy foods
- Health literacy – not understanding about health and the need to explain what it means to eat and to be healthy
- Lack of sidewalks and infrastructure that support walking and biking
- Electronics and technology that prevent youth and adults from exercising and being outdoors

**What are your vision(s), ideas, or image of a healthy Kaua‘i?**
- Improved economy, more stores to keep competitive prices
- More prioritizing of health in schools – healthy school lunches, teachers encouraging healthy eating habits
- More eldercare facilities and affordable senior housing
- More job opportunities and better-paying jobs
- No homeless
- Affordable housing for everyone
- More transitional housing for homeless in communities other than Lihu‘e
- Affordable health care
- Accessible community centers for services and programs that are culturally appropriate
- Native Hawaiian-speaking, culturally knowledgeable health care professionals, including doctors, nurses
- Violence-free, safe communities with neighborhood watch programs, especially where tourists visit
- Health literacy programs in schools
- Workplace wellness programs
- Less underage drinking and fewer drunk drivers
- Improvement in built environment and infrastructure: sidewalks and bike paths
- Integrated medical care from birth to death: prevention and treatment
Photos from Some of the Focus Groups

Native Hawaiians—West Side

Filipino Community Council

Older Adults

Marshallese Men’s Group

Youth

Hanamaulu Community Association
Leadership and Oversight Committee Meeting, June 18, 2013

At this meeting, the Leadership and Oversight Committee reviewed the draft of the CHNA, including the list of issues generated through the CHNA. These issues were grouped into 12 main categories.

12 Categories That Issues Were Grouped Into

- Civic engagement
- Community design and planning
- Education and lifelong learning
- Environmental sustainability
- Equity of opportunity
- Health and wellness
- Housing
- Local leadership
- Medical care
- Public safety and services
- Transportation and mobility
- Workforce development

The Leadership and Oversight Committee also approved five criteria to be used to determine which of the 12 categories should be attended to first. The categories were adapted from a protocol of the City Leaders Institute on Aging in Place, Metlife Foundation, and Partners for Livable Communities.

Five Criteria Used for Prioritization

- Magnitude of the problem
- Alignment with current plans, including the Kaua‘i General Plan and Holo Holo 2020
- Alignment with community and stakeholder strengths and priorities, as identified through the CHNA
- Potential for intervention
- Potential for funding

Participants at the June 2013 meeting used dots to vote for top themes based on these criteria. The prioritization process led to the identification of five priority themes.
Five Priority Issues
The prioritization process led to the identification of five priority issues for further work.

- **Community Design and Planning**
  - Walkable communities
  - Bikeable communities
  - Safe communities to encourage and promote physical activity and social connectivity

- **Housing**
  - Transitional housing for homeless
  - Affordable housing for residents
  - Senior housing close to services

- **Education and Lifelong Learning**
  - Health education for keiki, kūpuna, and ‘ohana
  - Health education in schools, at work, and at church
  - Health literacy
  - Workplace preparation, keiki to career

- **Health and Wellness**
  - Upstream prevention
  - Easy, convenient access to affordable, healthy food for busy families, and concern about unhealthy fast food
  - Screening, early detection, and management for breast cancer, cervical cancer, diabetes, cholesterol, hypertension, colorectal cancer, HIV, etc.
  - Teen pregnancy
  - Tobacco use

- **Medical Care**
  - Available, accessible, affordable, and integrated mental health care/substance abuse/developmentally disabled services and facilities
  - Available, accessible, affordable, and integrated medical care, first to last breath

Dr. Dileep Bal reviews the charge to the Leadership and Oversight Committee.
Community Gathering to Showcase the Community Health Needs Assessment, August 9, 2013

This meeting was held at the Kaua‘i Beach Resort from 5-7pm on August 9, 2013. Mayor Bernard P. Carvalho, Jr. welcomed attendees. The KCHII Co-Chairs (Kathy Clark and Dileep G. Bal) also welcomed and thanked individuals who attended the meeting, as well as all individuals who had taken part in the planning process and focus groups to date.

An overview of the CHNA was presented, including its process and key findings from the secondary data review, focus groups, and assets mapping activities.

The prioritization process of issues identified through the CHNA was explained. The resulting five themes identified at the June 2013 Leadership and Oversight Committee meeting were presented. Community feedback about and endorsement of the findings were sought and received.

Next steps were outlined. These included the formation of five Workgroups, one for each of the five themes. Community members were invited to serve on one or more of the Workgroups to develop a vision for Kaua‘i 2024, develop a vision and goal for the Workgroup, identify issues, and develop strategies to address the issues and achieve the vision.

The five Workgroups were formed. Workgroups included members from government, business, education, faith-based organizations, the nonprofit sector, and the community-at-large who had expertise in and/or interest in the focus area of a particular Workgroup. The Co-Chairs and a trained facilitator met with Workgroups together to discuss the planning process and to obtain input.

Each Workgroup was tasked to:
- Create a vision for a healthier Kaua‘i.
- Develop a workgroup goal.
- Identify strategic issues to be addressed.
- Brainstorm action strategies to address the strategic issues and problems.
- Prioritize action strategies based on the magnitude of the problem, alignment with current plans, alignment with community and stakeholder strengths and priorities, potential for intervention, and potential for funding.

A planning triangle was used to illustrate and guide the Workgroup planning process.

Workgroups identified far more action strategies than they could implement in the next five years. Thus, the prioritization process allowed them to focus on the strategic actions that would yield the biggest impact and yet be the most feasible to accomplish in the time period. The Workgroups agreed to develop logic models for their two or three prioritized issues.
Kaua‘i Community Health Improvement Initiative

Workgroups in Action

Housing Workgroup

Health and Wellness Workgroup

Medical Care Workgroup

Education and Lifelong Learning Workgroup

Community Design and Planning Workgroup/Get Fit Kaua‘i Built Environment Task Force
Community Capacity Building: Logic Model Training, January 24, 2014

The visioning and strategic issues process led the Workgroups to training on how to build logic models. Members of the Workgroups, Steering Committee, and Leadership and Oversight Committee were invited to Logic Model Training on January 24, 2014. More than 50 individuals were in attendance.

Logic models are planning tools that result in graphic representations of the resources and activities needed to implement an action strategy, as well as anticipated outputs and outcomes if the activities are carried out successfully. At this training, Workgroups developed logic models for their top two or three strategic actions. The completed logic models for prioritized issues (shown in Appendix A) represent a first step toward reaching the Kaua‘i Vision 2024.
Kaua‘i Vision 2024

Values
The five Workgroups developed a set of values to guide their work.
- Culture – celebrating and honoring our heritage
- Respect – valuing one another’s beliefs and honoring differences
- Healthy relationships – encouraging and receiving the gifts from all people
- Beauty – recognizing the need for beauty in natural and built environments
- Connection and interconnectedness – honoring families and respecting the ʻāina, and recognizing that our actions individually and collectively impact the greater community
- Responsibility – remembering to be responsible to ourselves, to one another, and to the island
- Collaboration and harmony – bringing people together
- Integrity – doing the right thing for the right reasons
- Transparency – being open
- Social equity – being inclusive
- Community pride – acting on our emotional connection to this place

Kaua‘i Vision 2024
The Workgroups developed an overall vision for Kaua‘i in 2024, with detailed visions for each of the five thematic areas—Community Design and Planning, Housing, Education and Lifelong Learning, Health and Wellness, and Medical Care.

Overall Vision. In 2024, nearly 80,000 residents, young and old, are enjoying the benefits of a healthy life in the County of Kaua‘i. According to the County Health Rankings and Roadmaps, Kaua‘i ranks highest in the State of Hawai‘i with the most favorable physical environment, social and economic indicators, clinical care, health behaviors, and health outcomes. Keiki (children) are blessed to be born, raised, and educated on the island. Parents, nā kūpuna (elders), and the community lay a solid foundation for the keiki to perpetuate family values, and to have the life skills to build strong families for the future. Nā kūpuna live full and active lives, knowing they are healthy, contributing to family and community, and growing old with dignity and self-determination. All of the County’s residents honor and practice the culture of being respectful, treating everyone equally, caring for one another, sharing, taking care of the ʻāina (land), being good stewards of the island’s resources, and being accountable to future generations. These characteristics make Kaua‘i a special place to be born, learn, play, work, and grow old.

Community Design and Planning. By 2024, residents and visitors enjoy Kaua‘i’s healthy, livable, active, and vibrant communities. Social equity has been built into community design and planning to support access to services and to achieve active and healthy living for all residents. Kaua‘i’s towns, tied to their historical and cultural past, are vibrant, attractive, and growing urban cores. The rural areas and agricultural lands remain open due to successful land use incentives that encouraged mixed-use development (retail, commercial, and residential uses all together) within our town centers and minimized suburban sprawl. Kaua‘i is now a more walkable place because allowed velocities for motor vehicles in towns and neighborhoods have been reduced, and traffic is calmed. Our roadways feature a range of elements that encourage active transportation, such as sheltered bus stops, bikeways, public gathering spaces, safe and convenient pedestrian crossings, streets shaded by trees and other greenery, clean and safe multi-use paths separated from motor vehicles, and well-lit walkways. Accordingly, residents have public spaces where they socialize and feel safe from crime, and all ages enjoy Kaua‘i’s walkable towns and neighborhoods.
Storefronts are attractive and promote increased foot traffic for local businesses. Retailers sell healthy and fresh food options. Community gardens are within neighborhoods, and farmers markets are a short walk from where people live. A first-class, island-wide transit system serves a diversity of needs. Bus use by residents and visitors is on the rise, and ride-sharing is common. Bicyclists find convenient and secure bicycle parking at their destinations. Bike sharing and dedicated facilities supporting bicycling are available, and a continuous bicycle network connects every town. By focusing our development, Kaua‘i has preserved its healthy watersheds and pristine beaches. Both our open spaces and built environment reinforce Kaua‘i as “The Garden Isle.” The County has balanced the community’s needs, economic development, and natural-resource protection for a healthy and sustainable future.

