

**HAWAI'I
PACIFIC
HEALTH**

**KAPI'OLANI
MEDICAL CENTER**
FOR WOMEN & CHILDREN



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

— March 2016 —

Produced by

**Healthy
Communities**
— INSTITUTE —

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Executive Summary

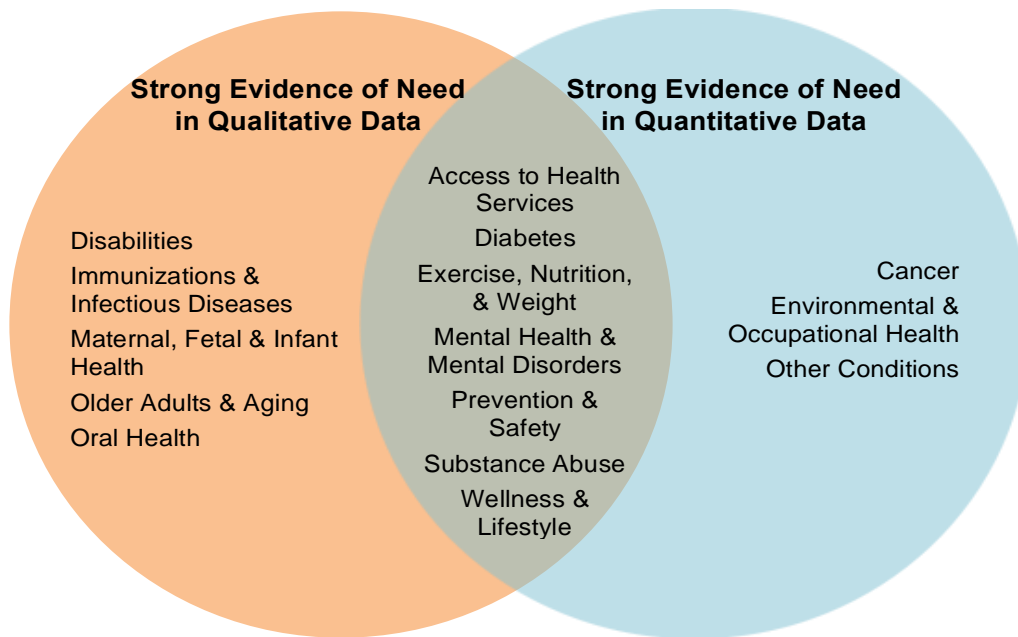
Introduction

Kapi'olani Medical Center for Women and Children is pleased to present the 2015-2016 Community Health Needs Assessment (CHNA). This CHNA report was developed through a collaborative process and provides an overview of women and children's health needs in Hawai'i. Hawai'i Pacific Health partnered with Healthy Communities Institute to conduct the CHNA.

The goal of this report is to offer a meaningful understanding of the health needs of women and children across the state, as well as to guide community benefit planning efforts and development of implementation strategies to address prioritized needs. The report provides a foundation for working collaboratively with Hawai'i stakeholders to improve health. Special attention has been given to identify health disparities, needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Although this report focuses on needs, community assets and the *aloha* spirit support expanded community health improvement.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of quantitative data (375 secondary data indicators) and in-depth qualitative data from key community health leaders and experts from the Hawai'i State Department of Health and other organizations that serve women, children, vulnerable populations, and/or populations with unmet health needs.



The most severe health needs, based on the overlap between quantitative data (indicators) and qualitative data (interviews), include Access to Health Services, Diabetes, Exercise, Nutrition & Weight, Mental Health & Mental Disorders, Prevention & Safety, Substance Abuse, and Wellness and Lifestyle. Among these topic areas, Access to Health Services and Mental Health & Mental Disorders stood out for how often they were discussed in interviews and how poorly they scored in quantitative data. Other significant health needs are based on strong evidence from either quantitative or qualitative data, and span a range of topic areas.

Though women and children in Hawai'i experience better overall health, wellbeing, and economic vitality compared to most states in the U.S., major themes emerged from the health needs:

- **Access to Care:** Hawai'i experiences provider shortages across primary, specialty, mental health, and oral health care, especially on Neighbor Islands. Better integration of mental and oral health services into primary care is needed. Hawai'i's diverse population means greater attention must be paid to addressing cultural, linguistic, and financial barriers to accessing care.
- **Chronic Diseases:** Poor nutrition and limited physical activity lead to overweight and obesity among many women and children. Better prevention and management of diabetes is needed as the condition becomes more prevalent among children, and diabetes education and testing metrics show poor trends among women with the disease. Native Hawaiians, Pacific Islanders, and people arriving from Micronesian regions experience high burdens of many chronic diseases.
- **Environmental Health & Respiratory Diseases:** Violations of drinking water quality affect a high percentage of Hawaii residents. Children in Hawai'i experience a high burden of asthma.
- **Mental Health & Health Risk Behaviors:** Sub-optimal access to preventive care and services exacerbates the burden of mental health and substance abuse issues on women and children in Hawai'i. Teens in the state have insufficient sleep and too much screen time. Safety and wellbeing could be improved through education and behavioral changes like increasing vaccination rates, condom usage, and adopting safe driving habits.
- **Maternal, Fetal, Infant, & Reproductive Health:** Preterm births, low birth weight, and fetal and infant deaths are areas for further attention and improvement. Substance use among pregnant women is a major concern and Hawai'i fails to meet several targets in this area. Family planning is another area of need among adolescents. Teen birth rates are extremely high among Native Hawaiian and Pacific Islander teens.
- **Other Findings:** The population of older women in Hawai'i is growing and faces challenges in access to care, high burdens of chronic disease, and limited care coordination and support.



- Highly Impacted Populations:** The cross-cutting major themes are even more acute in certain geographical areas and subpopulation groups. These highly impacted populations tend to experience poorer health status, higher socioeconomic need, and/or cultural and linguistic barriers. For the highly impacted populations, a focus on the social determinants of health in addition to topic-specific needs is likely to lead to the most improvement in health status.

Geographies with High Socioeconomic Need

Kau district, Hawai'i County
Puna district, Hawai'i County
Molokai Island, Maui County
Leeward Oahu, Honolulu County

Subpopulation Groups of High Need

Native Hawaiian	Pacific Islander	Filipino	White	
Low-income populations	Rural communities	People with disabilities	Homeless population	People from Micronesian regions*

**This is intended to be a respectful reference that includes, but is not limited to, individuals from Micronesian states, Marshall Islands, Palau, Nauru, and other islands in the region. These individuals may have come to Hawai'i through a Compact of Free Association agreement and may be provided healthcare benefits.*

The isolation of many subpopulations and geographies presents spatial and/or cultural/social challenges leading to the recommendations to increase the continuity of care and leverage telemedicine. Opportunities to prevent and intervene early with mental health issues, substance abuse, and the development of chronic disease are needed.

Upstream interventions to address the determinants of health are important for all health improvement approaches, but especially crucial for the highest-need geographies and populations that experience the greatest health inequities. Together, Kapi'olani Medical Center for Women and Children and other health stakeholders are working towards a community where safety, wellness, and community support exist for all women and children in Hawai'i.

Selected Priority Areas

Kapi'olani Medical Center for Women and Children has selected the following priority areas:

- Access to Health Services
- Diabetes

A plan for addressing these priority areas will be further described in Kapi'olani's 2016 Implementation Strategy report.

1 Introduction

1.1 Summary of CHNA Report Objectives and Context

Fifteen Hawai'i hospitals across the state joined efforts to fulfill Community Health Needs Assessment requirements mandated by the Affordable Care Act, and in accordance with final IRS rules issued on December 31, 2014. The Healthcare Association of Hawai'i (HAH) led this collaboration to conduct state- and county-wide assessments for its members. Building on this collaboration, Kapi'olani Medical Center for Women & Children developed a statewide CHNA with a focus on the women and children of Hawai'i to meet IRS requirements and to best serve their populations of focus.

1.2 About the Hospital

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

Kapi'olani is a nationally recognized, not-for-profit hospital and is widely known as Hawai'i's leader in the care of women, infants and children. With more than 1,500 employees and 630 physicians, Kapi'olani is fully accredited by The Joint Commission, an independent nonprofit organization that certifies health care organizations and programs in the United States.

Specialty services provided for patients throughout Hawai'i and the Pacific Region include: intensive care for infants and children, 24-hour emergency pediatric care, air transport, maternal-fetal medicine, high-risk perinatal care, and women's health services, including the Kapi'olani Women's Center and Kapi'olani Women's Cancer Center.

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

1.2.1 Definition of Community

The hospital service area is defined by a geographical boundary of the State of Hawai'i; thus, the geographic scope of this Community Health Needs Assessment is the State of Hawai'i. The health needs discussed in this assessment will pertain to women and children living within this

geographic boundary. The specific area served by Kapi'olani Medical Center for Women & Children is indicated in Figure 1.1.

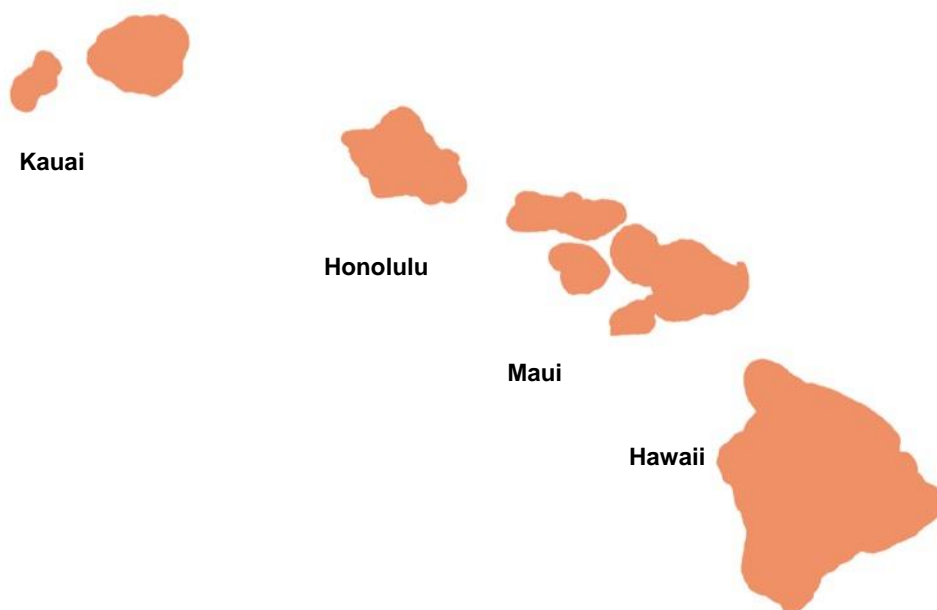


Figure 1.1: Service Area Map

1.3 Healthcare Association of Hawai'i

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

1.3.1 Member Hospitals

Fifteen Hawai'i hospitals,¹ located across the state, participated in the HAH-led CHNA project:

- Castle Medical Center
- Sutter Health Kahi Mohala Behavioral Health
- Kaiser Permanente Medical Center
- Kapi'olani Medical Center for Women & Children

¹Tripler Army Medical Center, the Hawaii State Hospital, and the public hospital system of Hawaii Health Systems Corporation (HHSC) are not subject to the IRS CHNA requirement and were not a part of this initiative.

Kuakini Medical Center
Molokai General Hospital
North Hawai'i Community Hospital
Pali Momi Medical Center
Rehabilitation Hospital of the Pacific
Shriners Hospitals for Children - Honolulu
Straub Medical Center
The Queen's Medical Center
The Queen's Medical Center – West Oahu
Wahiawa General Hospital
Wilcox Medical Center

1.4 Advisory Committee

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

Kurt Akamine, Garden Isle Rehabilitation & Healthcare Center
Marc Alexander, Hawai'i Community Foundation
Gino Amar, Kohala Hospital
Maile Ballesteros, Stay At Home Healthcare Services
Joy Barua, Kaiser Permanente Hawai'i
Dan Brinkman, Hawaii Health System Corporation, East Hawaii Region
Rose Choy, Sutter Health Kahi Mohala Behavioral Health
Kathy Clark, Wilcox Medical Center
R. Scott Daniels, State Department of Health
Thomas Driskill, Spark M. Matsunaga VA Medical Center
Tom Duran, Centers for Medicare and Medicaid Services
Laurie Edmondson, North Hawaii Community Hospital
Lynn Fallin, State Department of Health
Brenda Fong, Kohala Home Health Care of North Hawaii Community
Andrew Garrett, Healthcare Association of Hawai'i
Beth Giesting, State of Hawai'i, Office of the Governor
Kenneth Graham, North Hawaii Community Hospital
George Greene, Healthcare Association of Hawai'i
Robert Hirokawa, Hawai'i Primary Care Association
Mari Horike, Hilo Medical Center
Janice Kalanihuia, Molokai General Hospital
Lori Karan, MD; State Department of Public Safety
Darren Kasai, Kula and Lanai Hospitals
Nicole Kerr, Castle Medical Center
Peter Klune, Hawaii Health Systems Corporation, Kauai Region
Tammy Kohrer, Wahiawa General Hospital
Jay Kreuzer, Kona Community Hospital
Tony Krieg, Hale Makua
Eva LaBarge, Wilcox Medical Center
Greg LaGoy, Hospice Maui, Inc.

Leonard Licina, Sutter Health Kahi Mohala Behavioral Health
Wesley Lo, Hawaii Health Systems Corporation, Maui Region
Lorraine Lunow-Luke, Hawai'i Pacific Health
Sherry Menor-McNamara, Chamber of Commerce of Hawai'i
Lori Miller, Kaua'i Hospice
Pat Miyasawa, Shriners Hospitals for Children – Honolulu
Ramona Mullahey, U.S. Department of Housing and Urban Development
Jeffrey Nye, Castle Medical Center
Quin Ogawa, Kuakini Medical Center
Don Olden, Wahiawa General Hospital
Ginny Pressler, MD, State Department of Health
Sue Radcliffe, State Department of Health, Health Planning and Development Agency
Michael Robinson, Hawai'i Pacific Health
Linda Rosen, MD, Hawaii Health Systems Corporation
Nadine Smith, Ohana Pacific Management Company
Corinne Suzuka, CareResource Hawai'i
Brandon Tomita, Rehabilitation Hospital of the Pacific
Sharlene Tsuda, The Queen's Medical Centers
Stephany Vaioleti, Kahuku Medical Center
Laura Varney, Hospice of Kona
Cristina Vocalan, Hawai'i Primary Care Association
John White, Shriners Hospitals for Children – Honolulu
Rachael Wong, State of Hawai'i Department of Human Services
Betty J. Wood, State Department of Health
Barbara Yamashita, City and County of Honolulu, Department of Community Services
Ken Zeri, Hospice Hawai'i

1.5 Consultants

1.5.1 *Healthy Communities Institute*

Based in Berkeley, California, Healthy Communities Institute was retained by HAH as consultants to conduct foundational community health needs assessments for HAH's member hospitals in 2013 and again in 2015. The Healthy Communities Institute, now known as Xerox Community Health Solutions, developed the community health needs assessments for HAH member hospitals first in 2013, to support hospitals in meeting the first cycle of IRS 990 CHNA reports, and again in 2015 to support the second CHNA cycle. HPH and its Kapi'olani Medical Center for Women & Children requested a custom CHNA report that comprehensively addresses the specific health needs of women and children in Hawai'i; the Institute analyzed a unique dataset to identify needs among this population.

The Institute provides technology and services to improve community health, and maintains www.HawaiiHealthMatters.org in partnership with the Hawai'i Department of Health. The organization is composed of public health professionals and health IT experts committed to meeting clients' community health improvement goals.

To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

Report authors from Healthy Communities Institute:

Muniba Ahmad
Jenny Belforte, MPH
Florence Reinisch, MPH
Jennifer M. Thompson, MPH
Rebecca Yae
Diana Zheng, MPH

1.5.2 Storyline Consulting

Dedicated to serving and enhancing Hawai'i's nonprofit and public sectors, Storyline Consulting assisted with collecting community input in the form of key informant interviews. Storyline is based in Hawai'i and provides planning, research, evaluation, grant writing, and other organizational development support and guidance. By gathering and presenting data and testimonies in a clear and effective way, Storyline helps organizations to improve decision-making, illustrate impact, and increase resources.

To learn more about Storyline Consulting please visit www.StorylineConsulting.com.

Key informant interviewers from Storyline Consulting:

Lily Bloom Domingo, MS
Kilikina Mahi, MBA

2 Selected Priority Areas

In January 2016, Kapi'olani's Community Benefit team came together to prioritize the significant community health needs for women and children in Hawai'i considering several criteria:

- Alignment with CHNA
- Opportunity for partnership
- Availability of existing resources or programs
- Opportunities to address disparities or race/ethnic sub-groups
- Community input

The following two topics were selected as the top priorities:

- Access to Health Services
- Diabetes

A plan for addressing these priority areas will be further described in Kapi'olani's 2016 Implementation Strategy report.

3 Evaluation of Progress since Prior CHNA

3.1 Impact since Prior CHNA

Over the past three years, Kapi'olani Medical Center for Women & Children conducted the following programs to address the two priority community health needs identified in the hospital's 2013 Community Health Needs Assessment: *Access to Health Services* and *Maternal, Fetal and Infant Health*.

Priority Area 1: Access to Health Services

Strategy 1.1: Increase the capacity of Hawai'i's health care workforce through specialty medical training and residency programs.

- ***Physician Medical Education and Residencies:*** Kapi'olani provided residencies for 395 physicians in family practice, internal medicine, pediatrics, psychiatry, neonatal, obstetrics and gynecology, orthopedics, pathology and surgery and educated 290 medical students. The program was offered in partnership with the University of Hawai'i John A. Burns School of Medicine and Tripler Army Medical Center.
- ***Nursing Students Training:*** Kapi'olani provided clinical training for student nurses enrolled at the University of Hawai'i School of Nursing and Hawai'i Pacific University. Over the past three years, 932 nursing students were trained by Kapi'olani.
- ***Allied Health Professionals and Technicians Training:*** Kapi'olani provided training for clinicians in allied health specialties, in partnership with Hawai'i universities, community colleges and technical schools. Over the past three years, 285 health professionals were trained in such fields as diagnostic ultrasound, nutrition, emergency medical services, pharmacy, radiology, respiratory and physical therapy, physician assisting, genetic counseling, social work, speech therapy, and surgical technology.

Strategy 1.2: Increase access to specialized medical care not otherwise available in the community for women and children.

- ***Breast and Cervical Cancer Control Program:*** The program, offered statewide in partnership with the state Department of Health, provides free mammograms and pap smears to low-income women ages 40-64 who have little or no medical insurance or who cannot afford a co-payment. Services include outreach, education, tracking, and follow-up. The program's goal is to reduce mortality from breast and cervical cancer among uninsured or underinsured women, with a priority on Native Hawaiians, Filipinos, and Pacific Islanders, who have a higher rate of mortality from these diseases than other populations in Hawai'i. Over the past three years, 79 women received a PAP screening

for cervical cancer, and 150 women received free mammograms through the program. Six breast cancers were identified and the women referred for treatment. Thirty-nine percent of women screened for breast cancer and thirty-five percent of women screened for cervical cancer were Filipino, Native Hawaiian, or Pacific Islander.

- ***Hawai'i Community Genetics Program:*** Hawai'i Community Genetics is the only program in the state dedicated to caring for individuals of all ages who are affected by birth defects, developmental concerns and genetic conditions. It is a unique collaboration between Kapi'olani Medical Center for Women and Children, Kapi'olani Medical Specialists, the state Department of Health, and the University of Hawai'i John A. Burns School of Medicine. The service offers consultations to individuals throughout the state, conducting monthly clinics on all islands, as well as providing telemedicine consultations for patients residing on the neighbor islands.

The program also offers specialty clinics, including the Hemoglobinopathy Clinic, Cleft and Craniofacial Center, Kūlana Mālama Outreach Clinic, Adult Cancer Risk Assessment Program, Metabolic Genetics Clinic, and Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Clinic. The program served 436 patients over the past three years.

- ***Medical Transport Services:*** As the only women's and children's hospital in the state of Hawai'i, Kapi'olani provided more than 600 inter-hospital transports each year from the neighbor islands to O'ahu and to the mainland for critical neonatal and pediatric patients requiring access to specialty care not available in their communities.

Priority Area 2: Maternal, Fetal and Infant Health

Strategy 2.1: Prevent child injuries.

- ***Child Passenger Safety Program:*** The Child Passenger Safety Program promotes public awareness of the importance of using child passenger restraints (car seats and booster seats) and seat belts to prevent child injuries, and provides assistance with the proper fit and installation of various car seats and booster seats at a variety of community events and locations. The program also assists families that meet financial need criteria to obtain low- or no-cost child safety seats. The program is supported by the state Department of Transportation. Kapi'olani is one of several organizations conducting the program. Over the past three years, Kapi'olani staff provided free car seat checks, trainings and educational programs at 54 community events, assisting 1,723 families with car seat installation and child safety education, and distributed 120 free or discounted car/booster seats. Collectively, all agencies conducting the Car Passenger Safety Program assisted a total of 5,317 families and provided 400 free or discounted car/booster seats.
- ***Keiki Injury Prevention Coalition:*** Kapi'olani Medical Center sponsors the Keiki Injury Prevention Coalition (KIPC), which includes more than 40 agencies and stakeholders

committed to improving child safety. The coalition is affiliated with the national chapter of Safe Kids Worldwide, a global organization dedicated to preventing injuries in children, and Kapi'olani is the Safe Kids lead agency for Hawai'i. Over the past three years, KIPC conducted 144 community events that educated children and families on ways to prevent injuries including child passenger safety, pedestrian safety, water and swim safety, sports injury prevention, bike and wheeled vehicle safety, burn prevention, poison prevention, window falls prevention, shaken baby syndrome prevention, and safe sleep/SIDS prevention. More than 1,500 bike/multisport helmets were distributed free of charge to children and youth at KIPC events.

Strategy 2.2: Improve diabetes management among high risk women.

- ***Sweeter Choice Diabetic Intervention Program:*** The Sweeter Choice program works with high-risk pregnant women to reduce gestational and pre-gestational diabetes by helping them develop healthy diet and exercise habits, resulting in a decrease in the number of low birth-weight babies. Over the past three years, the program reached 1,357 women with diabetes, gestational, or pre-gestational diabetes.

In 2014, Kapi'olani began discussions with Federally Qualified Health Centers (FQHCs) on O'ahu to offer the Sweeter Choice program to their patients. FQHCs are important community-based safety net providers that offer comprehensive primary care services on a sliding fee scale to rural, low-income, underserved communities. Kapi'olani developed a curriculum specifically for the FQHCs and held meetings with staff persons from seven O'ahu FQHCs to introduce the program. The first FQHC Sweeter Choice program began at Kokua Kalihi Valley Health Center in June of 2016. Kapi'olani's certified diabetes educator nurse travels twice a month to conduct the program at the health center. In addition, Kapi'olani provides funding for healthy meal tickets, which allow program participants to receive a free meal at the health center's dining room, which features healthy farm-to-table entrees. Discussions are under way to bring the program to Kalihi Palama Health Center by the end of 2016.

Strategy 2.3: Decrease child obesity.

- ***N.E.W. Keiki Weight Management Program:*** The N.E.W. (Nutrition Exercise Weight) Keiki child and adolescent weight management program was created by Kapi'olani and the YMCA of Honolulu. N.E.W. Keiki is a nine-week, intensive, family-based intervention to combat childhood obesity. Based on best practices identified by the U.S. Preventive Services Task Force, the program is Hawai'i's only family-based multi-disciplinary intervention working with the child and family unit to develop a healthy lifestyle for the whole family.

The program is supported by a multi-disciplinary team composed of a pediatrician, registered dietitians, fitness trainers, a behavioral health specialist, chef and program facilitator. The curriculum includes education on proper nutrition, cooking classes for the whole family, an exercise program that includes hikes and other outings, mental health

interventions, family support, healthy home environments, and community building. In addition to formal follow-ups during the year following completion, regular activities are planned throughout the year and are open to all previous and current program participants to support continued progress.

Twelve cohorts were conducted over the past three years, enrolling 78 families, totaling 262 participants (85 enrolled youth, and 177 family members). Among the children enrolled, 71 percent were of Native Hawaiian, Pacific Islander or Filipino ancestry, which are population groups that have disproportionately high rates of obesity and are medically-underserved. Completion of the nine-week intensive phase of the program was 87 percent, surpassing national data for multi-disciplinary pediatrics programs where retention rates are usually below 70 percent.

Upon completion of the nine-week intensive phase of the program, 75 percent of enrolled youth maintained or lost weight, 80 percent decreased their BMI, and 100 percent reported initiating lifestyle changes. The adults who participated with their children also experienced a decrease in their overall BMI scores. BMI rates continued to decrease for those participants who returned for follow-up visits at six and twelve months after program completion.

Strategy 2.4: Provide community education on maternal, fetal and child health.

- **“Hapai” App:** Hapai is a comprehensive pregnancy app for expectant mothers. It was designed to be an easily accessible source of information to help women in Hawai‘i achieve healthy birth outcomes, with a focus on local resources and local cultural perspectives. From week-to-week updates and education on both prenatal and fetal care, to tools like a contraction counter and a feeding log— Hapai helps expectant Mom's learn, plan and prepare for their baby's arrival. The app is free to all and available in both the Android and iPhone app stores. Since the app's launch in May of 2015, 3,110 users have downloaded Hapai.
- **Kids Fest:** This annual health fair for families and children uses hands-on activities, such as a Teddy Bear Clinic, Keiki Zumba, Balloon Olympics, Wheel of Nutrition and Fire Safety House, to teach children and their families about healthy lifestyles, wellness, nutrition, and injury prevention for children. This popular event, held at the Bishop Museum, was attended by more than 6,000 children and adults each year. Kids Fest is a collaboration of Hawai‘i Pacific Health's four hospitals – Kapiolani Medical Center, Pali Momi Medical Center, Straub Medical Center and Wilcox Medical Center.
- **Community Health Education Forums:** Kapi'olani also partnered with the other hospitals of Hawai‘i Pacific Health to present free health forums on women's health, cancer care, heart health and arthritis. The events were held at a centrally located downtown Honolulu venue, and also offered in West O‘ahu and on Kaua‘i island via

video-conferences hosted at Pali Momi Medical Center and Wilcox Memorial Hospital. Each event averaged 700 attendees annually.

3.2 Community Feedback on Prior CHNA or Implementation Strategy

No written comments from the community regarding Kapi'olani's 2013 CHNA and Implementation Strategy were received.

4 Methods

Two types of data were analyzed for this Community Health Needs Assessment: quantitative data (indicators) and qualitative data (interviews). Each type of data was analyzed using a unique methodology, and findings were organized by health or quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs for women and children in Hawai'i.

4.1 Quantitative Data Sources and Analysis

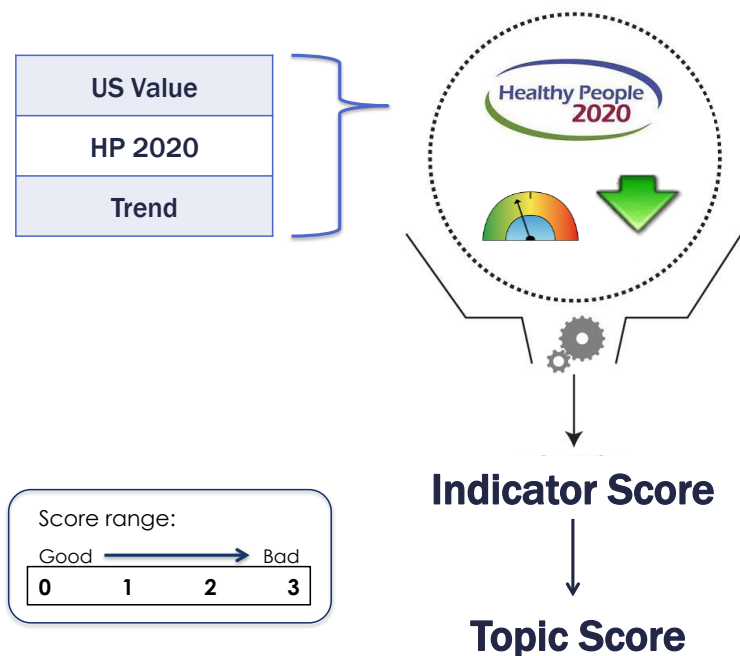
All quantitative data used for this needs assessment are secondary data, or data that have previously been collected. The main source for the secondary data is [Hawaii Health Matters](http://www.hawaiihealthmatters.org),² a publicly available data platform that is maintained by the Hawai'i Department of Health, the Hawai'i Health Data Warehouse, and Healthy Communities Institute. As of October 14, 2015, when the data were queried, there were 246 indicators related to the health of women, children, and families in the State of Hawai'i on the Hawai'i Health Matters dashboard. For each indicator, the online platform includes several ways (or comparisons) by which to assess Hawai'i's status, including comparing to the U.S. value, the trend over time, and Healthy People 2020 targets.

The Hawai'i Department of Health supplied 114 additional indicators of women and children's health, and the Hawaii Health Information Corporation (HHIC) provided 14 indicators of preventable hospitalization rates. Combined with data from the Hawai'i Health Matters dashboard, a total of 375 indicators were included in this analysis.

Each indicator received a secondary data score; the indicator scores were then averaged for broader health topics to generate topic area scores. The scores range from 0 to 3, with 0 meaning the best possible score and 3 the worst possible score, and summarize how the health of women and children in Hawai'i compares to the U.S. overall, Healthy People 2020 targets, and between the two most recent time periods of measure.

Please see Appendix A for further details on the quantitative data scoring methodology.

Figure 4.1 Secondary Data Methods



² <http://www.hawaiihealthmatters.org>

4.1.1 Race/Ethnicity Disparities

Indicator data were included for race/ethnicity groups when available from the source. The race/ethnicity groups used in this report are defined by the data sources, which may differ in their approaches. For example, some sources present data for the Native Hawaiian group alone, while other sources include this group in the larger Native Hawaiian or Other Pacific Islander population. Additionally, some race/ethnicity data may be based on small sample sizes due to relatively small populations within Hawai'i.

The health needs disparity by race/ethnicity was quantified by calculating the Index of Disparity³ for all indicators with at least two race/ethnic-specific values available. This index represents a standardized measure of how different each subpopulation value is compared to the overall population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity.

4.1.2 Preventable Hospitalization Rates

HHIC provided indicators of preventable hospitalization rates. These Prevention Quality Indicators (PQI),⁴ defined by the Agency for Healthcare Research and Quality (AHRQ) to assess the quality of outpatient care, were included in secondary data scoring.

4.1.3 Shortage Area Maps

Access to care findings are supplemented with maps illustrating the following types of federally-designated shortage areas and medically underserved populations⁵:

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

4.1.4 External Data Reports

Finally, several health topic areas were supplemented with quantitative data collected from previously published reports. This additional content was not incorporated in secondary data scoring due to the limited number of comparisons possible, but is included in the narrative of this report for context.

4.2 Qualitative Data Collection and Analysis

The qualitative data used in this assessment consists of key informant interviews collected by Storyline Consulting. Key informants are individuals recognized for their knowledge of community health in one or more health areas. Fourteen key informants were nominated and selected by the HAH Advisory Committee in September 2014. Five additional key informants

³ Percy JN, Keppel KG. A summary measure of health disparity. *Public Health Reports*. 2002;117(3):273-280.

⁴ For more about PQIs, see http://qualityindicators.ahrq.gov/Modules/pqi_resources.aspx

⁵ Criteria for medically underserved areas and populations can be found at: <http://www.hrsa.gov/shortage/>
Data included in this report were accessed June 9, 2015

were nominated by Hawai'i Pacific Health and interviewed in August 2015 for their knowledge about community health needs, barriers, strengths, and opportunities (including the needs for vulnerable and underserved populations as required by IRS regulations). In many cases, the vulnerable populations are defined by race/ethnic groups, and this assessment will place a special emphasis on these findings. Interview topics were not restricted to the health area for which a key informant was nominated.