**Housing.** There is a sense of community that promotes stability, safety, and mutual support through the maintenance of existing homes and expansion of affordable housing to meet the needs of the people of Kaua‘i and Ni‘ihau. Individuals, families, older adults, disabled, and workforce have access to quality and affordable housing options to accommodate their changing needs and expectations. Housing options include retrofitted, rehabilitated existing single-family dwellings, multi-generational housing, public housing, and supportive-living arrangements. With the adoption of viable policies, developers are proceeding to build affordable housing in Kaua‘i. Public housing offers a gathering place where neighbors meet with neighbors to talk story, engage in activities, and share food grown in adjoining community gardens or purchased at the neighborhood Farmer’s Market. Residents enjoy the benefits that the housing has developed, including a safe walk path. Residents also can use the Mayor’s Holo Holo 2020 well-lighted jogging paths and bike lanes nearby. Nā kūpuna residing in Kaua‘i’s premier Rice Camp Senior Housing have access to services on site. They can participate in the EnhanceFitness program to do aerobics and build strength to avoid falls, join the Better Choices Better Health program to keep their chronic conditions in check for olakino (health), catch a bus to the library to participate in a variety of lifelong learning programs, join the Retired Senior Volunteer Program and other programs to provide community services and, as needed, access the Aging and Disability Resource Center to obtain community long-term care support services. Expanded supportive services have enabled many individuals, including the homeless, to successfully secure employment and acquire more permanent housing.

**Education and Lifelong Learning.** The people of Kaua‘i have access to culture-based education across the lifespan that is sustainable, affordable, intergenerational, and embedded in the community. Residents are encouraged to follow a path where their greatest aspirations are achieved. Education has been redesigned to offer multiple modes of accessing information to meet the needs of a broad population. The public educational system has the infrastructure for high tech and high touch. Apprenticeships and internship programs honor the young and old. Mentorship and internships support individuals to acquire the knowledge and skills necessary to be career ready. Nā kūpuna are revered, and their oral histories are woven into the public education system to sustain local values and cultures. Students are learning about the important aspects of maintaining good health, as health education is an important component in the public schools, focusing on nutrition, healthy eating habits, exercise, drug prevention, and good mental health. Public libraries are the focal points for the community’s lifelong learning and overall well-being. Kaua‘i Community College is the hub for affordable and accessible higher education. There is a strong partnership and clear pathway from K-12 into KCC and then beyond into the rest of the UH System for those who wish to continue their education. Businesses support education by providing expertise and job-discovery opportunities for students. Adults of all ages visit the campus to enroll in programs and classes on health education and ways to maintain a healthy lifestyle. Kaua‘i’s residents are able to obtain baccalaureate and graduate degrees. With education, all of Kaua‘i’s residents (young and old) are thriving and are empowered to contribute to Kaua‘i’s society.
Health and Wellness. Kaua‘i residents are happy, healthy, and embrace wellness and active lifestyles. With the implementation of the Affordable Care Act (ACA), residents have access to a range of prevention programs. As envisioned in Mayor Bernard P. Carvalho Jr.’s watershed Holo Holo 2020 program, health and wellness have been embedded in the health care system and the fabric of day-to-day life. As a result of the major improvements made a decade ago in community design and infrastructure development, Kaua‘i’s keiki are now able to focus on their scholastics because they safely walk or ride their bikes to and from school and so arrive energized and ready to learn. Bike share and other innovative active transportation options are heavily used throughout the island. The island’s multi-use paths, walk courses, and exercise circuits in parks, and its well-maintained wilderness hiking and biking trails have supported residents in making exercise an integral part of their daily routines. Residents continue to increase their levels of physical activity because they understand that active lifestyles help prevent the onset of diabetes and other chronic conditions, and reduce obesity prevalence. With the enactment of smoke-free laws, Kaua‘i is nearly tobacco-free. Policies adopted a decade ago, including smoke-free multi-family housing, bus stops, parks, and beaches, in conjunction with sustained anti-tobacco messaging and the increased purchasing age for tobacco (including electronic devices), have all contributed to the decrease in the percentage of adults and youth who use tobacco. Residents are aware of the health benefits of eating sensibly, and a broad variety of locally produced, wholesome foods are readily available through the County’s Food Hub and its distribution network. Conversely, fast-food consumption is steadily decreasing. With the enactment of innovative partnerships and strategies, the public is witnessing decreases in the prevalence of HIV, HPV, suicide, domestic violence, colorectal cancer, teen pregnancy, and pedestrian, bicycle, and motor vehicle injuries. Immunization rates are on an upward swing, with all keiki and kupuna protected from unwanted diseases and conditions. Bullying in schools and the workplace no longer exists, as policies adopted years ago do not tolerate the behavior.

Medical Care. Medical, dental, and mental health care are available, accessible, affordable, and integrated for all the people of Kaua‘i—first to last breath—with an emphasis on prevention. Residents and visitors alike can access a seamless, affordable, and integrated health care system that encompasses wellness and care of the ill and injured. Health care providers offer patient-centered quality care at appropriate times and settings. Supported by a statewide electronic medical record that connects Kaua‘i Veterans Memorial Hospital and Wilcox Memorial Hospital, all populations, including new residents, can access information relating to their health and health care. Kaua‘i has an adequate supply and mix of health care providers to meet residents’ health care needs. The health care system promotes prevention and, to that end, community partnerships have been created to: (1) sustain physical education in schools and make health education accessible; (2) design communities that accommodate and are safe for physically active lifestyles; (3) address mental health in the community and support living arrangements for individuals who have mental health challenges; and (4) raise awareness of the necessity of good nutrition and accessible healthy food choices. Preventive oral health care is available to everyone. Public officials have invested resources to improve health outcomes of the people, including exercise programs for all age groups. With improved access to healthy food choices and increased physical activity, Kaua‘i is experiencing a reduction in the prevalence of chronic health conditions and obesity. There is also a decrease in the incidence of late-stage malignancies and hospital usage. Kaua‘i celebrates and boasts of increased healthy longevity and improved health outcomes of its residents.
Workgroup Issues and 12 Strategic Actions

Community Design and Planning/Get Fit Kaua’i Built Environment Task Force

Description of Issues
The built environment influences the health of Kaua’i’s residents. Government, administrators, planners, and community advocates acknowledge that the existing built environment is car-centric. Many people do not feel safe walking or bicycling, and the current roadway standards do not consider pedestrian, bicycle, and transit use.

Strategic Actions

- Educate community and enlist their support.
- Change the land use code to support healthy community design.
- Improve bicycle and pedestrian infrastructure.
- Improve transit infrastructure and services, including frequency, routes, and alternatives to single-occupancy vehicle trips.
- Develop a collaborative working partnership with the State Department of Transportation to strengthen the statewide network on transportation issues.
- Improve the connectivity of essential services, including emergency response.
- Pursue the Six E’s: Equity, Evaluation, Education, Enforcement, Engineering, and Encouragement.
- Educate using the Safe Routes to School Toolkit published by the National Highway Traffic Safety Administration, a how-to guidebook that includes surveys, checklists, sample press releases, resolutions of support, fact sheets, curricula, success stories, statistics, and more.
- Develop a Kaua’i Bike Plan, following the examples set by communities such as Boulder, CO; Davis, CA; and Portland, OR.
- Assure safe routes to parks.
- Enhance parks by making them more conducive to physical activity (besides just ball fields and beaches) by adding walking paths, parcours, disc golf, tennis facilities, playgrounds, etc.
- Amend County roadway standards to incorporate the principles of Complete Streets and performance-based design.
- Work with developers to educate them on new roadway standards.

The Community Design and Planning Workgroup/Get Fit Kaua’i Built Environment Task Force prioritized three strategic actions and developed logic models outlining activities and expected outputs and outcomes to:

1. Improve roadway standards.
2. Improve bike and pedestrian facilities.
3. Improve transit.

Full logic models are shown in Appendix A (pages 52-55).

Goal
To establish complete pedestrian, bicycle, and transit networks connecting the commercial town core, schools, parks, and residential areas and connecting towns and destinations to one another.
Anticipated Outcomes by 2019-2020

<table>
<thead>
<tr>
<th>Immediate Focus</th>
<th>Anticipated Outcomes by 2019-2020</th>
<th>Long-term Impact</th>
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<tbody>
<tr>
<td>1. Improve roadway standards.</td>
<td>• All new and retrofitted roads now accommodate cyclists and pedestrians.</td>
<td>Kaua‘i residents and the environment are healthier because many residents are using safe, active transportation, since Kaua‘i’s policies and infrastructure support these modes of transportation.</td>
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<tr>
<td>2. Improve bike and pedestrian facilities.</td>
<td>• New roadway standards have fully replaced existing standards and are embraced by the County, private developers, and public.</td>
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<tr>
<td>3. Improve transit.</td>
<td>• Walking trips have increased from 4.3% to 11.5% of all trips.</td>
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<tr>
<td></td>
<td>• Biking Trips have increased from 2.5% to 7.5% of all trips.</td>
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<tr>
<td></td>
<td>• Transit trips have increased from 0.4% to 1.2% of all trips.</td>
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<tr>
<td></td>
<td>• Number of children walking to elementary school has increased by 50% over 2013 levels.</td>
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<tr>
<td></td>
<td>• Bicycle trips comprise 3.6% and walking trips comprise 7.6% of all trips.</td>
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<tr>
<td></td>
<td>• Rice Street is reconfigured as a Complete Street, including bike lanes and enhanced pedestrian crossings.</td>
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<td></td>
<td>• Ke Alē Hele Makalae extends from Anahola to Līhu‘e.</td>
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<tr>
<td></td>
<td>• The Waimea to Kekaha path is built.</td>
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<td></td>
<td>• A multi-use path is built in Kilauea and Princeville.</td>
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<td></td>
<td>• 300 students and 100 adults have completed a bike education class each year.</td>
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<td></td>
<td>• Vehicle miles travelled is stabilized at 2010 levels.</td>
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<td></td>
<td>• Average household transportation costs are 20% or less of average household income, a 26% reduction from 2013 level.</td>
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<td></td>
<td>• Dedicated funding of $7 million annually is identified and secured for transit operations, to include FTA, State of Hawai‘i, and local sources.</td>
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<td></td>
<td>• 25% of transit stops are completed on state roads.</td>
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<tr>
<td></td>
<td>• A shuttle system is operating on the north and south shores.</td>
<td></td>
</tr>
</tbody>
</table>

Anticipated Accomplishments by 2016-2017

- The new roadway standards manual and curriculum are completed.
- 75% of workers in Public Works and Hawai‘i Department of Transportation, as well as transit, housing, and subdivision planners have been trained on the new roadway standards.
- 75% of planning commissioners and County Council members have been educated on the new roadway standards.
- 50 business leaders and four community groups have been educated on the new roadway standards.
- Funding has been secured for community and media outreach on the new roadway standards, and the campaign is completed.
- The new roadway standards are approved.
- GFK has held community meetings in every planning district regarding the “Healthy Placemaking” campaign.
- Mailihuna and Olohena Roads have been restriped including bicycle climbing lanes.
- Waikomo Road is restriped as a Safe Route to School for Kōloa Elementary.
- Four new lighted Rectangular Rapid Flash Beacon (RRFB) crosswalks are installed near schools.
- Hardy Street is reconstructed as a Complete Street, including bike lanes, sidewalks, and a shared-use path.
- Hanapēpē Road is resurfaced and reconfigured as a Complete Street, including accommodations for bicyclists and pedestrians.
- Safe Routes to School improvements are in place for Kōloa Elementary and King Kaumuali‘i School, including sidewalks and bike lanes.
- Kawaihau Safe Routes to School improvements on Kawaihau, Mailihuna, Hauaala Roads are completed, including sidewalks, roundabouts and improved pedestrian crossings.
- Po‘ipū Road complete streets improvements, including bike lanes and sidewalks, are completed.
- The County has established programs and policies for street tree maintenance.
- All fixed-route buses have racks for at least three bikes.
- Secure covered or indoor employee bicycle parking facilities are provided by three businesses/government agencies with 100 or more employees.
- There is at least one pilot bike-share program.
- A comprehensive media campaign for supporting dedicated transit funding is completed.
- County employees can purchase bus passes pre-tax.
- 25 high-priority bus stops now have shelters.
- Main line weekday service is expanded to at least every 30 minutes, and weekend service is expanded to at least every hour.
- All government agencies (Federal, County, and State) have a bulk-rate transit pass program.
- A “smart-card” fare program is implemented (cash fare payments are no longer necessary).
- Para-transit home-to-location pickups/drop-offs are reduced by 20%, as more para-transit users have access to main line routes and shuttles.
- Two new satellite base yards and a computer-aided dispatch system are completed.
- All fixed-route buses have racks for at least three bikes.
- A plan is developed to design transit stops on state roads.
Housing

Description of Issue
Housing is getting too expensive, especially for new families. Some housing is built far from services. Existing housing needs renovation or expansion to better house families with changing needs. More housing is needed for the disabled, the elderly, and the homeless.

Strategic Actions
- Complete a study to establish ratios for different categories of housing, e.g., for workforce (<140% of median income), elderly, and disabled.
- Create spaces for services/agencies to come to the different housing areas for the elderly and disabled. Build housing in close proximity to community resources and services.
- Create and support policy that lowers the cost to build housing on Kaua‘i.
- Change policy to allow higher density to increase profitability for developers, resulting in cheaper housing per unit cost.
- Create low-interest loan programs to purchase, expand, or rehabilitate homes on Kaua‘i. For example, materials could be bought through low-interest loans, volunteer manpower may be used, and grants (e.g., Federal/State/County and private investment) could be obtained.
- Establish land bank/trust for affordable housing (nonprofit arm). Buy and sell houses as leasehold property; and manage inflation to cost of house.

The Housing Workgroup prioritized two strategic actions and developed logic models outlining activities and expected outputs and outcomes to:

1. Increase retrofitting of existing housing.
2. Establish incentives to build affordable housing.

Full logic models are shown in the Appendix (pages 56-57).

Goal
To increase the supply of residential housing that is affordable, accessible to services, and promotes aging-in-place and independent living

Anticipated Outcomes by 2019-2020

<table>
<thead>
<tr>
<th>Immediate Focus</th>
<th>Anticipated Outcomes by 2019-2020</th>
<th>Long-term Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase retrofitting of existing housing.</td>
<td>• A sustainable home-retrofitting program is in place.</td>
<td>Kaua‘i residents have access to quality, affordable housing, and Kaua‘i residents are able to safely age-in-place.</td>
</tr>
<tr>
<td>2. Establish incentives to build affordable housing.</td>
<td>• 20 homes have been retrofitted and/or expanded.</td>
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<tr>
<td></td>
<td>• Incentives to build affordable homes are in place.</td>
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<tr>
<td></td>
<td>• 150 affordable units have been built through participation in the incentive process.</td>
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<tr>
<td></td>
<td>• The rate of affordable housing development has increased by 50% over 2013 levels.</td>
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<tr>
<td></td>
<td>• The number of developers building affordable homes on Kaua‘i has increased from two entities currently to four entities.</td>
<td></td>
</tr>
</tbody>
</table>
Anticipated Accomplishments by 2016-2017

- A coalition of the Advisory Committee, the Department of Health, and housing advocates has been formed and is meeting regularly.
- A plan and criteria for retrofitting houses have been completed.
- A grant proposal for a pilot retrofitting program has been submitted.
- The coalition has a waitlist of houses for retrofitting, based on priority needs of family.
- Two pilot homes have been retrofitted and used to gain support (money, policy, partners, etc.) for more retrofitting.
- Resources have been secured to expand the retrofitting program to other houses on the waitlist.
- An educational PPT on possible incentives of making housing more affordable has been created.
- 500 people, including community, County Council members, and State legislators have been educated.
- Five incentives to build affordable homes have been implemented.
Education and Lifelong Learning

Description of Issues
There is inconsistent implementation of the Department of Education (DOE) Wellness Policy in Kaua‘i Schools. We need to reduce bullying in schools. We need to assure that youth are career ready by supporting Keiki-to-Career life skills and resilience training. More lifelong learning and intergenerational education programs are needed.

Strategic Actions
- Identify and monitor priority areas of the DOE Wellness Policy not being addressed by establishing interventions and healthy alternatives on campus and school-sponsored activities. Review the DOE Wellness Policy results at the schools, Parent Teacher Student Association (PTSA) meetings, and community. Offer resources and sharing of success stories in the schools.
- Develop activity to measure student height and weight in the schools (measure at baseline and year end).
- Support the Keiki-to-Career Life Skills and Resilience Committee activities by providing resources.
- Develop parenting classes and a group to support parents after classes are completed.
- Develop life skills classes to help deal with bullying.
- Increase support and expand participation in Better Choices, Better Health program. Consider having High School and Kaua‘i Community College (KCC) students partner with mentors to teach BCBH classes, high school students earning academic credits and teachers earning Professional Development (PD) credits.
- Pilot a minimum of four (Westside, Central, Eastside, Northshore) intergenerational community gardens and health/nutrition education programs.

The Education and Lifelong Learning Workgroup prioritized two strategic actions and developed logic models, outlining activities and expected outputs and outcomes to:

1. Increase high school graduation rates.
2. Assure full implementation of DOE Wellness Policy in public schools.

Full logic models are shown in Appendix A (pages 58-59).

Goal
To increase health education for keiki, kūpuna, and ‘ohana through community initiatives and existing community structures by networking with other agencies, government, nonprofit agencies, and businesses

Anticipated Outcomes by 2019-2020
<table>
<thead>
<tr>
<th>Immediate Focus</th>
<th>Anticipated Outcomes by 2019-2020</th>
<th>Long-term Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase high school graduation rates.</td>
<td>• Kaua‘i has a high school graduation rate of 90% or higher, up from 84% currently.</td>
<td>All Kaua‘i students are college and career ready, and children are healthier and happier, school</td>
</tr>
<tr>
<td>2. Consistently implement the DOE Wellness Policy in all public schools.</td>
<td>• 60% of Kaua‘i’s students at 11th grade have ACT scores of 19 or better, up from 30% for Waimea High, 33% for Kapa‘a High, and 44% for Kaua‘i High.</td>
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<td>• 75% of DOE schools show: increased time in school</td>
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<table>
<thead>
<tr>
<th>Anticipated Accomplishments by 2016-2017</th>
</tr>
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<tbody>
<tr>
<td>• Funding for Keiki to Career is secured, and a coordinator is supporting connections of community resources and schools.</td>
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<tr>
<td>• Outreach efforts have reached 75% of middle and high school students on the island.</td>
</tr>
<tr>
<td>• 100% of DOE schools have implemented the Common Core curriculum in English Language Arts and Math.</td>
</tr>
<tr>
<td>• There is a single, transition plan template developed and web-based application, which is accessible to KCC. Information describes student progress, interests, and achievements.</td>
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<tr>
<td>• There is identified community support for the implementation of the intervention plan developed for each elementary, middle, and high school.</td>
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<tr>
<td>• There is identified community support for the implementation of the intervention plans for high-risk students.</td>
</tr>
<tr>
<td>• A partnership has been established between businesses and schools to ensure college and career readiness/relevance.</td>
</tr>
<tr>
<td>• 100% of schools have been assessed for their implementation of the DOE Wellness Policy.</td>
</tr>
<tr>
<td>• Assessment findings/ideas have been shared with all schools.</td>
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<tr>
<td>• Technical assistance has been provided to all schools.</td>
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<td>• 100% of schools have been assisted to find or lobby for resources.</td>
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<tr>
<td>• Costco, Walmart, Kmart have healthy snack sections.</td>
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<tr>
<td>• A community organization has agreed to present on making healthy snacks.</td>
</tr>
<tr>
<td>• Implementation and outcomes have been monitored by the Complex Area Superintendent and principals.</td>
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<tr>
<td>• Through PE classes, data have been collected for students in grades 5-12 on their body composition, physical activity, and nutrition.</td>
</tr>
<tr>
<td>• 25% of schools are ready to share a success story.</td>
</tr>
</tbody>
</table>
Health and Wellness