Key Informants from:

American Diabetes Association	Executive Office on Aging	Hawai'i State Department of Health
Catholic Charities Hawai'i	Governor's Office	Homeless Programs Office
Department of Education	Hawai'i Chapter, American Academy of Pediatrics	John A. Burns School of Medicine
Department of Health, Behavioral Health Services	Hawaii Dental Services	Kapi'olani Medical Center for Women & Children
Department of Health, Disease Outbreak and Control Division	Hawaii Medical Service Association	State Senate
Department of Human Services	Hawai'i Primary Care Association	University Women's Health Specialists

Excerpts from the interview transcripts were coded by relevant topic areas and other key terms using the qualitative analytic tool Dedoose.⁶ The frequency with which a topic area was discussed in key informant interviews was one factor used to assess the relative urgency of that topic area's health and social needs. Please see Appendix A for a list of interview questions.

4.3 Prioritization

On January 25, 2016, HCI presented the CHNA findings for Kapi'olani Medical Center for Women and Children's service area. After the findings were reviewed, the prioritization session focused on those topics that were mentioned most from the community input (qualitative data) as well as those topics that had the highest scores from the secondary data analysis (quantitative data). These topics listed here are found in the overlapping section of the Venn diagram presented in Figure 6.2:

- Access to Health Services
- Diabetes
- Exercise, Nutrition & Weight
- Mental Health & Mental Disorders
- Prevention & Safety
- Substance Abuse
- Wellness & Lifestyle

⁶ Dedoose Version 6.0.24, web application for managing, analyzing, and presenting qualitative and mixed method research data (2015). Los Angeles, CA: SocioCultural Research Consultants, LLC (www.dedoose.com).

Following the review of CHNA findings, HCI facilitated a prioritization ranking process whereby the Community Benefit team narrowed down these seven topic areas of need from the CHNA report to two priorities. These two priorities will be the focus for Kapi'olani's implementation strategy planning.

HPH established uniform, system-wide prioritization criteria and methods that Kapi'olani followed.

HPH Prioritization Criteria:

- Alignment with CHNA
- Opportunity for partnership
- Availability of existing resources or programs
- Opportunities to address disparities or race/ethnic sub-groups
- Community input

The Prioritization Matrix method was used to select the priority topic areas for the Implementation Strategy. For each of the prioritization criteria listed above, the top seven topic areas were scored using a scale of 1-3, and scores were totaled to establish ranks for each of the five topic areas. These ranking results were tabulated across the Community Benefit Team participants to establish the top two Kapi'olani priorities.

After reviewing the scoring and ranking, the top two topic areas selected as priorities were:

- Access to Care
- Diabetes

4.4 Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of quantitative data indicators and qualitative findings. In some topics there is a robust set of quantitative data indicators, but in others there may be a limited number of indicators for which data are collected, or limited subpopulations covered by the indicators. The breadth of qualitative data findings is dependent on who was nominated and selected to be a key informant, as well as the availability of selected key informants to be interviewed during the time period of qualitative data collection. Since the interviews were conducted, some policies may have changed and new programs may have been implemented. The Index of Disparity is also limited by data availability: for some indicators, there is no subpopulation data, and for others, there are only values for a select number of race/ethnic groups. For both quantitative and qualitative data, efforts were made to include as wide a range of secondary data indicators and key informant expertise areas as possible.

Finally, there are limitations for particular measures and topics that should be acknowledged. Measures of income and poverty, sourced from the U.S. Census American Community Survey, do not account for the higher cost of living in Hawai'i and may underestimate the proportion of residents who are struggling financially. Additionally, many of the quantitative indicators

included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

5 Demographics

The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All estimates are sourced from the U.S. Census Bureau's American Community Survey unless otherwise indicated.

5.1 Population

In 2013, Hawai'i's population included 307,226 children under age 18 and 544,644 women over age 18. As measured by the decennial Census,⁷ the population density in the state is much higher than the U.S. overall. Between 2010 and 2013, the population of children grew across all counties in Hawai'i except Maui County, as shown in Table 5.1. The population of women over age 18 in Hawai'i grew at a slower rate than the nation overall.

Table 5.1: Population Density and Change

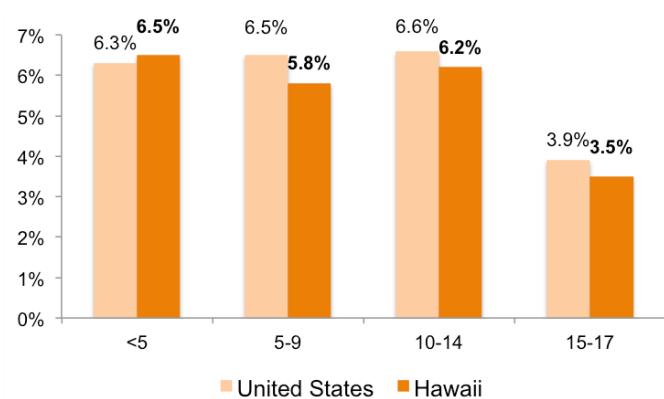
	U.S.	Hawai'i	Hawai'i County	Honolulu County	Kauai County	Maui County
Pop. density, persons/sq mi, 2010*	87	212	46	1,587	108	133
Population: Children Under 18, 2013	73,586,612	307,226	42,543	213,373	15,523	35,787
Population change: Children Under 18, 2010-2013	-0.8%	1.2%	1.5%	1.4%	1.2%	-0.8%
Population: Women over 18, 2013	124,564,643	544,644	74,679	381,129	26,999	61,780
Population change: Women over 18, 2010-2013	2.9%	2.2%	3.4%	1.7%	3.4%	3.5%

*for entire population, 2010 U.S. Census

5.1.1 Age

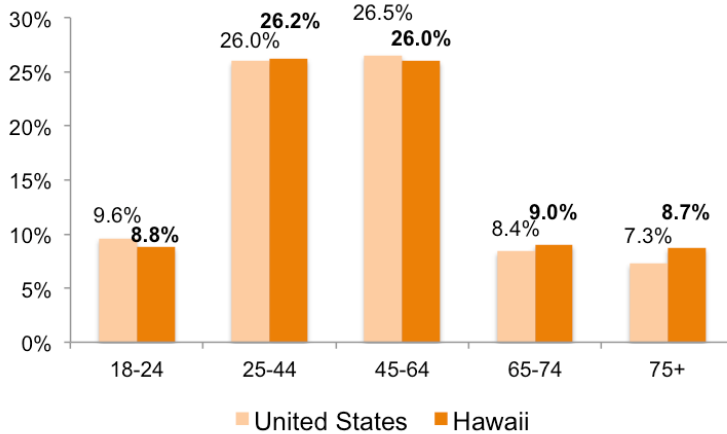
While the population of children under 18 in Hawai'i grew faster than the nation overall between 2010-2013, the share of the state's population under 18 (22.0%) was still smaller than the U.S. overall (23.3%) as of 2013.

Figure 5.1 Population Under 18 by Age, 2013



⁷ United States Census Bureau. (2010). *2010 Census Demographic Profiles*. Available from <http://www.census.gov/2010census/data/>

Figure 5.2: Female Population over 18 by Age, 2013



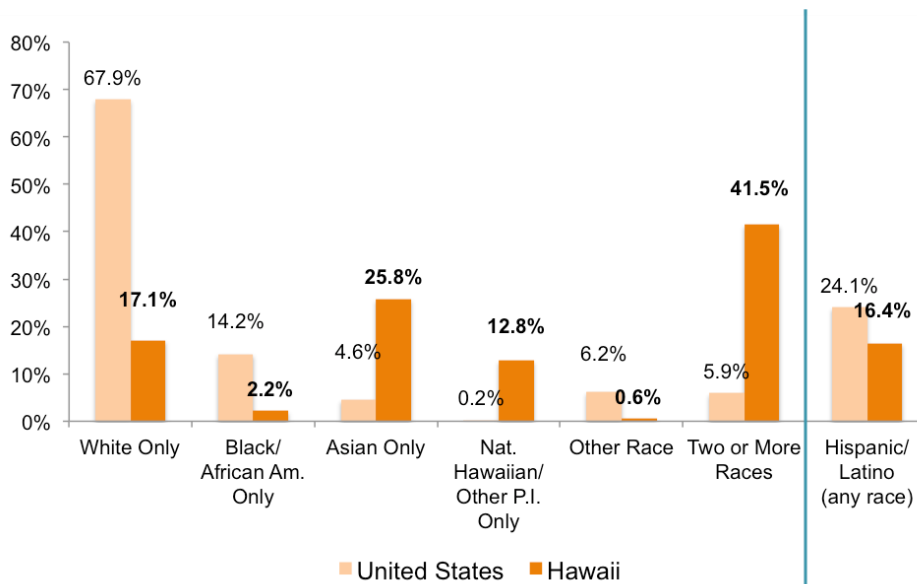
Hawai'i's female population is slightly older than the rest of the country, with a median age of 40.0 in 2013, compared to 38.9 for the nation. Among counties in Hawai'i, Honolulu County had the youngest female population, with a median age of 39.1; Kauai County had the oldest, with a median age of 42.7. The median ages of women in Hawai'i County and Maui County were 42.1 and 41.1, respectively.

5.1.2 Racial/Ethnic Diversity

A higher percentage of Hawai'i's population is foreign-born compared to the U.S. 2013: 4.8% of children under age 18 were foreign-born, compared to 3.4% of the nation. Among women ages 18 and over, the difference was even greater: 24.3% of women ages 18 and over in Hawai'i were foreign-born, compared to 16.0% in the U.S. in 2013. In addition, more residents of Hawai'i speak a foreign language: in 2009-2013, 25.4% of Hawai'i's population aged 5 and older (both sexes) spoke a language other than English at home, compared to 20.7% of the U.S.

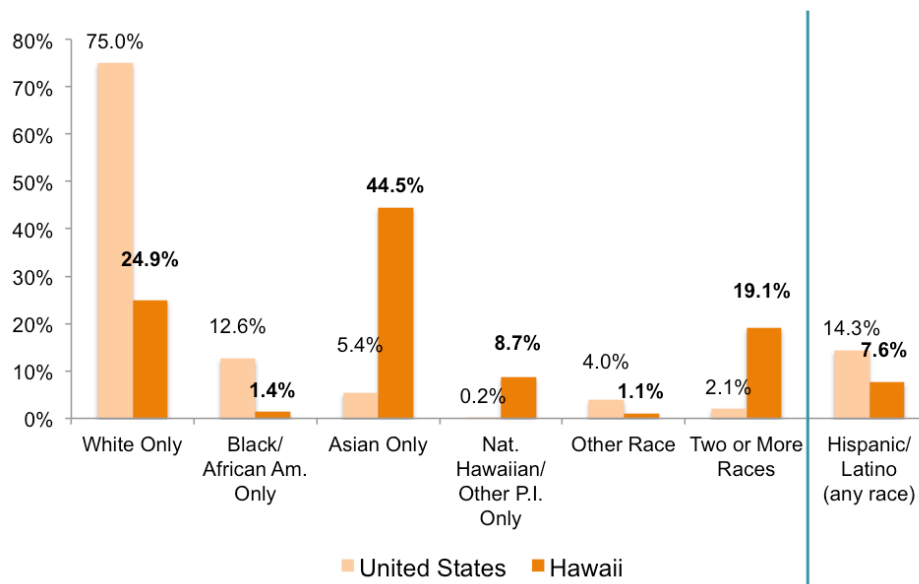
The race/ethnicity breakdown of women and children in Hawai'i is significantly different from the rest of the country. In Figure 5.3 and Figure 5.4, racial identity is displayed to the left of the blue lines, while Hispanic/Latino ethnicity (of any race) is shown to the right.

Figure 5.3: Population under Age 18 by Race/Ethnicity, 2013



Only 17.0% of the population under age 18 identified as White only in 2013, compared to 67.8% of children under age 18 in the nation overall. Black/African American, Hispanic/Latino, and Other race/ethnicity groups were also much smaller than the U.S. overall. Nearly half of all children in Hawai'i identified as two or more races (41.3%), seven times the national average of 5.9%. The percentages of children who identified as Asian and Native Hawaiian/Other Pacific Islander were also much higher in Hawai'i than in the U.S. as a whole.

Figure 5.4: Female Population over Age 18 by Race/Ethnicity, 2013



Among women ages 18 and over, the largest proportion identified as Asian only; at 44.5%, this was over four times the national average. The percentage of women who identified as White only in 2013 was only a third of the national average (24.9% vs. 74.9%). As in the population under 18, Black/African American, Hispanic/Latino, and Other race/ethnicity groups were much smaller in Hawai'i than in the rest of the U.S.

5.2 Social and Economic Determinants of Health

5.2.1 Income

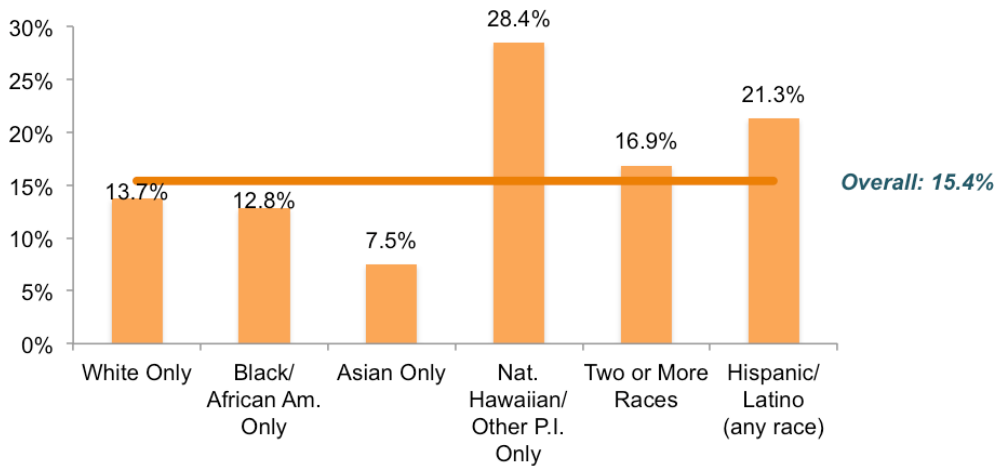
The overall income in Hawai'i is comparatively high. Median household income for the state in 2011-2013 was \$66,308, while the national value was only \$52,176. Considering just the population of full-time year-round workers, women in Hawai'i had higher median earnings than the national average (\$39,217 vs. \$38,105). However, women in Hawai'i earned substantially less than men in the state, who had median earnings of \$46,929 in 2011-2013.

5.2.2 Poverty

In 2009-2013, 15.4% of Hawai'i's population under age 18 lived below poverty level, which was lower than the national value of 21.6%. Among women over age 18, 11.4% lived below poverty level in Hawai'i, compared to 15.0% in the U.S. overall. It is important to note, however, that federal definitions of poverty are not geographically adjusted, so the data may not adequately reflect the proportion of Hawai'i residents who struggle to provide for themselves due to the high cost of living in the state. For instance, the 2013 median gross monthly rent was \$905 in the U.S. but \$1,414 in Hawai'i.

Among both women and children in Hawai'i, certain race/ethnic groups are more affected by poverty.