Description of Issues
The prevalence of chronic disease is increasing. Many chronic diseases can be prevented or controlled through lifestyle changes. But environments do not support affordable healthy eating or physical activity, especially for busy families. Tobacco use is still allowed in many venues. Not all residents participate in vaccination and cancer screening, and many people with chronic diseases are not managing them well. Prevalence of teen pregnancy, STDs, suicide, domestic violence, bullying, and injuries is too high.

Strategic Actions

- Improve nutrition and reduce obesity by: eliminating the General Excise Tax on purchases of fresh fruits and vegetables (through legislature); increasing availability of locally grown fruits and vegetables; increasing visibility of healthy foods in stores (especially in stores that take SNAP/EBT); banning fast-food restaurants close to schools, daycare centers, or parks; imposing restaurant menu labeling; and taxing sugar-sweetened beverages.
- Increase participation in vaccination, disease screening, and early detection and management of chronic disease by: conducting a “know your numbers” campaign; establishing worksite screening and self-management classes; increasing referrals to the Tobacco Quitline; promoting HPV immunization; etc.
- Simultaneously reduce teen pregnancy and stem the spread of STD in teenage populations by providing education on sexual health, increasing availability of condoms and contraception, expanding Medicaid family planning services, etc.
- Reduce tobacco consumption by: helping enact policies for smoke-free beaches, parks, condos, and cars with keiki <18; providing anti-tobacco education to all schoolchildren; raising taxes on tobacco products (including e-devices); banning sales of tobacco and e-devices to people <21; promoting the Quitline; expanding referral to and availability of tobacco cessation programs; etc.
- Prevent infectious/communicable diseases, including those endemic to Kaua‘i (e.g, leptospirosis, ciguatera poisoning) and potential imported serious infections (e.g., dengue fever, rat lung worm disease, avian flu, West Nile virus, cholera) by reestablishing the island’s vector-control program. Reduce hospital and nursing home nosocomial infections. Strengthen the emergency response system.

The Health and Wellness Workgroup prioritized two strategic actions and developed logic models outlining activities and expected outputs and outcomes to:

1. Reduce tobacco use.
2. Reduce incidence of adolescent pregnancy.

Full logic models are shown in Appendix A (pages 60-62).

Goal
To facilitate wellness by: (1) promoting affordable healthy foods, physical activity opportunities, prevention of and screening for chronic diseases, and good mental health; and (2) preventing tobacco use, infectious diseases, and high-risk behaviors.
Anticipated Outcomes by 2019-2020

<table>
<thead>
<tr>
<th>Immediate Focus</th>
<th>Anticipated Outcomes by 2019-2020</th>
<th>Long-term Impact</th>
</tr>
</thead>
</table>
| 1. Reduce tobacco use. | • A new law bans smoking in cars carrying keiki under 16 years of age.  
• A new law restricts tobacco sales to adults 21 and older.  
• State tobacco taxes have increased by at least 20%.  
• At least 50% of new tobacco tax revenues are used to support anti-tobacco education.  
• Smoking prevalence among adults has decreased from 17.6% (currently) to 12%.  
• Smoking prevalence among teens has decreased from 9% (currently) to 5%.  
• All Kaua‘i middle and high schools teach a sex education curriculum that includes information on using condoms to prevent pregnancy and STIs.  
• The teen pregnancy rate on Kaua‘i has decreased from 39 per 1,000 women aged 15-19 currently, to 35 per 1,000 in 2017, and to 30 per 1,000 in 2020. | Kaua‘i is smoke free by 2030, and teen pregnancy is below 25 per 1,000. |
| 2. Reduce incidence of adolescent pregnancy. | | |

Anticipated Accomplishments by 2016-2017

- Six Tobacco-Free Kaua‘i meetings per year are being held.
- The Tobacco-Free Kaua‘i policy workgroup has cultivated political will with Mayor, County Council, State Legislature, Governor, and community for passage of stronger anti-tobacco and anti-electronic smoking device legislation.
- 100% of Kaua‘i schools have started providing age-appropriate anti-tobacco education.
- 50% of health care providers at Kaua‘i Medical Clinic, Kaua‘i Veterans Memorial Hospital, and the Community Health Centers have completed payer quality measures standard training (on asking patients about tobacco use).
- 25 smoking cessation workshops have been provided, reaching 300 individuals.
- A grant proposal to support smoking prevention and cessation programs has been submitted.
- The Health and Wellness Workgroup has collaborated with the Hawai‘i Youth Services Network to coordinate a plan and organize advocates to educate legislators and present testimony on need for a comprehensive sexual health curriculum (like Pono Choices) in schools.
- Facilitators have been trained in a comprehensive sexual health curriculum and have started to offer it in the community.
- 50% of middle and high schools on Kaua‘i have started providing the comprehensive sexual health curriculum, and student knowledge of basic reproductive health is being measured before and after the curriculum.
- DOH nurses have trained the School Health Aides to provide services and appropriate referrals to expectant teen parents in the school system.
- Kaua‘i youth have expanded access to contraception and to Medicaid Reproductive Health Services.
Medical Care

Description of Issues
A lack of access to primary care physicians and mental health providers has led to overutilization of emergency department services. The prevalence of obesity is high. More people should participate in colorectal cancer screening.

Strategic Actions
- Reduce tobacco use by training providers to ask about tobacco use at the beginning of every visit and providing every tobacco user with education and with resources for cessation.
- Reduce obesity by increasing access to nutritional counseling to help people improve their diets and increase physical activity. Work with fast-food restaurants to improve healthy options. Advocate for taxation of sugar-sweetened beverages; and so forth.
- Improve access to primary care for all residents by establishing a group that monitors provider types, numbers, and locations and evaluates hours of operations of clinics and makes recommendations to expand availability of providers to meet need. This also should help reduce inappropriate use of the emergency department.
- Increase early detection and treatment of colon cancer.
- Increase access to mental health services by increasing availability of mental health providers.

The Medical Care Workgroup prioritized three strategic actions and developed logic models outlining activities and expected outputs and outcomes to:
1. Improve access to primary care services.
2. Improve access to mental health care services.
3. Decrease obesity by promoting healthy eating and physical activity

Full logic models are shown in Appendix A (pages 63-65).

Goal
To create an integrated health care system based on education and prevention that reduces health disparities and the burdens of chronic disease

Anticipated Outcomes by 2019-2020

<table>
<thead>
<tr>
<th>Immediate Focus</th>
<th>Anticipated Outcomes by 2019-2020</th>
<th>Long-term Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve access to primary care services. 2. Improve access to mental health care services. 3. Decrease obesity by promoting healthy eating and physical activity.</td>
<td>• There is a 5% decrease in Emergency Room visits for psychiatric care  • There is an increased utilization of appropriate treatment services  • 50% of those participating in the Wilcox lifestyle change education program have achieved their weight-loss goals.  • 90% of Kaua‘i adults know their hypertension and/or diabetes disease status, as measured by the Behavioral Risk Factor Surveillance System and Hawai‘i Health Survey.  • 90% of Kaua‘i residents engage in physical activity outside of work, up 85% from 2012.</td>
<td>All Kaua‘i residents will have access to appropriate primary health care and mental health care, and Kaua‘i residents will be able to achieve and maintain a healthy weight.</td>
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</tbody>
</table>
• 40% of adults meet physical activity guidelines, up from 25% now, as evidenced by Hawai‘i Health Matters.
• 25% of Kaua‘i adults eat five or more fruits and vegetables a day, up from 16% now, as measured by Hawai‘i Health Matters.
• 70% of Kaua‘i adults have a healthy body weight, up from 50% in 2012, as evidenced by Hawai‘i Health Matters.
• 25% of Kaua‘i teens eat five or more fruits and vegetables a day, up from 21% now.
• 80% of Kaua‘i teens have a healthy body weight, up from 75% in 2012, as evidenced by Hawai‘i Health Matters.

Anticipated Accomplishments by 2016-2017

• A consortium to monitor primary care access in Kaua‘i County has been established and is meeting monthly.
• The consortium has developed a strategic/financial plan.
• Reports of supply and demand for primary care providers are issued regularly.
• A system has been created to assign residents without primary care providers to providers.
• A consortium to monitor mental health care access has been established and is meeting monthly.
• The consortium has begun producing reports of supply and demand for mental health care providers and facilities.
• A strategic plan to increase providers of and access to mental health services has been drafted.
• A State Innovation Model (SIM) application has been submitted to the Center for Medicare and Medicaid Services.
• 300 people a year have participated in Wilcox’s lifestyle change program.
• 6,000 people a year have had blood pressure and diabetes checks by Wilcox at health fairs.
• In collaboration with Holo Holo 2020, a media campaign has been conducted to promote the importance of healthy lifestyles, as well as a schedule of classes and health fairs.
• At least one fast-food chain is offering two more healthy choices.
• Legislation to increase taxes on fast foods has been introduced and supported.
• Legislation to increase taxes on sugar-sweetened beverages has been introduced and supported.
Next Steps

In Phase Two of the KCHII planning process, 12 strategic actions were prioritized for immediate implementation. Steps to implement them are shown in logic models in Appendix A. In Phase Three of KCHII, the detailed plans provided in this plan need to be actualized.

Because the KCHII Leadership endeavors to work collaboratively with others and avoid duplication of effort, more potential partners should be invited to join in Phase Three. For example:

- Leadership could further identify organizations and agencies already carrying out work outlined in the logic models and ask them to join in the KCHII effort.
- Leadership could help Workgroups incorporate new members and confirm roles and responsibilities moving forward.
- Leadership and workgroups may want to identify work plan gaps that are not currently being addressed by existing agencies and organizations, and recommend ways to address the gaps.

Leadership should keep in mind that other strategic actions were recommended by the five Workgroups, but these were not prioritized for immediate action, and logic models for them were not developed. It is hoped that expanding the partners involved in KCHII will generate energy and enthusiasm to develop detailed plans for strategic actions for which there are no logic models.

The structure used for Phase Two—including the Leadership and Oversight Committee, Steering Committee, Workgroups, and paid staff—or an adaptation of that structure, could be applied in Phase Three. If the same structure is chosen, a logic model provided in Appendix B shows recommended activities, outputs, and outcomes for the Leadership and Oversight Committee, the Steering Committee, and the Workgroups as they move forward to implement this plan.

At a meeting of the Leadership and Oversight Committee on May 20, 2014, it was agreed that KCHII continue under the vision of Mayor Bernard P. Carvalho Jr.’s unified planning theme of Holo Holo 2020. With simple genius, Holo Holo 2020 enunciates a common direction for work to improve the health of our residents, our communities, and this ʻāina. Also at this meeting, and with no other immediate funding available to implement this plan, Wilcox Memorial Hospital committed funding and staff for coordinating Phase Three efforts in the coming year. Meanwhile, further discussion should consider options for a more long-term, sustainable infrastructure for administrative oversight of KCHII.

This plan acknowledges that health is influenced by many policy and other “upstream” factors, as well as by individual and family behavior. It demonstrates that a dedicated group of individuals representing a variety of government and non-government agencies and organizations can look at health comprehensively and can work together to improve health of the residents of Kauaʻi. Achieving the Kauaʻi Vision 2024 requires a continuation of this teamwork, and this plan provides a roadmap.
Appendix A. Logic Models for 12 Strategic Actions

1. Community Design and Planning/Get Fit Kaua’i Logic Model to Improve Roadway Standards
2. Community Design and Planning/Get Fit Kaua’i Logic Model to Improve Bike and Pedestrian Facilities
3. Community Design and Planning/Get Fit Kaua’i Logic Model to Improve Transit
4. Housing Logic Model to Increase Retrofitting of Existing Housing
5. Housing Logic Model to Establish Incentives to Build Affordable Housing
6. Education Logic Model to Increase High School Graduation Rates
7. Education Logic Model to Consistently Implement the DOE Wellness Policy in All Public Schools
8. Health and Wellness Logic Model to Reduce Tobacco Use
9. Health and Wellness Logic Model to Reduce Incidence of Adolescent Pregnancy
10. Medical Care Logic Model to Improve Access to Primary Care Services
11. Medical Care Logic Model to Improve Access to Mental Health Care Services
12. Medical Care Logic Model to Decrease Obesity by Promoting Healthy Eating and Physical Activity
### Community Design and Planning/Get Fit Kaua’i Logic Model to Improve Roadway Standards

**Workgroup Goal:** To establish complete pedestrian, bicycle, and transit networks connecting the commercial town core, schools, parks, and residential areas and connecting towns and destinations to one another.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Accomplishments by 2016-2017</th>
<th>Anticipated Outcomes by 2019-2020</th>
</tr>
</thead>
</table>
| • County Public Works staff to complete the roadway standards manual and curriculum.  
• County Public Works and Planning Department to provide training and education on new roadway standards to Public Works, Hawai‘i Department of Transportation, transit, housing and subdivision planners, planning commissioners, County Council members, and select community groups and businesses to build consensus and support.  
• Public Works to work with Get Fit Kaua’i (GFK) to get funding for community and media outreach.  
• GFK to conduct a comprehensive media campaign to educate public on the new roadway standards.  
• Public Works to work with Planning to draft new County roadway standards.  
• Public Works and Planning Department to get the new roadway standards approved. | • The new roadway standards manual and curriculum are completed.  
• 75% of workers in Public Works and Hawai‘i Department of Transportation, as well as transit, housing, and subdivision planners have been trained on the new roadway standards.  
• 75% of planning commissioners and County Council members have been educated on the new roadway standards.  
• 50 business leaders and four community groups have been educated on the new roadway standards.  
• Funding has been secured for community and media outreach on the new roadway standards, and the campaign is completed.  
• The new roadway standards are approved. | • All new and retrofitted roads now accommodate cyclists and pedestrians.  
• New roadway standards have fully replaced existing standards and are embraced by the County, private developers, and public.  
• Walking trips have increased from 4.3% to 11.5% of all trips, as measured by Planning Department.  
• Biking Trips have increased from 2.5% to 7.5% of all trips, as measured by Planning Department.  
• Transit trips have increased from 0.4% to 1.2% of all trips, as measured by Planning Department. |
Community Design and Planning/Get Fit Kaua‘i Logic Model to Improve Bike and Pedestrian Facilities

**Workgroup Goal:** To establish complete pedestrian, bicycle, and transit networks connecting the commercial town core, schools, parks, and residential areas and connecting towns and destinations to one another.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Accomplishments by 2016-2017</th>
<th>Anticipated Outcomes by 2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Get Fit Kaua‘i (GFK) to organize community support campaign for “healthy placemaking” and bike/ped safety.</td>
<td>- GFK has held community meetings in every planning district regarding the “Healthy Placemaking” campaign.</td>
<td>- Number of children walking to elementary school has increased by 50% over 2013 levels, as measured in annual parent and teacher surveys conducted by Get Fit Kaua‘i.</td>
</tr>
<tr>
<td>- Public Works and Planning Departments to complete planning, design and construction of numerous safe routes and Complete Streets projects.</td>
<td>- Mailihuna and Oloheña Roads have been restriped including bicycle climbing lanes.</td>
<td>- Bicycle trips comprise 3.6% and walking trips comprise 7.6% of all trips, as measured by a County-led travel behavior survey.</td>
</tr>
<tr>
<td>- GFK Safe Routes to School Task Force continues to support walk-to-school days and infrastructure improvements near schools.</td>
<td>- Waikomo Road is restriped as a Safe Route to School for Kōloa Elementary.</td>
<td>- Average household transportation costs are 20% or less of average household income (a reduction of 26% from 2013 levels), as measured by the Household and Transportation Costs Index.</td>
</tr>
<tr>
<td>- Public Works and Planning Departments to develop and utilize new street design standards that include Complete Streets principles.</td>
<td>- Four new lighted Rectangular Rapid Flash Beacon (RRFB) crosswalks are installed near schools.</td>
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<tr>
<td>- Public Works to establish strategies and programs for street tree maintenance.</td>
<td>- Hardy Street is reconstructed as a Complete Street, including bike lanes, sidewalks, and a shared-use path.</td>
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</tr>
<tr>
<td>- County Council to support dedicated funding for complete streets planning and implementation.</td>
<td>- Hanapēpē Road is resurfaced and reconfigured as a Complete Street, including accommodations for bicyclists and pedestrians.</td>
<td></td>
</tr>
<tr>
<td>- County Transportation Agency to require that all fixed-route buses accommodate 3 bicycles at a time.</td>
<td>- Safe Routes to School improvements are in place for Kōloa Elementary and King Kaumuali‘i School, including sidewalks and bike lanes.</td>
<td></td>
</tr>
<tr>
<td>- Planning Department to establish standards/guidelines for employee and visitor bicycle parking.</td>
<td>- Kawahau Safe Routes to School improvements on Kawahau, Mailihuna, Hauaala Roads are completed, including sidewalks, roundabouts and improved pedestrian crossings.</td>
<td></td>
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<tr>
<td></td>
<td>- Po‘ipū Road complete streets improvements, including bike lanes and sidewalks, are completed.</td>
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<td></td>
<td>- The County has established programs and policies for street tree maintenance.</td>
<td></td>
</tr>
<tr>
<td>Activities</td>
<td>Accomplishments by 2016-2017</td>
<td>Anticipated Outcomes by 2019-2020</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>• Planning Department, with Public Works and Office of Economic Development to organize a pilot bikeshare project.</td>
<td>• All fixed-route buses have racks for at least three bikes.</td>
<td></td>
</tr>
<tr>
<td>• The County to develop plans to extend the Ke Alaka Hele Makalae (bike/walk path) from Anahola to Lihue.</td>
<td>• Secure covered or indoor employee bicycle parking facilities are provided by three businesses/government agencies with 100 or more employees.</td>
<td></td>
</tr>
<tr>
<td>• The County and Hawai‘i Department of Transportation to develop plans to build a multi-use path from Waimea to Kekaha.</td>
<td>• There is at least one pilot bike-share program.</td>
<td></td>
</tr>
<tr>
<td>• Kaua‘i Path to develop plans to build a multi-use path within Kilauea and Princeville.</td>
<td>• Rice Street is reconfigured as a Complete Street, including bike lanes and enhanced pedestrian crossings (by 2018).</td>
<td></td>
</tr>
<tr>
<td>• Kaua‘i Path to provide bike safety training to 100 adults and 300 students per year.</td>
<td>• Ke Alaka Hele Makalae extends from Anahola to Lihue (by 2020).</td>
<td></td>
</tr>
<tr>
<td>• All fixed-route buses have racks for at least three bikes.</td>
<td>• The Waimea to Kekaha path is built (by 2020).</td>
<td></td>
</tr>
<tr>
<td>• Secure covered or indoor employee bicycle parking facilities are provided by three businesses/government agencies with 100 or more employees.</td>
<td>• A multi-use path is built in Kilauea and Princeville (by 2020).</td>
<td></td>
</tr>
<tr>
<td>• There is at least one pilot bike-share program.</td>
<td>• 300 students and 100 adults have completed a bike education class each year (between 2014 and 2019).</td>
<td></td>
</tr>
</tbody>
</table>
Community Design and Planning/Get Fit Kaua‘i Logic Model to Improve Transit