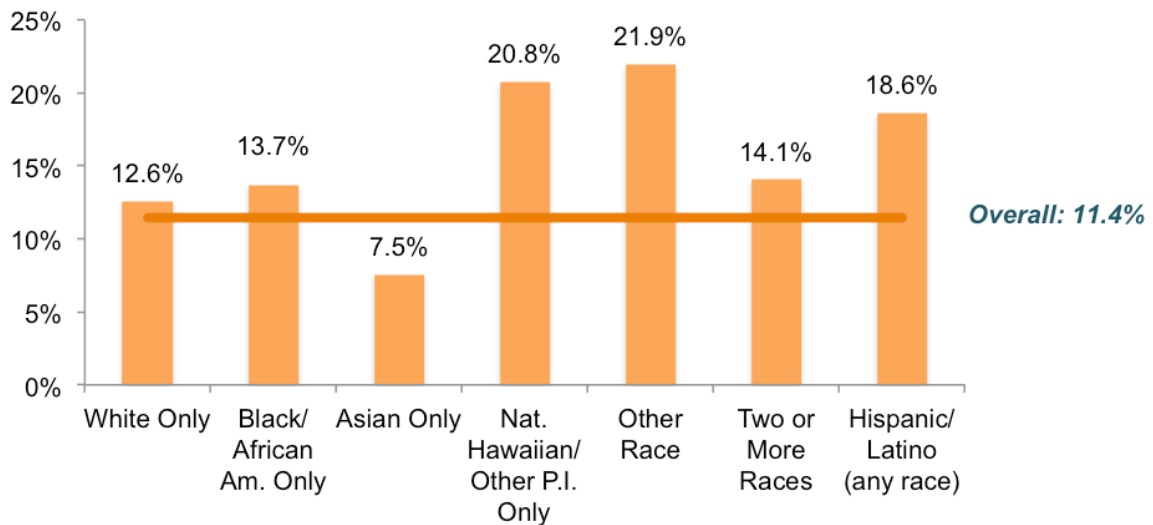
Figure 5.5: Population under Age 18 Below Poverty Level by Race/Ethnicity, 2009-2013



Note: Populations making up <1% of the total population are not included in this graph

As seen in Figure 5.5 and Figure 5.6, poverty rates are much higher among women and children identifying as Native Hawaiian, Other Pacific Islander, or Hispanic/Latino. While only 1.1% of women over age 18 in Hawai'i identified as Other Race as of 2013, 21.9% of this population lived below poverty level in 2009-2013.

Figure 5.6: Female Population over Age 18 Below Poverty Level by Race/Ethnicity, 2009-2013



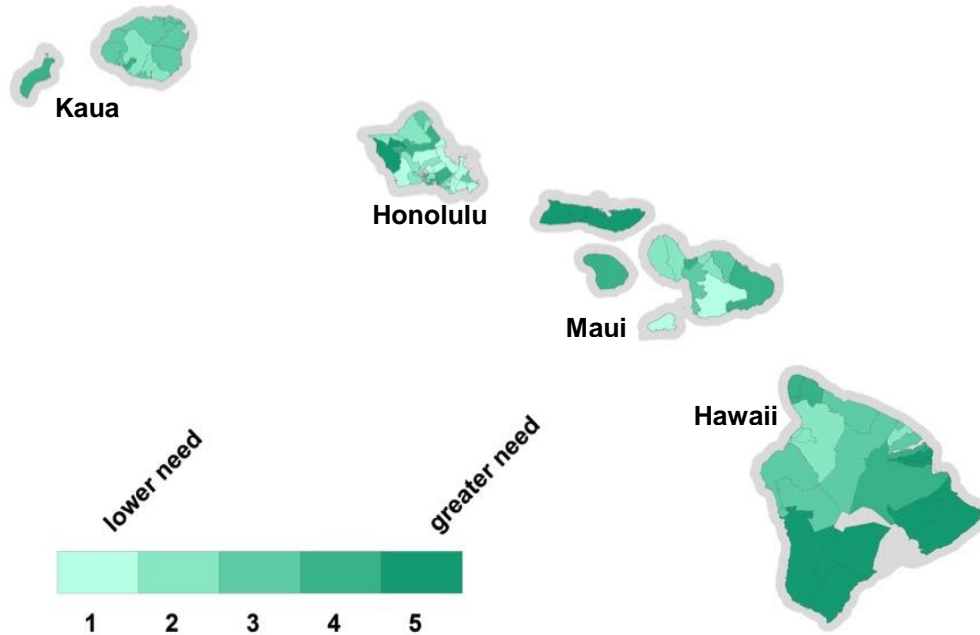
5.2.3 Education

Women in Hawai'i have higher levels of educational attainment than the rest of the nation. In 2011-2013, 90.1% of the state's female residents aged 25 and older had at least a high school degree, and 31.5% had at least a bachelor's degree. By contrast, 86.9% of the nation's 25+ female population had a high school degree or higher, and 29.1% had a bachelor's degree or higher.

5.2.4 SocioNeeds Index®

Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health that are associated with health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 300. Zip codes have index values ranging from 0 to 100, where zip codes with higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death. Within Hawai'i, zip codes are ranked based on their index value to identify the relative level of need within the state, as illustrated by the map in Figure 5.7. Index values were not calculated for those areas missing on the map below due to low population count.

Figure 5.7: 2015 SocioNeeds® Index for Hawai'i



The zip codes with the highest levels of socioeconomic need are found on Leeward Oahu in Honolulu County, the Island of Molokai in Maui County, and in the Kau and Puna districts in Hawai'i County, as seen in Figure 5.7 and Table 5.2. These areas are more likely to experience poor health outcomes.

Table 5.2: Zip Codes with Highest Socioeconomic Need

Zip Code	Index	County
96778	93.7	Hawai'i
96729	90.6	Maui
96757	90.2	Maui
96770	90.1	Maui
96783	88.8	Hawai'i
96748	86.4	Maui
96760	86.3	Hawai'i
96749	86.1	Hawai'i
96772	85.8	Hawai'i
96771	85.7	Hawai'i
96785	83.2	Hawai'i
96792	81.5	Honolulu
96781	79.6	Hawai'i
96704	77.0	Hawai'i
96777	74.4	Hawai'i

6 Findings

Together, qualitative and quantitative data provided a breadth of information on the health needs of Hawai'i women and children. Figure 6.1 shows where there is strong evidence of need in qualitative data (in the upper half of the graph); in quantitative data (towards the right side of the graph); or in both qualitative and quantitative data (in the upper right quadrant).

Figure 6.1: Strength of Evidence of Need

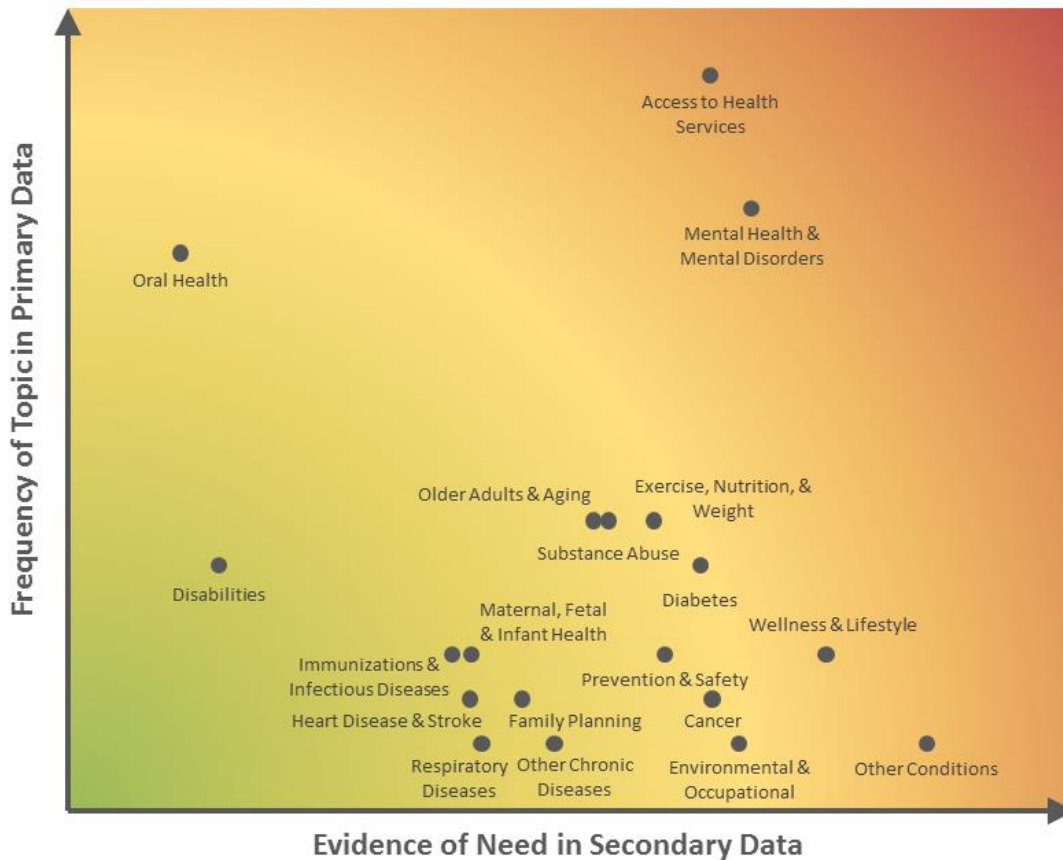
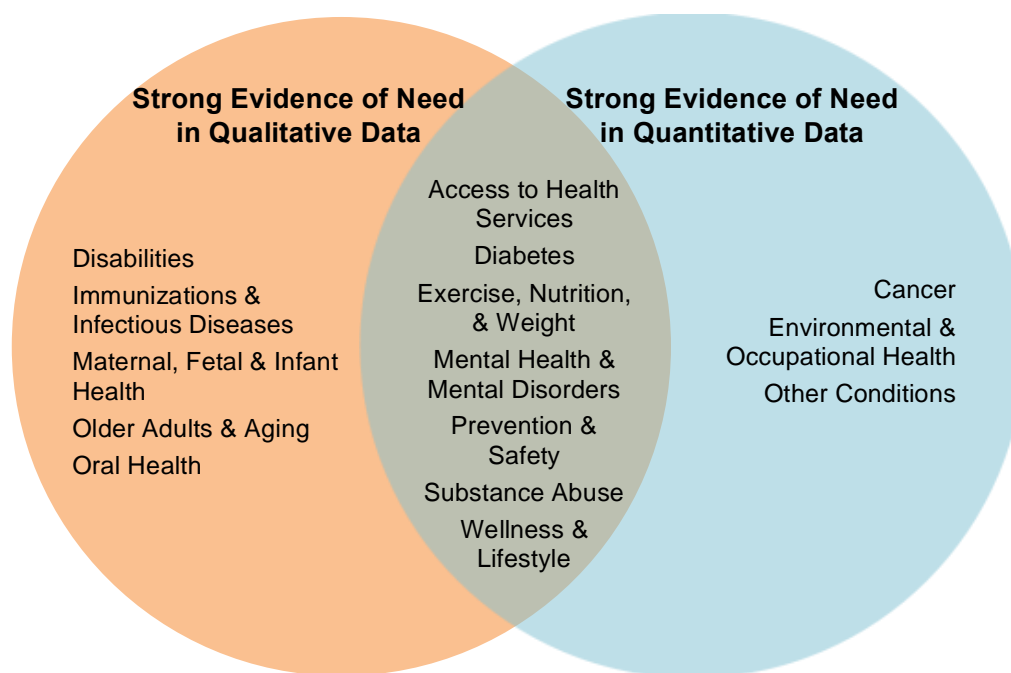


Figure 6.2: Topic Areas Demonstrating Strong Evidence of Need



In qualitative data, topic areas demonstrating “strong evidence of need” were those discussed in at least two key informant interviews. In quantitative data, topic areas with “strong evidence of need” were those with secondary data scores in the top half of the distribution.

Across all data, there is distinctly strong evidence of need in the areas of Access to Health Services and Mental Health & Mental Disorders. A combination of quantitative and qualitative data show that Diabetes; Exercise, Nutrition, & Weight; Prevention & Safety; Substance Abuse; and Wellness & Lifestyle are also areas of concern—although to a far lesser degree than the top two areas (as seen in Figure 6.1). Topic areas demonstrating “strong evidence of need” in the qualitative data are those in the top half of the distribution of topic frequency in key informant interviews. In this analysis, this includes topic areas discussed in at least two key informant interviews. Topic areas demonstrating “strong evidence of need” in the quantitative data are those with secondary data scores in the top half of the distribution.

Although key informants gave Oral Health a high level of importance, the topic did not score high in quantitative data, which is likely due to the poor data availability in this area. Several indicators in the topic Other Conditions, including measures of urinary tract infections and dehydration, contributed to a high quantitative score—but were not mentioned by key informants, likely due to the specific nature of the health topic.

Each type of data included in the analysis contributes to the findings. Typically, there is either a strong set of secondary data indicators revealing the most dire health needs, or powerful qualitative data from key informant interviews providing great insight to the health needs of the

community. On rare occasion, because quantitative data and qualitative data have their respective strengths and weaknesses, there can be both a strong set of secondary data indicators and qualitative data from interviews enhancing and corroborating the quantitative data. Findings are discussed in detail in the report by theme.

Below are tables that list the results of the secondary data scoring, for both Health and Quality of Life topic areas. Topics with higher scores indicate poor comparisons or greater need.

Table 6.1: Secondary Data Scoring for Health Topic Areas

Health Topic	Secondary Data Score
Other Conditions	1.67
Wellness & Lifestyle	1.58
Mental Health & Mental Disorders	1.51
Environmental & Occupational Health	1.50
Cancer	1.48
Access to Health Services	1.47
Diabetes	1.46
Prevention & Safety	1.43
Exercise, Nutrition, & Weight	1.42
Substance Abuse	1.38
Older Adults & Aging	1.37
Other Chronic Diseases	1.33
Family Planning	1.31
Respiratory Diseases	1.27
Heart Disease & Stroke	1.26
Maternal, Fetal & Infant Health	1.26
Immunizations & Infectious Diseases	1.24
Disabilities	1.03
Oral Health	1.00

Table 6.2: Secondary Data Scoring for Quality of Life Topic Areas

Quality of Life Topic	Secondary Data Score
Education	1.56
Economy	1.42
Social Environment	1.42
Transportation	1.33
Public Safety	1.25
Environment	1.20

Please see Appendix A for additional details on indicators within these Health and Quality of Life topic areas.

Below is a word cloud, created using the tool Wordle.⁸ The word cloud illustrates the themes that were most prominent in the community input. Themes that were mentioned more frequently are displayed in larger font. Key informants discussed the areas of Access to Health Services, Children’s Health, Oral Health, and Diabetes most often.

Figure 6.3: Word Cloud of Themes Discussed by Key Informants



“People from Micronesia regions” is used throughout this report and intended to be a respectful reference that includes, but is not limited to, individuals from Micronesia states, Marshall Islands, Palau, Nauru, and other islands in the region. These individuals may have come to Hawai’i through a Compact of Free Association agreement and may be provided healthcare benefits.

Note to the Reader

Readers may choose to study the entire report or alternatively focus on a specific major theme. Each section reviews the qualitative and quantitative data for each major theme and explores the key issues and underlying drivers within the theme. Due to the abundance of quantitative data, only the most pertinent and impactful pieces are discussed in the report. For a complete list of quantitative data included in the analysis and considered in the report, see Appendix A.

Navigation within the themes

At the beginning of each thematic section, key issues are summarized and opportunities and strengths of the community are highlighted. The reader can jump to subthemes, which correspond with the topic area categories, or to the key issues within each subtheme, as illustrated in Figure 6.4.

⁸ Wordle [online word cloud applet]. (2014). Retrieved from <http://www.wordle.net>

Figure 6.4: Layout of Topic Area Summary

1.1 Major theme

Key issues

- Summarized key issues

Opportunities and strengths

Community strengths	Available opportunities
---------------------	-------------------------

1.1.1 Subtheme

Key issue A
Text here discusses key issue A.

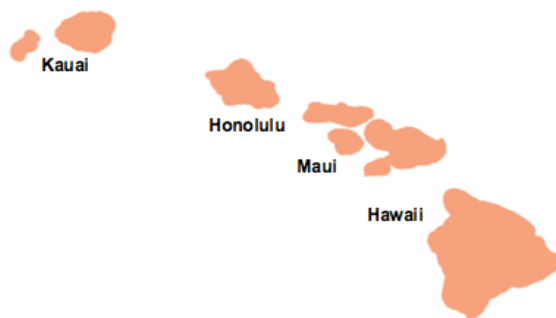
Key issue B
Text here discusses key issue B.

Extract from Key Informant Interview

Table 1.1: Quantitative Data

Quantitative data	Value
Data indicator A, 2012	12.2%
Data indicator B, 2011-2013	10.0%

Figure 1.1: Chart, Map, or Other Graphic Representation



Figures, tables, and extracts from qualitative and quantitative data substantiate findings throughout. Within each subtheme, special emphasis is also placed on populations that are highly impacted, such as the low-income population or people with disabilities.

6.1 Access to Care

Key issues

- Provider shortages in primary care, specialists, mental health, and oral health, especially on the Neighbor Islands and underserved populations
- Need for integrating mental health and oral health into regular healthcare services
- High cultural, linguistic, and financial barriers to accessing care

Opportunities and Strengths

Community health centers are embedded in the community and provide access to care	School-based healthcare programs are a good opportunity to improve access
Some readmissions could be prevented by expanding access to preventive care	One residency program is adopting team-based care and improving provider retention in Hawai'i
Remote areas have begun using telehealth to get around workforce shortages	Need to invest in communities with disparities to strengthen entire healthcare system
The Hawaii Health Systems Corporation* provides access to hospital care	The patient-centered medical home model is being adopted and will improve care
Need to integrate basic oral health screenings and services into general pediatric care	Some funding is available for translation services
Some initiatives underway to integrate primary care and behavioral health services	Hawai'i Department of Health and Department of Human Services are working together to create a continuum of care across behavioral health

*The Hawaii Health Systems Corporation is the state hospital system and the largest provider of healthcare in Hawai'i.

6.1.1 Access to Health Services

Healthcare coverage and affordability

Paying for healthcare is a big issue in rural areas and on Neighbor Islands

In 2012, 3.8% of children under 18 years of age did not have continuous health insurance coverage, which compares poorly to the previous year (2.5%). Key informants noted several other issues related to healthcare access and affordability, including the cost of insurance and affordability of care. Even with expanded healthcare coverage under the Affordable Care Act, some patients encounter difficulties in accessing preventive health services because of certain insurance clauses. The high costs of medication force some residents to choose between paying for their medications and paying for food.

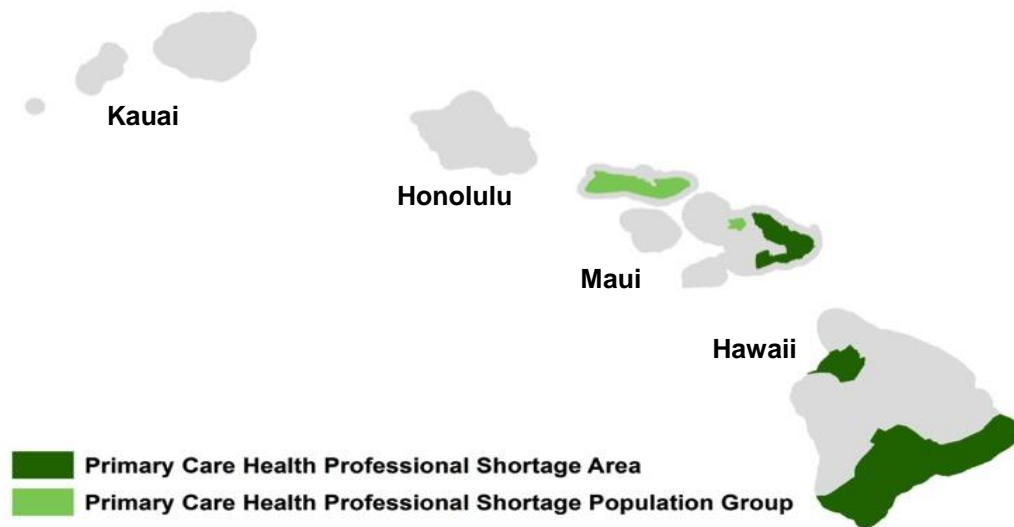
Physician shortages

The State of Hawai'i has a low number of medical providers per 100,000 residents, based on quantitative data and as noted by several key informants. Key informants explained that attracting new providers to Hawai'i is especially difficult due to high living costs, few opportunities for spouses and children, and challenging clients. The physician shortage problem is especially apparent for the low-income population, whose Medicaid plan may not be accepted as insurance by providers in the community; the Neighbor Islands, where there is a marked lack of specialists; and rural areas, where provider limits in accepting insurance can become a more difficult issue.

Table 6.3: Providers per 100,000 Residents

Provider type	Providers/100K pop.
Medical doctor, 2012	80
Primary care provider, 2013	84

Figure 6.5: Health Professional Shortage Areas



The Health Resources and Services Administration (HRSA) has designated areas where there are 3,500 or more individuals per primary care physician as Primary Care Health Professional Shortage Areas (HPSAs).⁹ By this criteria, North Maui and East Maui in Maui County and the South Kohala, Kau, and Puna districts of Hawai'i County emerge as Primary Care HPSAs. The Island of Molokai in Maui County is also distinguished as a HPSA for the low-income population, where access

Rural Oahu and the Neighbor Islands have dramatic provider shortages

⁹ Health Resources and Services Administration Data Warehouse. (Accessed June 9, 2015). *HPSA Find*. Retrieved from <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

barriers prevent this population group from use of the area's primary medical care providers. It is important to note that the HPSA metric does not account for higher primary needs of specific populations, such as the elderly, in its analysis.

Regular source of care and preventive services

Routine checkups support healthy development in adolescents. However, in 2013, only 62.2% of teens and 46.0% of young teens had a physical in the past year.

Continuity of care and care coordination

There is a need for improved continuity of care, particularly for individuals with special healthcare needs or disabilities and older adults. Key informants further elaborated that programs and services frequently work in silos, and called for improved care coordination, especially in serving children. One discussed the move towards the patient-centered medical home model for children as a means of improving coordination.

Transitions of care are disjointed

Cultural and language barriers

Many key informants commented that language and cultural barriers are important factors to consider in improving health in the diverse populations of the State of Hawai'i. Language is a particular concern for the elderly for whom English may not be a first language, and for people from Micronesian regions. Linguistic and cultural barriers affect the ability to navigate within the health system, and impact attitudes toward basic preventive care and screening services.

Highly impacted populations

People with disabilities: There is a need for improved continuity of care for individuals with disabilities and other special healthcare needs. In 2009-2010, only 37.3% of youth with special healthcare needs aged 12 to 17 years old had a doctor who facilitated the transition to adult healthcare and cultivated active participation in self-care, falling short of the Healthy People 2020 target of 45.3%.

Table 6.4: Highly Impacted Populations, Access to Health Services

	Hawai'i	Highly impacted groups
Adult Women without Health Insurance, 2013	8.8%	Pacific Islander (25.6) Asian (14.8) Native Hawaiian (12.6) White (9.3)
No Doctor Visit due to Cost, 2013	8.6%	Pacific Islander (19.6) Other (14.1) Native Hawaiian (13.5) Filipino (12.1)
Children without Health Insurance	3.8%	White (7.5) Filipino (6.9) Other (6.2)

People from Micronesian regions: Individuals from Micronesian regions experience many needs in chronic diseases and mental health, but struggle to access services due to stigma and discrimination. Policies and programs regarding public assistance for this community are evolving and will impact this population's access to healthcare. More programs providing health support outside of the hospital are also needed, commented a key informant.

Race/ethnic groups: There is evidence of high race/ethnic disparity for three quantitative measures in the area of access to health services. The largest disparity is for the percentage of adult women without health insurance in 2013, where the uninsured rate for Pacific Islander women was more than three times the average for women in Hawai'i.

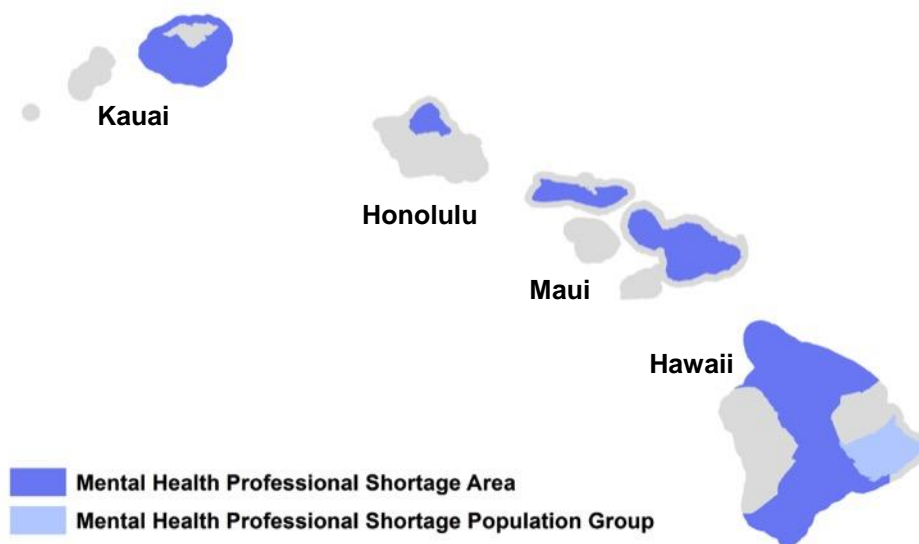
6.1.2 Mental Health

Access to services

Mental health issues are ignored until they are big problems

Only 57.2% of adult women with serious mental illness received treatment in 2012-2013, indicating that there are barriers to accessing treatment. In addition, several key informants commented that mental health is under-resourced and lacking, especially for children and on the Neighbor Islands. HRSA has designated at least part of each Hawai'i County as a Mental Health HPSA, as seen in Figure 6.6.

Figure 6.6: Mental Health Professional Shortage Areas



Integration with primary care

Several key informants voiced the need to integrate mental health services with primary care. One elaborated that primary care services are not effectively identifying and addressing mental health issues.

Highly impacted populations

Low-income population: Mental health services for the low-income population are also under-resourced. As one key informant noted, opportunities for improving these services include connecting behavioral health expertise in the Hawai'i State Department of Health with Med-QUEST in order to achieve greater impact in low-income populations, and developing Med-QUEST reimbursement policies that financially incentivize psychiatric services.

People from Micronesian regions: According to a key informant, the Micronesian community is acutely impacted by suicide, but people from Micronesian regions encounter dual challenges in seeking help for mental health issues: different attitudes toward mental health in the culture, and extremely limited access to mental health services.

6.1.3 Oral Health

Access to services

According to key informants, there is a particular gap in oral healthcare coverage in adults: most adults do not have dental insurance. Furthermore, Medicaid only covers emergency oral health services and Medicare does not cover dental care at all.

Key informants also voiced their concern over the lack of dental service providers, particularly in rural areas, on the Neighbor Islands, and those serving children. HRSA has designated areas where there are 5,000 or more individuals per dentist as Dental HPSAs.¹⁰ By these criteria, areas of East and Upcountry Maui emerge as Dental HPSAs, as seen in the map in Figure 6.7. The rural geographies of Honolulu County are also distinguished as Dental HPSAs for the low-income population, where access barriers prevent this population group from visiting the area's dentists. As described in primary data, these barriers likely include cost and lack of insurance coverage.

¹⁰ Health Resources and Services Administration Data Warehouse. (Accessed June 9, 2015). *HPSA Find*. Retrieved from <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Figure 6.7: Dental Health Professional Shortage Areas



Prevention and integration with healthcare

According to the 2011 Pew Center on the States report on children’s dental health, Hawai‘i meets only one out of eight policy benchmarks aimed at improving children’s oral health, resulting in a score of F (on a scale of A-F) and making Hawai‘i one of the worst overall performers across the nation.¹¹ Both key informants and Pew identified community water fluoridation, school-based oral health programs for fluoride treatment and sealants, and tracking children’s oral health data as areas of need. Key informants also recognized provider shortage as particularly severe for children’s oral health providers. Key informants suggested that oral healthcare should be integrated into the continuum of healthcare, whether through pediatric or general care, rather than thought of separately as it is in the status quo.

It's a tragedy we don't have community water fluoridation

6.1.4 Economy

Poverty

Poverty is one of several social and economic determinants of health, and correlates with poor access to care, especially in terms of health insurance coverage and medication affordability. As mentioned in Section 5.2.2, the cost of living in Hawai‘i is high compared to the rest of the U.S.

¹¹The Pew Center on the States. (2011). *The State of Children's Dental Health: Making Coverage Matter*. Retrieved from http://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs_assets/2011/TheStateofChildrensDentalhealthpdf.pdf

Funding for services

As one key informant acknowledged, health systems face a financial challenge in providing comprehensive services for all residents that need care. Healthcare is a complex industry, and financing it is hard for both those who seek care and those who provide care. Key informant testimony also described how entitlement programs are critical to supporting children with complex care needs, but that funding and support for this population dwindle as these children get older.

Highly impacted populations

Homeless population: For the homeless, the emergency room is often used to fulfill basic primary care and survival needs, such as shower and shelter, rather than emergency care. This suggests a need for additional services along the spectrum of care for this population.

People from Micronesian regions: Key informants voiced their concerns regarding individuals from Micronesian regions, noting that this group has many health needs due to socioeconomically disadvantaged status, and encounter significant barriers to accessing care, including healthcare coverage challenges, stigma, and discrimination.

6.2 Chronic Diseases

Key issues

- Limited physical activity and poor diets lead to overweight and obesity among women and children
- Poor diabetes preventive care, management, and education
- Native Hawaiians and Pacific Islanders are disproportionately impacted by many chronic diseases
- Rising death rates due to certain cancers

Opportunities and Strengths

Could form partnerships between schools, DOE, and DHS for food stamps and SNAP	Need for education on portion sizes in addition to types of healthy foods
Fast food restaurants have added healthier menu options following public pressure	Task forces, schools, and doctors are making an impact on childhood obesity
There are community-based efforts to reach out to families with diabetes education	Need for better caregiver training and support

6.2.1 Exercise, Nutrition & Weight

Nutrition and access to healthy foods

Indicators of physical activity among teens in Hawai'i compare unfavorably to available national benchmarks and Healthy People 2020 goals, as shown in Table 6.5. The percentage of teens who attended daily physical education was much lower than the nation and was far from meeting the Healthy People 2020 target. The U.S. Department of Health and Human Services recommends at least 60 minutes of aerobic physical activity every day and muscle strengthening at least three days a week for children and adolescents.

Table 6.5: Teen Physical Activity

Teen Physical Activity, 2013	Hawai'i	U.S.	Healthy People 2020
Teens who attend daily physical education	7.3%	29.4%	36.6%
Teens who meet aerobic physical activity guidelines	22.0%	27.1%	31.6%
Teens who meet muscle-strengthening guidelines	46.3%	51.7%	-
Teens who meet aerobic and muscle-strengthening guidelines	18.1%	19.9%	-

The percentage of teens and young teens who spend more than three hours on the computer or playing video games every day is high and rising. A key informant corroborated this trend and related it back to choices made by both parents and children, and observed that youth are less active and physically fit as a result.

Only 15.6% of teens in Hawai'i ate fruit and vegetables five or more times per day in 2013, which was much lower than the U.S. value of 22.3% and a decline from 17.5% in 2011. The proportion of teens

Obesity is a community-wide problem that needs to be addressed

with a healthy body weight also declined between 2011 and 2013, from 73.4% to 71.8%. Multiple key informants noted that childhood obesity is a major issue. At the same time, many adolescents suffer from eating disorders: in 2013, 20.0% of public high school students reported disordered eating in the past month, up from 18.4% in 2011 and far over the Healthy People 2020 target of 12.9%. Disordered eating disproportionately impacts teenage girls.

Similar issues are concerns among women in Hawai'i. As of 2013, a declining proportion of women engaged in any physical activity outside of work (74.6% vs. 77.4% in 2012), and the proportion of women who ate five or more servings of fruits and vegetables daily had also fallen from 22.5% (in 2011) to 21.0%. The share of women who were overweight grew slightly between 2012 and 2013, from 26.2% to 27.0%.

A big concern is childhood obesity

A key informant observed that obesity often impacts both parents and children in a family, and that addressing childhood obesity could have positive spillover effects on parents as well. In addition, more education is needed on portion sizes.