**Workgroup Goal:** To establish complete pedestrian, bicycle, and transit networks connecting the commercial town core, schools, parks, and residential areas and connecting towns and destinations to one another.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Accomplishments by 2016-2017</th>
<th>Anticipated Outcomes by 2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Get Fit Kaua‘i (GFK) to organize community support campaign for dedicated transit funding.</td>
<td>• A comprehensive media campaign for supporting dedicated transit funding is completed.</td>
<td>• Trips have increased from 0.4% to 1.3% of all trips, as measured by a County-led travel behavior survey.</td>
</tr>
<tr>
<td>• The Kaua‘i Bus, with support from Planning and Public Works, to complete construction documents, bidding, and construction for bus shelters.</td>
<td>• County employees can purchase bus passes pre-tax.</td>
<td>• Vehicle miles travelled is stabilized at 2010 levels, as measured in the annual State Databook (DBEDT).</td>
</tr>
<tr>
<td>• The Kaua‘i Bus to continue regular acquisition of buses to accommodate increased service.</td>
<td>• 25 high-priority bus stops now have shelters.</td>
<td>• Average household transportation costs are 20% or less of average household income, a 26% reduction from 2013 levels, as measured by the Housing and transportation Costs Index.</td>
</tr>
<tr>
<td>• The Kaua‘i Bus, in partnership with community organizations, to promote bulk bus passes for large businesses and public agencies.</td>
<td>• Main line weekday service is expanded to at least every 30 minutes, and weekend service is expanded to at least every hour.</td>
<td></td>
</tr>
<tr>
<td>• County of Kaua‘i Finance and Payroll to establish pre-tax program for employee bus passes.</td>
<td>• All government agencies (Federal, County, and State) have a bulk-rate transit pass program.</td>
<td></td>
</tr>
<tr>
<td>• Public Works, in partnership with The Kaua‘i Bus, to complete planning and design for expanded administrative and customer service space at Lihu‘e Civic Center.</td>
<td>• A “smart-card” fare program is implemented (cash fare payments are no longer necessary).</td>
<td></td>
</tr>
<tr>
<td>• The Kaua‘i Bus, in partnership with Public Works and Planning, to complete planning, design, and construction of satellite base yards.</td>
<td>• Para-transit home-to-location pickups/drop-offs are reduced by 20%, as more para-transit users have access to main line routes and shuttles.</td>
<td></td>
</tr>
<tr>
<td>• County Council to support dedicated funding for transit.</td>
<td>• Two new satellite base yards and a computer-aided dispatch system are completed.</td>
<td></td>
</tr>
<tr>
<td>• County Transportation Agency to work with Hawai‘i Department of Transportation to provide transit stops along state routes.</td>
<td>• All fixed-route buses have racks for at least three bikes.</td>
<td></td>
</tr>
<tr>
<td>• County Transportation Agency will work with the respective communities to implement a shuttle system on the south and north shores.</td>
<td>• A plan is developed to design transit stops on state roads.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dedicated funding of $7 million annually is identified and secured for transit operations, to include FTA, State of Hawai‘i, and local sources (by 2020).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 25% of transit stops are completed on state roads (by 2020).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A shuttle system is operating on the north and south shores (by 2020).</td>
<td></td>
</tr>
</tbody>
</table>
### Housing Logic Model to Increase Retrofitting of Existing Housing

**Workgroup Goal.** To increase the supply of residential housing that is affordable, accessible to services, and promotes aging-in-place and independent living.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Accomplishments by 2016-2017</th>
<th>Anticipated Outcomes by 2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Kaua‘i Housing Agency’s Advisory Committee, Department of Health, and</td>
<td>• A coalition of the Advisory Committee, the Department of Health, and affordable housing</td>
<td>• A sustainable home-retrofitting program is in place.</td>
</tr>
<tr>
<td>other advocates to form a coalition and educate government and community</td>
<td>advocates has been formed and is meeting regularly.</td>
<td>• 20 homes have been retrofitted and/or expanded.</td>
</tr>
<tr>
<td>advocates and partners on the importance of retrofitting and expanding</td>
<td>• A plan and criteria for retrofitting houses have been completed.</td>
<td></td>
</tr>
<tr>
<td>existing housing.</td>
<td>• A grant proposal for a pilot retrofitting program has been submitted.</td>
<td></td>
</tr>
<tr>
<td>• The Coalition will develop a plan and criteria for houses in need of</td>
<td>• The coalition has a waitlist of houses for retrofitting, based on priority needs of</td>
<td></td>
</tr>
<tr>
<td>retrofitting.</td>
<td>family.</td>
<td></td>
</tr>
<tr>
<td>• The Coalition will lead efforts to write a grant proposal to pilot a</td>
<td>• Two pilot homes have been retrofitted and used to gain support (money, policy, partners,</td>
<td></td>
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<tr>
<td>retrofitting program.</td>
<td>etc.) for more retrofitting.</td>
<td></td>
</tr>
<tr>
<td>• The Coalition will work with policymakers to develop Incentives for</td>
<td>• Resources have been secured to expand the retrofitting program to other houses on the</td>
<td></td>
</tr>
<tr>
<td>retrofitting, e.g., waivers for special zoning for multifamily living.</td>
<td>waitlist (by 2018).</td>
<td></td>
</tr>
<tr>
<td>• The Coalition will work with families, contractors, schools, nonprofit</td>
<td>• 20 homes have been retrofitted and/or expanded.</td>
<td></td>
</tr>
<tr>
<td>organizations, funders, building supply stores, etc. to retrofit two</td>
<td>• A sustainable home-retrofitting program is in place.</td>
<td></td>
</tr>
<tr>
<td>pilot homes.</td>
<td>• 20 homes have been retrofitted and/or expanded.</td>
<td></td>
</tr>
<tr>
<td>• The Coalition will seek additional resources (from legislature or</td>
<td>• A sustainable home-retrofitting program is in place.</td>
<td></td>
</tr>
<tr>
<td>Habitat, etc.) to expand program to other houses on the waitlist.</td>
<td>• 20 homes have been retrofitted and/or expanded.</td>
<td></td>
</tr>
</tbody>
</table>
Housing Logic Model to Establish Incentives to Build Affordable Housing

**Workgroup Goal.** To increase the supply of residential housing that is affordable, accessible to services, and promotes aging-in-place and independent living.

<table>
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<th>Activities</th>
<th>Accomplishments by 2016-2017</th>
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</tr>
</thead>
<tbody>
<tr>
<td>• Kaua‘i Housing Agency’s Advisory Committee,</td>
<td>• A coalition of the Advisory Committee, DOH, and housing advocates has been formed and is meeting regularly.</td>
<td>• Incentives to build affordable homes are in place.</td>
</tr>
<tr>
<td>• Department of Health (DOH), and other advocates will form a coalition and</td>
<td>• An educational PPT on possible incentives of making housing more affordable has been created.</td>
<td>• 150 affordable units have been built through participation in the incentive process.</td>
</tr>
<tr>
<td>educate community, County Council, and State legislators on the “big picture” of</td>
<td>• 500 people, including community, County Council members, and State legislators have been educated.</td>
<td>• The rate of affordable housing development has increased by 50% over 2013 levels.</td>
</tr>
<tr>
<td>how all the policies interact to affect affordable housing AND on ways to create incentives AND what’s already on the books and just not being implemented AND what needs to be passed.</td>
<td>• Five incentives to build affordable home have been implemented.</td>
<td>• The number of developers building affordable homes on Kaua‘i has increased from two entities currently to four entities.</td>
</tr>
<tr>
<td>• The coalition will work with executive and legislative branches to create incentives to build affordable houses starting in 2015. Suggestions include:</td>
<td></td>
<td></td>
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<tr>
<td>o Fast-track permits</td>
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<tr>
<td>o Expedited approvals</td>
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<tr>
<td>o Density incentives – able to put more houses on land zoned for less</td>
<td></td>
<td></td>
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<tr>
<td>o Infrastructure (sewers, water) waivers or discounts</td>
<td></td>
<td></td>
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<tr>
<td>o Government provides the infrastructure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Government provides the land</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o Tax incentive to developer</td>
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</tr>
</tbody>
</table>
**Education Logic Model to Increase High School Graduation Rates**

**Workgroup Goal.** To increase health education for keiki, kūpuna, and ‘ohana through community initiatives and existing community structures by networking with other agencies, government, nonprofit agencies, and businesses.