Highly impacted populations

Low-income population: One key informant noted that poverty limits access to high quality foods and safe places for exercise.

Rural communities: Another key informant observed that rural communities often have low income and access to low quality foods that are high in sugar and fat, which increases risk for obesity and diabetes.

People from Micronesian regions: A key informant noted Micronesians experience high levels of obesity, in addition to other chronic diseases.

Race/ethnic groups: Obesity and food insecurity disproportionately impact Native Hawaiian and Pacific Islander women and adolescents.

Table 6.6: Highly Impacted Populations, Food Insecurity and Obesity

Food Insecurity and Obesity, 2013	Hawai'i value	Highly impacted groups
Food Insecurity among Households	16.7%	Native Hawaiian/Pacific Islander (35.7%)
Women who are Obese	18.7%	Pacific Islander (50.7%) Native Hawaiian (33.5%) Other (25.6%)
Teens who are Obese	13.4%	Pacific Islander (31.2%) Native Hawaiian (19.3%) Filipino (13.8%)

6.2.2 Diabetes

According to a key informant, diabetes and other chronic health issues are becoming more common in children. Hawai'i has an increasing number of children diagnosed with diabetes – this includes Type 2 diabetes in children as young as 2 years old.

We are seeing more chronic health issues like diabetes

Diabetes awareness and prevention

People with pre-diabetes will develop diabetes unless they change their lifestyle and eating habits. According to one key informant, the greatest needs in this area are prevention and detection because many people in Hawai'i are unaware they are diabetic or pre-diabetic.

Diabetes management

In 2013, only 47.6% of adult women with diabetes in Hawai'i took a course in diabetes self-management, a decrease from 52.0% in 2012.

A crucial part of managing diabetes is testing, as controlling blood glucose levels helps delay diabetic problems, such as eye disease, kidney disease, and nerve damage. The glycosylated hemoglobin (HbA1C, or A1c) test allows health providers to see how well blood glucose levels were controlled in the previous few months. As shown in Table 6.7, the percentage of women with diabetes in Hawai'i who manage their diabetes through regular testing fell between 2012 and 2013.

Table 6.7: Diabetes Management

Percentage of women with diabetes in Hawai'i who:	2013	2012
Test their blood glucose daily	47.8%	60.4%
Have a biannual HbA1c check	69.3%	78.0%
Have their feet checked during the year	74.7%	78.7%

The rate of hospitalizations due to uncontrolled diabetes increased by over 50% between 2010 and 2011, rising from 3.9 to 6.1 hospitalization per 100,000 females. This suggests poor management of the condition.

According to one key informant, information on new advances in diabetes may not be widely disseminated to doctors, and families may need more training on diabetes management when a loved one is discharged from the hospital. In the broader community, many people are unaware that diabetes is a protected class under the Americans with Disabilities Act. A key informant noted workplaces and school systems often do not meet the needs of their employees and students with diabetes.

Comorbidity

Depression: A key informant noted that there is a direct link between diabetes and depression, which can lead to noncompliance in medication, self-harm, amputation, and even death from a diabetic coma. Young adults with Type 1 diabetes in particular may fail to take proper care of themselves, and experience a high rate of suicide in Hawai'i.

Oral health: A key informant explained that oral health is a unique need for people with diabetes due to numb nerve-endings and the potential for undiagnosed abscesses. Quarterly trips to the dentist can help people with diabetes keep their teeth and prevent unnecessary oral surgery.

Highly impacted populations

Older adults: In 2012, 26.5% of Hawai'i's female Medicare beneficiaries were treated for diabetes. It is unprecedented for people to live with diabetes for as long as they do now, according to a key informant, and this is increasing healthcare costs. Existing caregiver training and support systems for elders with diabetes are insufficient to meet needs.

Several ethnic groups are predisposed to diabetes - Native Hawaiians, Japanese, Filipino, Chinese and Pacific Islanders - but the reason for this is unknown

Rural communities: According to a key informant, diabetes is intergenerational and especially challenging to manage for low-income and rural populations due to low access to nutritious food.

Homeless population: A key informant noted homeless shelters in particular present a problem for people with diabetes when the only foods available are bread and juice.

People from Micronesian regions: One key informant linked a heavy burden of diabetes among individuals from Micronesian regions to limited capacity for diabetes management in Micronesia. These individuals' low-income status and poor access to care and healthy foods compound their health problems.

Race/ethnic groups: Diabetes-related vision problems disproportionately impact women in Hawai'i of certain race groups. While 18.2% of adult women with diabetes had vision problems due to diabetic retinopathy overall in 2013, 32.5% of Filipina women and 19.3% of Native Hawaiian women experienced these vision issues.

6.2.3 Heart Disease & Stroke

High blood pressure and cholesterol

High blood pressure and high cholesterol are major modifiable risk factors for heart disease and stroke. In 2012, 56.5% of female Medicare beneficiaries in Hawai'i were treated for hyperlipidemia (high cholesterol and triglycerides), compared to 45.5% of female beneficiaries nationwide.

Rehabilitation

Rehabilitation programs help stroke survivors recover, regain skills, and improve quality of life. Referral rates to outpatient stroke rehabilitation among female stroke survivors in Hawai'i dropped substantially between 2012 and 2013, from 34.2% to 18.4%.

Highly impacted populations

People from Micronesian regions: A key informant noted that people from Micronesian regions experience high levels of heart disease and other chronic diseases.

Race/ethnic groups: Women of Native Hawaiian and Other Pacific Islander descent have the highest death rates due to stroke and heart disease. This population has a death rate over four times higher than Hawai'i's overall population for heart disease, and over three times higher for stroke.

Table 6.8: Death Rates due to Heart Disease and Stroke

Female death rate, 2011-2013*	Hawai'i	White	Asian	Am. Indian/ Alaska Nat.	Nat. Hawaiian/ Pac. Islander	Other
Heart disease	45.4	43.0	36.4	183.5	191.9	7.8
Stroke	31.3	27.3	30.9	-	103.5	4.4

*per 100,000 females

6.2.4 Other Chronic Diseases

Among female Medicare beneficiaries, osteoporosis and chronic kidney disease are more prevalent in Hawai'i than in the U.S. overall. In 2012, 14.3% of female beneficiaries in Hawai'i were treated for osteoporosis (compared to 10.3% nationwide), while 15.2% were treated for chronic kidney disease (compared to 14.5% nationwide).

6.2.5 Cancer

Screening and incidence rates

Screening and early detection of cervical cancers can prevent many deaths. However, the rate of Pap test screening for cervical cancer in Hawai'i fails to meet the Healthy People 2020 target of 93.0%. In 2013, only 74.0% of women ages 18 and over reported having a Pap smear in the past three years, which was also lower than the national average of 78.0%.

The incidence of liver and bile duct cancer is extremely high compared to the rest of the nation. In 2008-2012, there were 6.0 cases per 100,000 females in Hawai'i, compared to just 3.5 cases per 100,000 females in the U.S. overall. The rate of breast cancer incidence was also elevated in Hawai'i in the same time period. While the national breast cancer incidence rate was 122.7 cases per 100,000 females, the rate in Hawai'i was 130.2 cases per 100,000 females.

Death rates

Lung cancer is a major cause of cancer deaths. Between 2012 and 2013, the death rate from lung cancer increased from 21.8 to 26.8 deaths per 100,000 females in Hawai'i. The death rate due to cervical cancer also increased between 2010-2012 and 2011-2013, from 1.9 to 2.3 deaths per 100,000 females. This increase meant Hawai'i failed to meet the Healthy People 2020 target rate of 2.2 in the most recent measurement period.

Table 6.9: Death Rates due to Cancer

Female cancer death rates, 2011-2013*	Hawai'i	White	Asian	Nat. Hawaiian/ Pac. Islander	Black
Breast	14.5	15.0	10.8	59.0	42.0
Cervical	2.3	1.7	2.0	11.2	-
Colon Cancer	10.9	10.3	9.9	33.2	-

*per 100,000 females

Highly impacted populations

Race/ethnic groups: Several cancer mortality indicators had high index of disparity values, and the Native Hawaiian/Pacific Islander group typically emerged as the group faring most poorly, with death rates ranging from 3-4 times higher than the overall Hawai'i rates.

People from Micronesian regions: A key informant highlighted that people from Micronesian regions tend to experience higher rates of chronic diseases like cancer.

6.3 Environmental Health & Respiratory Diseases

Key issues

- Drinking water contamination
- Asthma, especially among children under five

6.3.1 Environment

The percentage of residents who get water from a public water system that has received at least one health-based violation increased over 2000% between FY2012-13 and FY2013-14, from 0.1% to 22.9%. A violation occurs when a water contaminant exceeds the levels allowed under drinking water standards. Severe housing problems affect over a quarter of households in the state. Such problems include overcrowding, lack of kitchen, lack of plumbing facilities, and high housing costs.

6.3.2 Respiratory Diseases

Asthma

Asthma is a major health concern for children in Hawai'i. In 2013, 12.8% of children in the state had asthma (up from 11.2% in 2012), much higher than the national average of 9.2%. Hawai'i did not meet the Healthy People 2020 target for reducing emergency department visits due to asthma among children under 5 years old: in 2011, there were 119.4 asthma-related ED visits per 10,000 children under 5, much higher than the target rate of 95.7.

Asthma is also slightly more prevalent among female Medicare beneficiaries in Hawai'i than in the rest of the U.S.

Highly impacted populations

Race/ethnic groups: Overall, 11.5% of women in Hawai'i had asthma in 2013. However, prevalence of asthma was much higher among Native Hawaiian (22.1%), White (13.4%), and Other Race (19.5%) women.

6.4 Mental Health & Health Risk Behaviors

Key Issues

- High mental health burden and poor preventive care
- Poor access to substance abuse services
- Insufficient sleep and excessive screen time
- Avoidable injuries and deaths through safer behaviors
- Poor condom use and low vaccination rates among teens

Opportunities and Strengths

Should provide training to police to better assist mental health patients	Need to build community capacity and change policies to better serve residents dealing with substance abuse and mental health issues
Children with insurance have access to well-care visits and timely vaccinations	Find ways to share prevention message across cultural differences
There is a good program in schools to reach children who have not been vaccinated	

6.4.1 Mental Health & Mental Disorders

Prevalence of poor mental health

Hawaii residents experience high rates of poor mental health. In 2012-2013, 8.7% of women and 10.6% of adolescents experienced a major depressive episode. A higher proportion of teens in Hawaii attempted suicide in 2013 than compared to the U.S. overall. Other areas of concern include teen cyberbullying and bullying. Poor access to mental health care exacerbates these problems: of women with serious mental illness, only 57.2% received treatment in 2012-2013, a decrease from 69.5% in the previous measurement period. See Section 6.1.2 for more information on access to mental health care in Hawai'i.

Prevention and screening

Although many key informants agree that mental health services would be best delivered through integration with primary care, more resources and better support are needed to realize this vision in many healthcare settings. Suggestions from key informants for improved preventive care include co-location of primary care and mental health services, and using telehealth and telepsychiatry to provide services to hard-to-reach populations.

Highly impacted populations

Chronic disease patients: Key informants noted that there is a two-way relationship between mental health and physical health, with increasing evidence that people with chronic disease are more likely to become depressed, and that depression contributes to a lack of motivation to practice healthy behaviors.

Homeless population: Key informants identified mental illness as a driving factor behind increasing rates of homelessness in Hawai'i. This population often utilizes the emergency room for mental health issues that could be treated through regular, preventive mental health care.

Race/ethnic groups: There is evidence of high race/ethnic disparity for the suicide death rate among women in Hawai'i. Among Native Hawaiian/Pacific Islander women, the suicide rate is more than double the rate for all women in Hawai'i.

Table 6.10: Highly Impacted Populations, Mental Health

	Hawai'i	Highly impacted groups
Female Suicide Death Rate, 2011-2012	4.6 deaths/100,000 pop.	Native Hawaiian/Pacific Islander (9.7) White (6.1)

6.4.2 Substance Abuse

Alcohol, tobacco, and illicit drug use

Substance abuse problems are frequently linked to mental health. Though rates of binge drinking are favorable compared to the U.S. rate, e-cigarette use among teens is more than double the national rate.

Table 6.11: Self-Reported Rates of Substance Abuse

Self-reported Rates of Substance Abuse, 2013	Hawai'i	U.S.
Binge Drinking		
Teens (males)	10.6%	22.0%
Teens (females)	12.9%	19.6%
E-cigarette Use		
Teens (grades 9-12)	10.0%	4.5%
Young teens (grades 6-8)	5.5%	1.1%

In addition, nonmedical use of prescription drugs and illicit drug use among women in Hawai'i are trending in a poor direction.

Table 6.12: Illicit Drug Use among Women

Illicit Drug Use among Women in Hawai'i	2012-2013	2010-2011
Illicit Drugs	7.0%	5.1%
Nonmedical Use of Prescription Drugs	4.9%	3.7%
Nonmedical Use of Prescription Pain Relievers	4.1%	2.8%
Nonmedical Use of Stimulants	1.2%	0.4%
Nonmedical Use of Tranquilizers	1.6%	1.0%

Illicit drug use is also an area of concern for teens: a higher proportion of adolescents in Hawai'i used alcohol or illicit drugs in 2012-2013 than the U.S. overall (18.1% vs. 15.9%) and a higher proportion of teens were offered, sold, or given illegal drugs on school property in 2013 (31.2% vs. 22.1% in the nation). Tobacco use among teens and young teens is a major concern as well. In 2013, a higher proportion of teens and young teens tried e-cigarettes (17.6% of teens and

7.9% of young teens) compared to the U.S. (11.9% of teens and 3.0% of young teens). However, the state is taking steps to address smoking among adolescents. In June 2015, Hawai'i raised the smoking age to 21, becoming the first U.S. state to do so.¹²

Drug use among mothers who are pregnant is another area of concern, which is discussed further in Section 6.5.1.

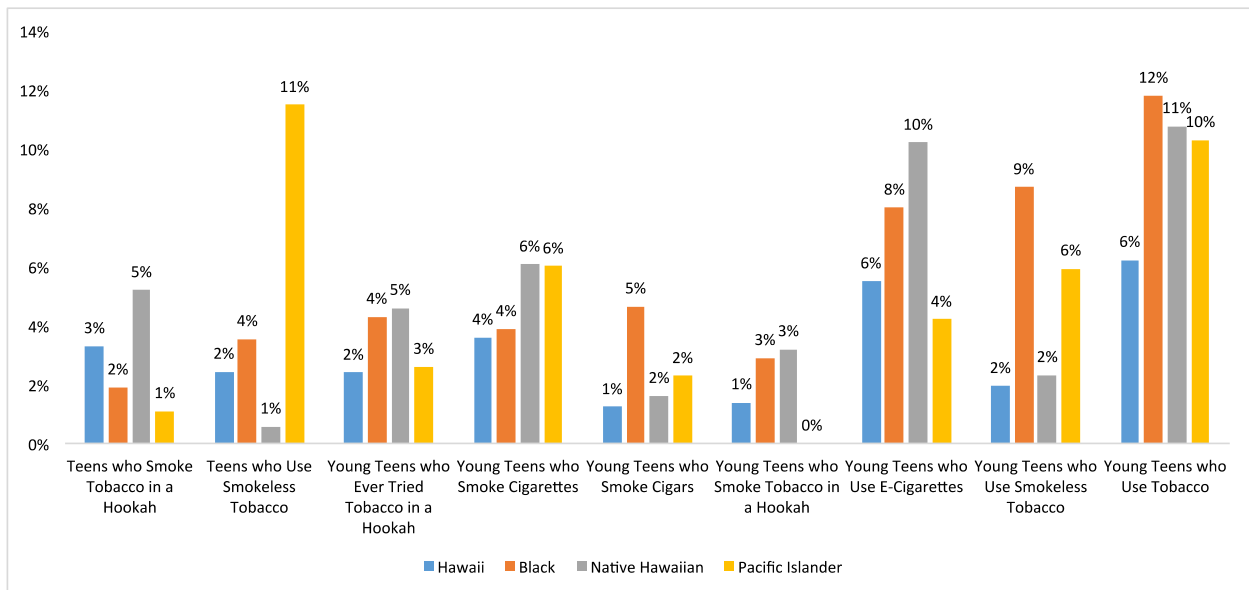
Access to treatment

Multiple key informants recognized a lack of substance abuse services in Hawai'i, with one describing services as fragmented and slow to respond.

Highly impacted populations

Race/ethnic groups: There is evidence of large race/ethnic disparities for tobacco use indicators, with Black, Native Hawaiian, and Pacific Islander teens faring poorly.

Figure 6.8: Tobacco Use Among Black, Native Hawaiian, and Pacific Islander Teens



Marijuana use among teens and young teens is the highest among youth of White, Native Hawaiian, and Pacific Islander descent.

¹² Skinner, C. (2015, June 20). Hawaii becomes first U.S. state to raise smoking age to 21. *Reuters*. Retrieved from: <http://www.reuters.com/article/2015/06/20/us-usa-hawaii-tobacco-idUSKBN0P006V20150620>

Table 6.13: Highly Impacted Populations, Marijuana Use among Teens

	Hawai'i	Highly impacted groups
Teens who Use Marijuana	18.9%	Native Hawaiian (28.7) Pacific Islander (25.3) White (23.2)
Young Teens who Use Marijuana	7.5%	Native Hawaiian (12.6) White (10.0) Pacific Islander (9.0)

Among women in Hawaii, there are large disparities in drug use rates, treatment rates, and drug-induced death rates across race/ethnic groups.

Table 6.14: Highly Impacted Populations, Substance Abuse among Women

	Hawai'i	Highly impacted groups
Women Who Use Smokeless Tobacco, 2013	0.6%	Pacific Islander (5.6) Asian (2.8) Other (29.3)
Women who Binge Drink, 2013	11.2%	Asian (18.9) Native Hawaiian (14.9) White (14.4)

6.4.3 Wellness & Lifestyle

Sleep patterns and screen time

In 2013, only 26.8% of teens in Hawai'i reported that they get sufficient sleep, defined as 8 or more hours of sleep for teens. As a result of insufficient sleep, these teens may be at higher risk for chronic disease and depression. Many teens in Hawai'i also engaged in excessive screen time, with 42.1% of teens and 41.2% of young teens reporting playing video games or using a computer for more than two hours per day in 2013.

6.4.4 Prevention & Safety

Unintentional injuries

Many accidental deaths could be averted through behavioral change or improved safety education. The death rates due to unintentional injuries, drowning, falls, and poisoning among women in Hawai'i are trending poorly. Key informants described the need for a cultural shift towards practicing safer behaviors; a lack of safe practices is evident in several quantitative indicators. In 2013, 43.3% of teens reported texting or emailing while driving, and 37.1% rode with a driver who had been drinking in 2009.

We should increase the understanding that injuries are preventable and a legitimate concern for public health attention

Domestic violence

Domestic violence can inflict physical and long-lasting psychological injury. In Hawai'i in 2013, 9.5% of women reported that they had experienced physical abuse from a current or former intimate partner, and 3.6% experienced sexual abuse.

Highly impacted populations

Race/ethnic groups: High disparities by race/ethnicity are evident for many injury-related indicators. Injury rates are frequently highest among Native Hawaiian and Pacific Islander women.

Table 6.15: Highly Impacted Populations, Prevention and Safety

Injury-related Indicators	Hawai'i	Highly impacted groups
Poisoning Death Rate among Women, 2011-2013	7.9 deaths/100,000 females	Native Hawaiian or Other Pacific Islander (17.6) White (15.4)
Motor Vehicle Collision Death Rate among Women, 2011-2013	2.9 deaths/100,000 females	Native Hawaiian or Other Pacific Islander (8.7) White (3.1)
Unintentional Injury Death Rate among Women, 2011-2013	15.6 deaths/100,000 females	Native Hawaiian or Other Pacific Islander (39.6) White (20.7)
Injury Death Rate Among Women, 2011-2013	22.5 deaths/100,000 females	Native Hawaiian or Other Pacific Islander (53.6) White (32.0) Black (26.0)
Physical Fighting Among Teens	16.7%	Pacific Islander (31.9) Native Hawaiian (22.8) Other (18.6) White (18.5)
Teens who Carried a Weapon at School	4.2%	Pacific Islander (9.3) White (6.2)

6.4.5 Immunizations & Infectious Diseases

The 2012 rate of chlamydia incidence among women in Hawai'i (649.9 cases per 100,000 women) was much higher than the national average of 456.7 cases per 100,000 women. Sexually transmitted infections like chlamydia can be controlled through the use of condoms.

Condom usage among teens is low, as discussed in Section 6.5.2. In addition, qualitative indicate that immunizations among teens—especially for the HPV vaccination—are an area of need.

6.5 Maternal, Fetal, Infant, & Reproductive Health

Key Issues

- High rates of fetal and infant deaths
- Substance abuse in pregnant women
- Poor birth outcomes among Black mothers and infants
- Low condom usage among both male and female adolescents

Opportunities and Strengths

Need for more data collection on home births More resources to address maternal substance abuse needed

6.5.1 Maternal, Fetal, & Infant Health

Fetal and infant deaths

As seen in Table 6.16, the 2013 rates of perinatal (between 28 weeks of gestation to 7 days after birth), neonatal (within first 28 days of life), and infant deaths (within first year of life) compared unfavorably to U.S. averages and Healthy People 2020 targets.

Table 6.16: Fetal and Infant Death Rates

Deaths/1,000 live births, 2013	Hawai'i	U.S.	Healthy People 2020
Perinatal Deaths	8.3	6.2	5.9
Neonatal Mortality Rate*	4.4	4.0	4.1
Infant Mortality Rate	6.2	6.1	6.0

*deaths/1,000 live births and fetal deaths

In addition, the rate of infant deaths due to unintentional suffocation rose from 17.1 to 18.0 deaths per 100,000 live births between 2004-2008 and 2009-2013.

Poor birth outcomes

The percentage of low birth weight births in the state in 2013 (8.2%) was higher than both the national average (8.0%) and the Healthy People 2020 target (7.8%). The percentage of very low birth weight births also increased slightly between 2012 and 2013, from 1.2% to 1.4%. Very early preterm births (less than 32 weeks of gestation) made up 2.3% of total births to resident mothers in Hawai'i in 2013, compared to just 1.9% nationally and a target of 1.8%.

Home births are becoming more popular and we need more data on outcomes

Exclusive breastfeeding after birth is associated with many health benefits for both mother and child. 19.6% of newborns in Hawai'i received formula supplementation to breast milk within the first two days of life in 2013, which fails to meet the Healthy People 2020 target of 14.2%.

While Hawai'i is close to meeting many of its 2018 Title V-related Maternal and Child Health goals,¹³ it must still close sizable gaps in the percent of pregnant women who begin receiving prenatal care in the first trimester, and the percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates. The percent of newborns screened for hearing loss is high in Hawai'i (98.5%), but the prevalence of hearing loss is also high: Hawai'i had the highest rate in the nation as of 2007, at 3.7 cases per 1,000 newborns screened, which was over three times the national rate (1.2 cases per 1,000 newborns screened).¹⁴

One key informant noted that even as home births are becoming more popular, data to track infant health following home births are scarce. The key informant called for more reliable information on home birth providers and their credentials as well, to allow patients to make informed decisions.

Substance abuse among pregnant women

Maternal drug use, illegal or prescription, is a common problems that causes devastation for babies and their mothers

Key informants discussed the prevalent issue of substance abuse among pregnant women in Hawai'i and linked it to poor child health outcomes. Hawai'i fails to meet several Healthy People 2020 targets for substance abuse among pregnant women, as seen in Table 6.17.

Table 6.17: Substance Abuse among Pregnant Women

	Hawai'i	Healthy People 2020
Women who Drink Prior to Pregnancy, 2011	53.1%	43.6%
Prenatal Illicit Drug Use, 2011	3.4%	0.0%
Women who Smoked Prior to Pregnancy, 2011	19.3%	14.6%
Pregnant Women who Abstained from Binge Drinking, 2006-2009	92.2%	100.0%
Mothers who Smoked During Pregnancy, 2013	4.3%	1.4%
Women who Abstained from Alcohol in Their Third Trimester, 2011	93.1%	98.3%

¹³ The Maternal and Child Health Federal-State Partnership, Health Resources and Services Administration. (2013). *Maternal and Child Health (MCH) Measures*. Retrieved from: <https://mchdata.hrsa.gov/TVISReports/Snapshot/SnapShot.aspx?statecode=HI>

¹⁴ Family Health Services Division, Department of Health, State of Hawaii. (2010). *State of Hawaii Maternal and Child Health Needs Assessment*. Retrieved from: <https://mchdata.hrsa.gov/tvisreports/Documents/NeedsAssessments/2011/HI-NeedsAssessment.pdf>

Highly impacted populations

Race/ethnic groups: In 2013, 10.0% of mothers of Native Hawaiian descent smoked during pregnancy, compared to 4.3% of mothers in the state as a whole.

Black neonatal and infant mortality rates are much higher than any other race/ethnicity, at more than triple the Hawai'i neonatal mortality rate and more than double the Hawai'i infant mortality rate.

There are negative and potentially long-term impacts of maternal substance abuse on outcomes for children

Table 6.18: Highly Impacted Populations, Poor Birth Outcomes

	Hawai'i	Highly impacted groups
Very Early Preterm Births	2.3%	Black (4.8%) Other Pacific Islander (3.2%) Other (3.0%) Native Hawaiian (2.7%) Filipino (2.5%)
Infant Mortality Rate	6.2 deaths/ 1,000 live births	Black (15.8) Filipino (7.9)
Neonatal Mortality Rate	4.4 deaths/ 1,000 live births	Black (15.8) Filipino (5.3)

6.5.2 Family Planning

A key informant voiced concerns about women's access to contraception despite stipulations in the Affordable Care Act. Among adolescents, condom usage is much lower in Hawai'i than nationwide. Of adolescent males in public school grades 9-12 who had sex in the past month, only 53.5% (vs. 65.8% nationally) used a condom as of 2013; among females, the value was even lower: 41.5% (vs. 53.1% nationally). Neither group met the Healthy People 2020 targets of condom usage. Delayed sexual initiation, as measured by abstinence from sex among teen boys (66.1%) and teen girls (62.3%), also falls short of Healthy People 2020 targets.

Highly impacted populations

Race/ethnic groups: While the overall teen birth rate in Hawai'i (25.1 births/1,000 women ages 15-19) was lower than the national average (26.5) in 2013, births to teen mothers of Native Hawaiian and Other Pacific Islander descent (123.7 births/1,000 women ages 15-19) occurred at nearly five times the state rate. Births to Black teen mothers (28.7 births/1,000 women ages 15-19) were also higher than the state average. Births to mothers with fewer than 12 years of education (6.6% in Hawai'i overall) were the highest among women identifying as Native Hawaiian (10.4%), Other Pacific Islander (19.2%) and Other race (9.8%).

6.6 Other Findings

Two areas of concern arose in the hospitalization data available for women in Hawai'i. The rates of hospitalization due to perforated appendix and hospitalization due to urinary tract infection rose between 2010 and 2011. As of 2011, 27.4 of every 100 hospital admissions for appendicitis among women were due to perforated appendix, while there were 153.0 hospitalizations due to urinary tract infection for every 100,000 females.

7 A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the qualitative and quantitative data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

7.1 Low-Income Population

Opportunities and Strengths

Need for better care coordination within Medicaid

Opportunity to explore innovative approaches to improving health and quality of life for low-income families

Many key informants identified poverty as a major contributor to poor health outcomes. One key informant observed that lower levels of income and education were correlated with a higher burden of health issues. Other key informants observed that people newly arrived from Micronesian regions tend to have lower incomes and experience the associated negative health impacts. Low-income residents experience substantial challenges in accessing care—especially mental health and oral health services—and the resources needed for a healthy lifestyle, such as nutritious foods. A key informant identified that low Medicaid reimbursement rates contribute to physician shortages across the state. Some low-income communities do not have access to any providers who accept Medicaid.

Key informants discussed a need for better coordination for low-income residents, both within the Medicaid program and more broadly to provide patient- and family-centered care. Non-traditional approaches, such as supporting low-income parents in pursuing higher education, could have profound effects on health and wellbeing in the long term.

7.2 Rural Communities

Opportunities and Strengths

Telehealth can improve access to services for residents of remote areas

Need transportation options that allow homeless children to get to school easily

Key informants noted that rural communities are often also lower-income. Limited access to healthy foods in these areas increases the incidence of obesity and diabetes among residents. Few providers in remote areas mean these communities have limited health, mental health, and dental services. One key informant saw telehealth as a promising option for improving access to some types of care in these communities.

As one key informant described, wellness is predicated on transportation in addition to affordable housing and economic opportunities. Another observer noted a dearth of support for transportation for health-related but non-medical needs. Transportation to school is a major

impediment to getting an education for some children; the problem is especially acute for homeless children with younger siblings whom their parents must care for.

7.3 People with Disabilities

Opportunities and Strengths	
Better systems are needed to support people with disabilities of all ages	Existing home- and community-based services need to be expanded

Key informants in the community observed that the service system for people with disabilities is fragmented and coverage of home- and community-based services needs to be expanded. Employment opportunities for residents with disabilities also need to be broadened. One key informant called for better systems to support people with disabilities of any age, while still respecting age differences.

The state still must close some gaps in providing coordinated, ongoing, and community-based care to children with special healthcare needs in order to meet 2018 goals.¹⁵ The number of children with Autism Spectrum Disorder (ASD) receiving Department of Education Special Education services increased from 960 in 2005 to 1,268 in 2009, possibly reflecting increased ASD awareness and screening.¹⁶

7.4 Homeless Population

Opportunities and Strengths	
Homeless individuals need more preventive care provided respectfully	Transitions between care settings can be improved

In FY 2014, there were 6,102 females who accessed homeless services in Hawai'i. One in four homeless individuals accessing services was a child under 18, for a total of 3,540 total children and adolescents.¹⁷ A key informant noted that many homeless individuals receive benefits like Temporary Assistance for Needy Families and have Medicaid coverage, but access to care encompasses more than simply having health insurance; more attention must be paid to providing dignified and respectful preventive care for this population. In addition, restructuring

The access challenge is developing the appropriate settings to provide care

¹⁵ The Maternal and Child Health Federal-State Partnership, Health Resources and Services Administration. (2013). *Maternal and Child Health (MCH) Measures*. Retrieved from: <https://mchdata.hrsa.gov/TVISReports/Snapshot/SnapShot.aspx?statecode=HI>

¹⁶ Family Health Services Division, Department of Health, State of Hawaii. (2010). *State of Hawaii Maternal and Child Health Needs Assessment*. Retrieved from:

<https://mchdata.hrsa.gov/tvisreports/Documents/NeedsAssessments/2011/HI-NeedsAssessment.pdf>

¹⁷ Yuan, S., Vo, H., & Gleason, K. (2014). *Homeless Service Utilization Report: Hawai'i 2014*. Retrieved from: http://uhfamily.hawaii.edu/publications/brochures/60c33_HomelessServiceUtilization2014.pdf

reimbursement systems would foster innovation in the provision of appropriate care.

According to key informants, areas of improvement for the homeless include affordable housing, transportation (especially for children to school), basic primary care services, and mental health and substance abuse treatment. Managing chronic conditions, such as diabetes, are especially challenging for homeless individuals.

Initiatives like the Mayors Challenge to End Veteran Homelessness have set goals to combat homelessness in Hawai'i.¹⁸ One key informant partly attributed the rise in homelessness to mental health issues and lack of affordable housing, and recognized that older adults are at risk for homelessness if their rents are not paid when they are hospitalized.

Key informants also observed that homeless individuals are high utilizers of the emergency room, which serves as a shower facility and shelter, and fulfills basic medical and dental care rather than emergency services. Another key informant tied emergency service utilization among the homeless population to the larger issue of care transitions; homeless individuals sometimes need care that falls between hospital services and skilled nursing.