<table>
<thead>
<tr>
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</thead>
</table>
| • Kaua‘i Community College (KCC) will provide program-specific outreach to high school and middle school students to include five or more programs and all public and charter schools by 2016. | • Funding for Keiki to Career is secured, and a coordinator is supporting connections of community resources and schools.  
• Outreach efforts have reached 75% of middle and high school students on the island by 2016.  
• 100% of DOE schools have implemented the Common Core curriculum in English Language Arts and Math.  
• There is a single, transition plan template developed and web-based application, which is accessible to KCC. Information will describe student progress, interests, and achievements.  
• There is identified community support for the implementation of the intervention plan developed for each elementary, middle and high school.  
• There is identified community support for the implementation of the intervention plans for high-risk students.  
• A partnership has been established between businesses and schools to ensure college and career readiness/relevance. | • Kaua‘i has a high school graduation rate of 90% or higher, up from 84% currently.  
• 60% of Kaua‘i’s students at 11th grade have ACT scores of 19 or better, up from 30% for Waimea High, 33% for Kapa‘a High, and 44% for Kaua‘i High. |
Education Logic Model to Consistently Implement the DOE Wellness Policy in All Public Schools

**Workgroup Goal.** To increase health education for keiki, kūpuna, and ‘ohana through community initiatives and existing community structures by networking with other agencies, government, nonprofit agencies, and businesses.

<table>
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<th>Anticipated Outcomes by 2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The Department of Education (DOE) will assess how well the school is implementing DOE Wellness Policy.</td>
<td>• 100% of schools have been assessed for their implementation of the DOE Wellness Policy.</td>
<td>• 75% of DOE schools show: increased time in school day for physical activity; increased availability of after-school physical activity programs; improved facilities for physical activity; increased accessibility of healthy food options, such as water, fruit, and healthy snacks in vending machines, in school stores, and school fundraising activities; and decreased accessibility of unhealthy food options, such as restrictions to use of high-caloric-density foods in vending machines, in school stores, and school fundraising activities.</td>
</tr>
<tr>
<td>• DOE to provide feedback to schools and provide ideas on how to better implement DOE Wellness Policy.</td>
<td>• Assessment findings/ideas have been shared with all schools.</td>
<td>• 75% of teachers in schools implementing the DOE Wellness Policy report not using food as a reward and incorporating active physical activity breaks in class.</td>
</tr>
<tr>
<td>• The Office of Curriculum and Instruction Services to offer technical assistance to better implement DOE Wellness Policy.</td>
<td>• Technical assistance has been provided to all schools.</td>
<td>• The percentage of teens with healthy body weight has increased from 75% to 80%.</td>
</tr>
<tr>
<td>• Community/Government Partners (Keiki-to-Career) will help schools lobby for resources to better implement DOE Wellness Policy.</td>
<td>• 100% of schools have been assisted to find or lobby for resources.</td>
<td>• The percentage of teens meeting physical activity guidelines has increased from 24% to 40%.</td>
</tr>
<tr>
<td>• The PTSA will approach the Chamber of Commerce to work with Costco, Walmart, Kmart to create a healthy snack section for easy accessibility for parents, teachers.</td>
<td>• Costco, Walmart, Kmart have healthy snack sections.</td>
<td></td>
</tr>
<tr>
<td>• The Department of Health and DOE will identify community organizations that can present on making healthy snacks in SY 2015-16.</td>
<td>• A community organization has agreed to present on making healthy snacks.</td>
<td></td>
</tr>
<tr>
<td>• The Complex Area Superintendent and principals will monitor implementation and outcomes.</td>
<td>• Implementation and outcomes have been monitored by the Complex Area Superintendent and principals.</td>
<td></td>
</tr>
<tr>
<td>• Healthy Hawai‘i Initiative will collect data through PE classes in grades 5-12 on student progress, using body composition, physical activity, and nutrition.</td>
<td>• Through PE classes, data have been collected for students in grades 5-12 on their body composition, physical activity, and nutrition.</td>
<td></td>
</tr>
<tr>
<td>• Schools will share success stories with colleagues, teachers, and community.</td>
<td>• 25% of schools are ready to share a success story.</td>
<td></td>
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</tbody>
</table>
Health and Wellness Logic Model to Reduce Tobacco Use

**Workgroup Goal:** To facilitate wellness by: (1) promoting affordable healthy foods, physical activity opportunities, prevention of and screening for chronic diseases, and good mental health; and (2) preventing tobacco use, infectious diseases, and high-risk behaviors.

<table>
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</thead>
<tbody>
<tr>
<td>The Department of Health (DOH) will provide supporting data and funding to Tobacco Free Kaua’i (TFK).</td>
<td>Tobacco Free Kaua’i receives data and funding every year from DOH, as seen in DOH/TFK budgets.</td>
<td>A new law bans smoking in cars carrying keiki less than 16 years old.</td>
</tr>
<tr>
<td>The TFK policy workgroup will cultivate political will with Mayor, County Council, State Legislature, Governor, and community for passage of stronger anti- tobacco and anti-electronic smoking device legislation.</td>
<td>Six Tobacco Free Kaua’i meetings per year are being held.</td>
<td>A new law restricts tobacco sales to adults 21 and older.</td>
</tr>
<tr>
<td>The DOH will work with Kaua’i Department of Education to identify tobacco prevention curricula that can be provided in elementary &amp; middle schools and to implement one.</td>
<td>The Governor, Mayor, and 75% of Kaua’i County Council members support an increased tax on tobacco, restricted tobacco sales to adults aged 21 and older, and a ban on smoking in cars with keiki under 16 years old.</td>
<td>State tobacco taxes have increased by at least 20%.</td>
</tr>
<tr>
<td>DOH, TFK, Child and Family Services, and other certified trainers will train health care and social service providers in payer quality measures for smoking cessation, e.g., Medicare, Medicaid, HMSA, Kaiser.</td>
<td>100% of Kaua’i schools have started providing age-appropriate anti-tobacco education.</td>
<td>At least 50% of new tobacco tax revenues are used to support anti-tobacco education as Tobacco Settlement Funds decline and disappear in this decade.</td>
</tr>
<tr>
<td>Child and Family Service, health care providers, and hospitals will work to increase smoking cessation workshops starting in 2014.</td>
<td>50% of health care providers at Kaua’i Medical Clinic, Kaua’i Veterans Memorial Hospital, and the Community Health Centers have completed payer quality measures standard training (on asking patients about their tobacco use).</td>
<td>Smoking prevalence among adults has decreased from 17.6% (currently) to 12%, as measured by Hawai’i Health Matters.</td>
</tr>
<tr>
<td>UH Mānoa nursing graduate students will submit a grant proposal for smoking prevention and cessation programs for select community groups to Hawai’i Community Foundation and other funders.</td>
<td>25 smoking cessation workshops have been provided to 300 individuals by providers, hospitals, and non-government organizations.</td>
<td>Smoking prevalence among teens has decreased from 9% (currently) to 5%, as measured by the Youth Tobacco Survey.</td>
</tr>
</tbody>
</table>
## Health and Wellness Logic Model to Reduce Incidence of Adolescent Pregnancy

### Workgroup Goal:
To facilitate wellness by: (1) promoting affordable healthy foods, physical activity opportunities, prevention of and screening for chronic diseases, and good mental health; and (2) preventing tobacco use, infectious diseases, and high-risk behaviors.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>• The Health and Wellness Workgroup will work with Hawai‘i Youth Services network (HYSN) and Planned Parenthood to understand existing laws &amp; Department of Education (DOE) policies relating to comprehensive reproductive health education curricula (like Pono Choices) and delivery.</td>
<td>Information on existing laws and DOE policies relating to comprehensive reproductive health education curricula and delivery have been gathered and assessed.</td>
<td>All Kaua‘i middle and high schools are teaching a sex education curriculum that includes information on using condoms to prevent pregnancy and sexually transmitted infections.</td>
</tr>
<tr>
<td>• The Health and Wellness Workgroup will strongly support the DOE and the Kaua‘i Area Complex Superintendent in efforts to implement an evidence-based curriculum, and propose the same implementation to the Mayor’s Advisory Committee on Prevention (Life Choices).</td>
<td>The Health and Wellness Workgroup has collaborated with HYSN to coordinate a plan and organize a team of advocates to present testimony and educate legislators through the Keiki Caucus on the need for a comprehensive sexual health curriculum (like Pono Choices) for schools.</td>
<td>The teen pregnancy rate on Kaua‘i will reduce over time, from 39 per 1,000 women aged 15-19 currently to: 35 per 1,000 in 2017; 30 per 1,000 in 2020; 25 per 1,000 in 2024, thus, reducing ethnic disparities, with a focus on Hawaiian/Pacific Islander populations.</td>
</tr>
<tr>
<td>• The Health and Wellness Workgroup will collaborate with HYSN to coordinate a plan and organize a team of advocates to present testimony and educate legislators.</td>
<td>The County of Kaua‘i has introduced legislation on comprehensive reproductive health offered in the public school system.</td>
<td>There is a 50% reduction in the prevalence of teenage mothers in the three high schools on Kaua‘i.</td>
</tr>
<tr>
<td>• DOE, Department of Health (DOH), and appropriate nongovernmental organizations will work with HYSN to train all Kaua‘i schools to teach DOE-recommended curriculum.</td>
<td>Facilitators have been trained in a comprehensive sexual health curriculum and will have started to offer it in the community.</td>
<td></td>
</tr>
<tr>
<td>• DOH will work with HYSN to plan and implement a “Talk Early, Talk Often” program to train facilitators to empower parents to use tools, skills, and resources for engaging with their children about reproductive health.</td>
<td>50% of the middle and high schools on Kaua‘i have started providing the comprehensive sexual health curriculum that includes infant and child development, and student knowledge of basic reproductive health is being measured before and after the curriculum.</td>
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</table>
**Kaua‘i Community Health Improvement Plan**

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| • DOE and DOH will use Hawai‘i Health Data Warehouse and Youth Risk Behavior Survey data to track Kaua‘i-specific data on annual teen pregnancy rates for Kaua‘i.  
• DOE and DOH will collaborate to expand services (e.g., counseling, parenting skills, education alternatives) to teen parents, including return to school, encouraging graduation, and adoption as necessary. | • DOH nurses have trained the School Health Aides to provide services and appropriate referrals to expectant teen parents in the school system.  
• Kaua‘i youth have expanded access to contraception and to Medicaid Reproductive Health Services. |
### Medical Care Logic Model to Improve Access to Primary Care Services

**Workgroup Goal:** To create an integrated health care system based on education and prevention that reduces health disparities and the burdens of chronic disease.

<table>
<thead>
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<tbody>
<tr>
<td>• Wilcox Hospital will organize a consortium on appropriate health care access.</td>
<td>• A consortium to monitor primary care access in Kaua’i County has been established and is meeting monthly.</td>
<td>• All residents who want a provider and do not have one can be assigned one by the consortium.</td>
</tr>
<tr>
<td>• The consortium will develop a strategic plan to monitor and improve health care access.</td>
<td>• The consortium has developed a strategic/financial plan.</td>
<td>• 95% of Kaua’i residents have access to a regular source of care, up from 87% now.</td>
</tr>
<tr>
<td>• The consortium will implement the strategic/financial plan.</td>
<td>• Reports of supply and demand for primary care providers are issued regularly.</td>
<td>• Emergency room visits have been reduced from 279 per 1,000 to 110 per 1,000 residents.</td>
</tr>
<tr>
<td>• The consortium will continuously evaluate the number and mix of all providers using data/matrices to determine appropriate numbers needed.</td>
<td>• A system has been created to assign residents without primary care providers to providers.</td>
<td></td>
</tr>
<tr>
<td>• The consortium will develop a system to assign residents without providers to providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The consortium will expand the pool of providers through recruitment, job expansion for non-physicians, consortium to collaborate with UH and other higher-education institutions.</td>
<td></td>
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</tbody>
</table>
Medical Care Logic Model to Improve Access to Mental Health Care Services

**Workgroup Goal:** To create an integrated health care system based on education and prevention that reduces health disparities and the burdens of chronic disease.

<table>
<thead>
<tr>
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<th>Anticipated Outcomes by 2019-2020</th>
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</thead>
</table>
| • The Medical Care Workgroup will approach State Health Care Transformation Project’s Steering Committee to develop a neighbor island consortium of providers to assess availability of providers and lack of available services.  
• The Consortium will apply for a State Innovation Model (SIM) grant to fund a model of service delivery.  
• Professional agencies, Mental Health Association, and providers will provide expertise subject matter testimony to procure funding along with lobbying. | • A consortium to monitor mental health care access has been established and is meeting regularly.  
• The consortium has begun producing reports of supply and demand for mental health care providers and facilities.  
• A strategic plan to increase providers of and access to mental health services has been drafted.  
• A SIM application has been submitted to the Center for Medicare and Medicaid Services.  
• Professional agencies, Mental Health Association, and providers will provide expertise subject matter testimony to procure funding along with lobbying. | • There is an appropriate number of qualified providers to treat each identified community, as measured by the number of psychiatrists per population (20 per 100,000).  
• There is an appropriate number of accessible inpatient and outpatient mental health treatment facilities, as measured by the percentage of patients placed in appropriate treatment for their behavioral health diagnoses.  
• Communities are utilizing all mental health resources appropriately as measured by:  
  o 5% decrease in Emergency Room visits for psychiatric care  
  o Increased utilization of treatment services, as measured by the number of visits by patients accessing treatment centers  
  o Decreased childhood and adolescent referrals to juvenile court, behavior centers, foster care, and Mokihana Project. |
Medical Care Logic Model to Decrease Obesity by Promoting Healthy Eating and Physical Activity

**Workgroup Goal:** To create an integrated health care system based on education and prevention that reduces health disparities and the burdens of chronic disease.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Accomplishments by 2016-2017</th>
<th>Anticipated Outcomes by 2019-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilcox will increase access to lifestyle change education program.</td>
<td>300 people a year have participated in Wilcox's lifestyle change education program.</td>
<td>50% of those participating in the Wilcox lifestyle change education program have achieved their weight-loss goals.</td>
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<td>Wilcox will offer blood pressure and diabetes screenings through health fairs.</td>
<td>6,000 people a year have had blood pressure and diabetes checks by Wilcox at health fairs.</td>
<td>90% of Kaua’i adults know their hypertension and/or diabetes disease status, as measured by the Behavioral Risk Factor Surveillance System and Hawai’i Health Survey.</td>
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<tr>
<td>Wilcox will work with the Department of Education to enhance wellness education in K-12.</td>
<td>In collaboration with Holo Holo 2020, a comprehensive media campaign has been conducted to promote the importance of healthy lifestyles, as well as a schedule of classes and health fairs.</td>
<td>90% of Kaua’i residents engage in physical activity outside of work, up 85% from 2012.</td>
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<tr>
<td>Wilcox will support Kaua’i Agency on Elderly Affairs in promoting the EnhanceFitness program for older adults.</td>
<td>Lifestyle education classes are provided in most communities.</td>
<td>40% of adults meet physical activity guidelines, up from 25% now, as evidenced by Hawai’i Health Matters.</td>
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<td>In collaboration with Holo Holo 2020, the Medical Care Workgroup and others will work to:</td>
<td>At least one fast-food chain is offering two more healthy choices.</td>
<td>25% of Kaua’i adults eat five or more fruits and vegetables a day, up from 16% now, as measured by Hawai’i Health Matters.</td>
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<tr>
<td>o Conduct an island-wide media campaign to promote healthy eating, increased physical activity, and healthy body weight.</td>
<td>Legislation to increase taxes on fast-foods has been introduced and supported.</td>
<td>In collaboration with Holo Holo 2020, a comprehensive media campaign has been conducted to promote the importance of healthy lifestyles, as well as a schedule of classes and health fairs.</td>
</tr>
<tr>
<td>o Work with community organizations to increase exercise, nutrition, and weight loss programs and classes perhaps rotating through neighborhoods.</td>
<td>Legislation to increase taxes on sugar-sweetened beverages has been introduced and supported.</td>
<td>70% of Kaua’i adults have a healthy body weight, up from 50% in 2012, as evidenced by Hawai’i Health Matters.</td>
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<tr>
<td>o Work with fast-food and other restaurants to offer more healthy choices.</td>
<td></td>
<td>25% of Kaua’i teens eat five or more fruits and vegetables a day, up from 21% now.</td>
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<tr>
<td>o Advocate for legislation to increase taxes on fast-food and sugar-sweetened beverages.</td>
<td></td>
<td>80% of Kaua’i teens have a healthy body weight, up from 75% in 2012, as evidenced by Hawai’i Health Matters.</td>
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</table>
Appendix B. Logic Model to Implement the Kaua‘i County Health Improvement Plan
Logic Model to Implement the Kaua‘i County Health Improvement Plan

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outputs</th>
<th>Accomplishments and Outcomes</th>
<th>Vision 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Workgroups meet quarterly to assess progress against their logic models.</td>
<td>• Workgroups have met four times a year, as evidenced by minutes.</td>
<td>• The Community Design and Planning/Get Fit Kaua‘i Workgroup has achieved its anticipated accomplishments by 2016-2017 and is on its way to meeting its 2019-2020 outcomes.</td>
<td>• By 2024, Kaua‘i ranks the highest in the State of Hawai‘i with the most favorable physical environment, social and economic indicators, clinical care, health behaviors, and health outcomes.</td>
</tr>
<tr>
<td>• Workgroups review their logic models annually and revise if needed.</td>
<td>• Logic models have been reviewed annually, as evidenced by minutes.</td>
<td>• The Housing Workgroup has achieved its anticipated accomplishments by 2016-2017 and is on its way to meeting its 2019-2020 outcomes.</td>
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<td>• The Steering Committee meets quarterly to:</td>
<td>• The Steering Committee has met quarterly, as evidenced by minutes.</td>
<td>• The Education and Lifelong Learning Workgroup has achieved its anticipated accomplishments by 2016-2017 and is on its way to meeting its 2019-2020 outcomes.</td>
<td></td>
</tr>
<tr>
<td>o Receive reports of workgroups and their progress against their logic models.</td>
<td>• The Leadership and Oversight Committee has met twice annually, as evidenced by minutes.</td>
<td>• The Health and Wellness Workgroup has disseminated a summary of progress to the broader community, as evidenced by presentations and news releases.</td>
<td></td>
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<tr>
<td>o Assist in identifying sources of funding to support overall and workgroup efforts.</td>
<td>• The Leadership and Oversight Committee has disseminated a summary of progress to the broader community, as evidenced by minutes.</td>
<td>• The Medical Care Workgroup has achieved its anticipated accomplishments by 2016-2017 and is on its way to meeting its 2019-2020 outcomes.</td>
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<td>o Identify areas of overlap and encourage synergy across workgroups.</td>
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<tr>
<td>• The Leadership and Oversight Committee meets twice annually to receive reports and to disseminate a summary of progress to the broader community.</td>
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</table>
This Plan was published on behalf of the people of Kaua‘i who participated in and provided input to the Kaua‘i Community Health Improvement planning process, as well as the leaders of the Kaua‘i Community Health Improvement Initiative. They are: the County of Kaua‘i, the Hawai‘i Department of Health Kaua‘i District Health Office, Wilcox Memorial Hospital, the University of Hawai‘i-Kaua‘i Community College, and the Office of the Kaua‘i Complex Area Superintendent of Schools, Department of Education. This iteration of our constantly evolving plan was funded principally by the County of Kaua‘i and published on the Initiative’s behalf by Na Lei Wili Area Health Education Center, Inc.

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