7.5 People from Micronesian Regions

Opportunities and Strengths

Community members can help in reaching Micronesian families

Need to improve outreach methods to encourage engagement in healthcare

Key informants noted that individuals from Micronesian regions experience high rates of chronic diseases, including diabetes, obesity, and heart disease. As a result of federal policies, many individuals arrive struggling with illnesses and poor health. It was also recognized that these residents face significant challenges with healthcare coverage, access to services, and poverty. Financial assistance policies for this population are changing and will affect this population's access to healthcare in the future. This community also faces discrimination and stigma, in addition to cultural and language barriers, when seeking care. Key informants recognized the need to improve outreach and engagement in a way that is culturally acceptable.

Mental health issues are significant for people from Micronesian regions. In particular, suicide is a major issue in the Micronesian population, and the problem is exacerbated by poor access to mental health services and cultural barriers that make depression difficult to prevent and treat.

One key informant also noted that disease outbreak occurs in this group due to poor living conditions, such as pertussis outbreaks in those living off the grid with poor quality water and sanitation.

We must address poverty among people from Micronesian regions through improving education and healthcare access, and changing public policies

¹⁸ <http://www.honolulu.gov/housing/mayorschallenge.html>

7.6 Older Adults

Key Issues

- Challenges in accessing care
- Lack of care coordination and support systems
- High prevalence of many chronic diseases

Opportunities and Strengths

Need more housing options for older adults discharged from hospitals to prevent homelessness	Need for better transportation options for seniors
Opportunities to develop more partnerships with the healthcare industry to implement evidence-based programs in healthy aging	Use caregiver assessments to provide better support for caregivers
Senior centers provide needed support	Need for better dental care coverage

Access to care

The population of older residents in Hawai'i is growing and faces challenges such as high medical costs, transportation, and limited health literacy. Key informants noted that many older adults find it challenging to navigate complex medical systems on their own, as well as transition between different care settings. Coverage for dental care was identified as another area of need.

Many older adults find medical coverage confusing and don't know how to access various services

Caregivers are the backbone of long-term care and support

Support systems: According to key informant expertise, multi-generational living in Hawai'i is a hidden system of long-term care, which is susceptible to change. Multiple key informants stressed the need to support caregivers for Hawai'i's growing elderly population.

Continuity of care: Key informants noted the lack of coordination for healthcare services and nonmedical needs for older adults. Support services include home risk assessment, fall prevention, nutrition education, Medicare outreach and enrollment, caregiver support, and transportation. A key informant observed that many older adults who are released from the hospital are unable to sufficiently care for themselves at home.

End-of-life care: A key informant observed that physicians and caregivers find conversations about end-of-life options difficult. As a result, elderly in Hawai'i may receive unwarranted care or die in hospitals rather than in preferred home-based settings.

Chronic diseases

Health indicators of the female Medicare population in Hawai'i indicate poor comparisons to national averages. As seen in Table 7.1 and discussed in Section 6.2, many chronic conditions are more prevalent among older women in Hawai'i than in the U.S. as a whole.

Table 7.1: Chronic Conditions among Female Medicare Beneficiaries

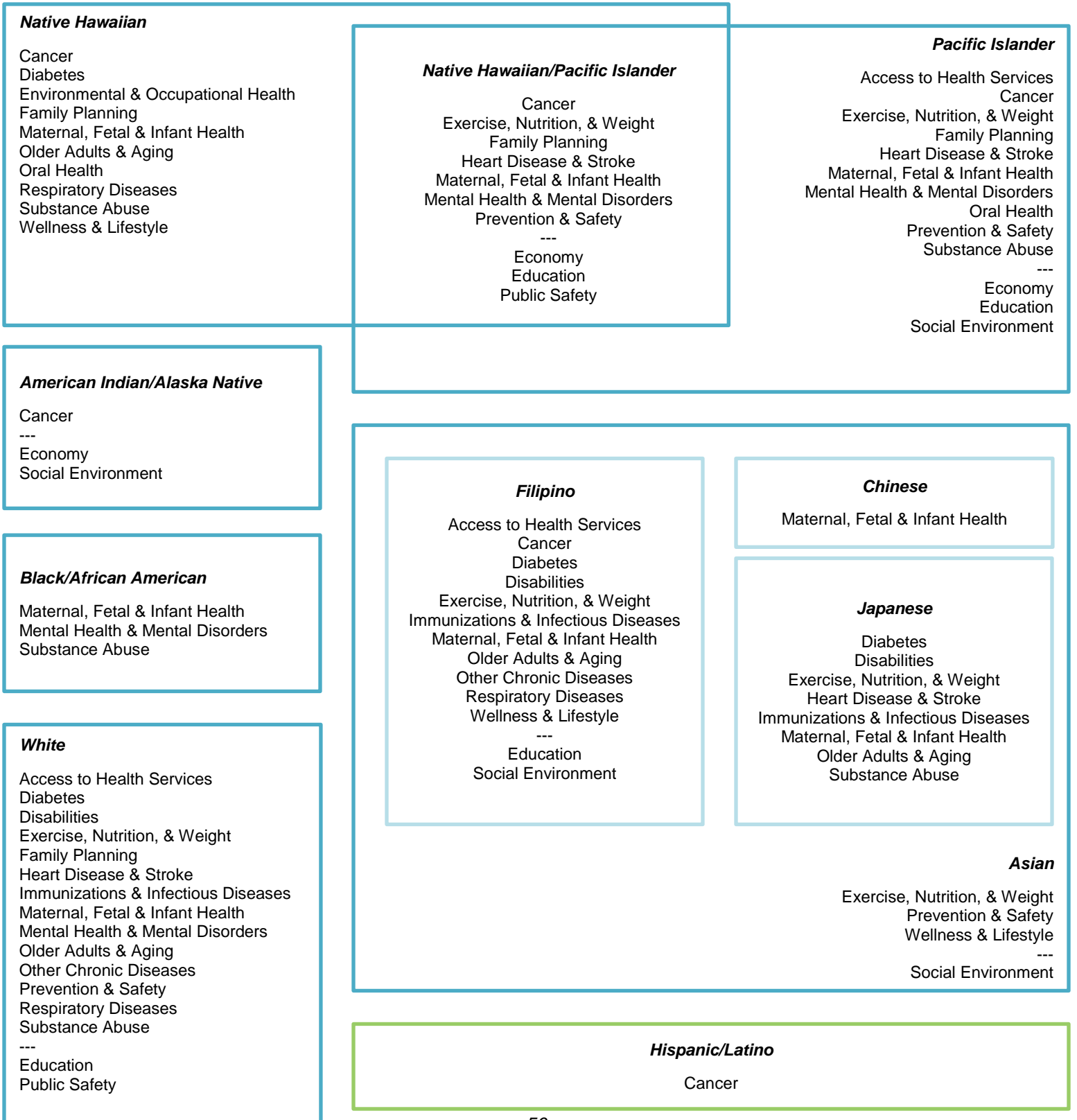
Prevalence among Female Medicare Population, 2012	Hawai'i	U.S.
Hyperlipidemia	56.5%	45.5%
Osteoporosis	14.3%	10.3%
Cancer	7.2%	7.1%
Diabetes	26.5%	26.2%
Chronic Kidney Disease	15.2%	14.5%
Asthma	6.3%	6.1%

A key informant observed that Alzheimer’s disease and dementia are growing concerns among Hawai’i’s elderly population.

7.7 Disparities by Race/Ethnic Groups

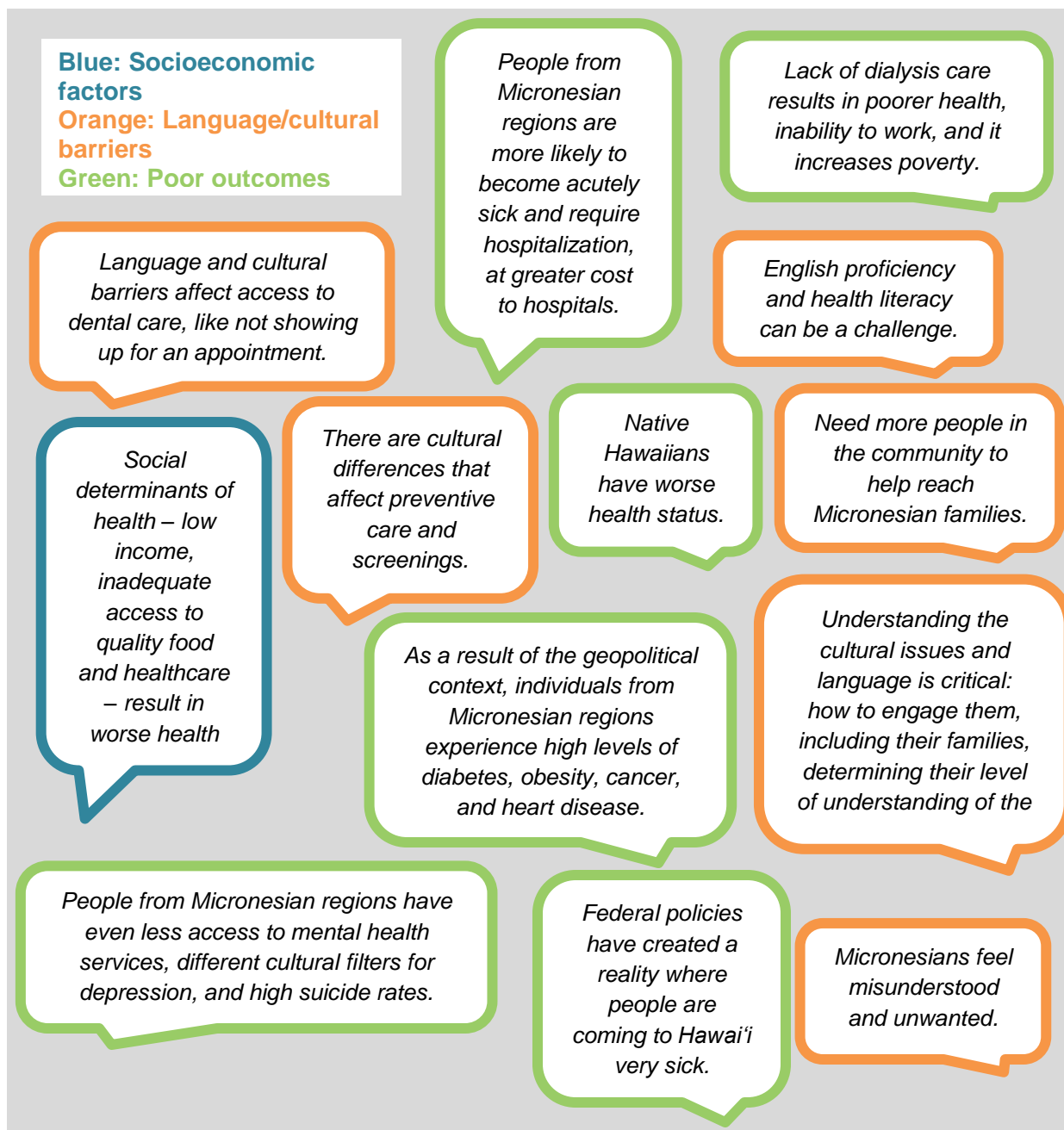
Both quantitative and qualitative data illustrate the health disparities that exist across the many racial and ethnic groups represented among Hawai’i’s women and children. Figure 7.1 identifies all health topics for which a group is associated with the poorest value for at least one quantitative indicator. Within each list, Health Topic Areas are presented before the Quality of Life measures. The list is particularly long for Native Hawaiian, Pacific Islander, Filipino, and White women and children.

Figure 7.1: Disparities by Race/Ethnicity



Qualitative data collected from health experts in the state corroborate that a higher percentage of Native Hawaiians and Pacific Islanders experience poor health status than other race/ethnic groups. Residents from Micronesian regions were identified as high-risk for many health issues. More broadly, many informants noted that language barriers and cultural differences impact health outcomes in the multicultural communities of Hawai'i. Below are a few excerpts taken from conversations with key informants that highlight the issues impacting different racial and ethnic groups in the state.

Figure 7.2: Key Informant-Identified Health Issues Impacting Racial/Ethnic Groups



8 Conclusion

While there are many areas of need, there are also innumerable community assets and a true *aloha* spirit that motivates community health improvement activities. This report provides an understanding of the major health and health-related needs for women and children in Hawai'i and guidance for community benefit planning efforts and positively impacting the community. Further investigation may be necessary for determining and implementing the most effective interventions.

Community feedback is an important step in the process of improving community health. To submit comments regarding this Community Health Needs Assessment, please email: communitybenefits@hawaiipacifichealth.org. You also may mail your written comments to: Community Health Needs Assessment, Attention: Community Benefits Manager, 55 Merchant Street, 27th Floor, Honolulu, HI 96813.

Appendix

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Note: Hawai'i Pacific Health and its member hospitals honor the Hawaiian language and its use of diacritical marks, the glottal stop and the macron (*ʻokina* and *kahakō*). While we normally use these marks in our communication materials, we have omitted them from the charts and graphs in this appendix as they are limited in their ability to display in these formats.

Appendix A. Quantitative Data

Secondary Data Scoring

Each indicator from Hawai'i Health Matters, as well as the preventable hospitalization rates provided by HHIC, were assessed for women and children in Hawai'i using up to three comparisons as possible. Each one is scored from 0-3 depending on how the value for women and children in Hawai'i compares to the relevant benchmarks as described below.

Comparison to U.S. value

For a comparison to the U.S. value, the scoring depends on whether Hawai'i has a better or worse value, and the percent difference between the two values.

Comparison to Healthy People 2020 Target

For a comparison to a Healthy People 2020 target, the scoring depends on whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Comparison to Trend

For each indicator with values available for at least two time periods, scoring was determined by direction of the trend in the two most recent comparable values for the state.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. All missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average.

Indicator and Topic Scores

Indicator scores are calculated by averaging all comparison scores. Topic scores are calculated as an average of all relevant indicator scores, and indicators may be included in multiple topics as appropriate.

Secondary Data Sources

Key	Source
1	American Community Survey
2	Area Health Resources Files
3	BEACH Program, Environmental Protection Agency
4	Behavioral Risk Factor Surveillance System
5	Behavioral Risk Factor Surveillance System (courtesy Hawaii State Department of Health)
6	Breastfeeding Report Card
7	Centers for Medicare & Medicaid Services
8	Common Core of Data

9	County Health Rankings
10	Feeding America
11	Food Security Supplement to the Current Population Survey
12	Hawaii Child Restraint Use Survey
13	Hawaii Health Information Corporation
14	Hawaii Health Survey
15	Hawaii State Department of Education
16	Hawaii State Department of Health, State Laboratories Division, Air Surveillance and Analysis
17	Hawaii State Department of Health, STD/AIDS Prevention Branch
18	Hawaii State Department of Health, Vital Statistics
19	Hawaii State Department of Human Services, SNAP Program
20	Hawaii State Department of Transportation
21	Institute for Health Metrics and Evaluation
22	National Assessment of Educational Progress
23	National Cancer Institute
24	National Center for Education Statistics
25	National Immunization Survey
26	National Survey of Children with Special Health Care Needs
27	National Survey of Children's Health
28	National Survey on Drug Use and Health
29	Natural Resources Defense Council
30	Pregnancy Risk Assessment Monitoring System (courtesy Hawaii State Department of Health)
31	School Health Profiles Survey
32	State Synar Enforcement Reporting
33	Tobacco Use Supplement to the Current Population Survey
34	U.S. Census - County Business Patterns
35	U.S. Environmental Protection Agency
36	Uniform Crime Reports
37	Uniform Data System (UDS)
38	Youth Risk Behavior Surveillance System
39	Youth Risk Behavior Surveillance System (courtesy Hawaii State Department of Health)
40	Youth Tobacco Survey
41	Youth Tobacco Survey (courtesy Hawaii State Department of Health)

Data

The following tables present the data used in the quantitative data analysis. The first table on the next page presents topic scores, with higher scores indicating higher need. The tables following the topic scoring contain a comprehensive list of the indicators that comprise each topic. For individual indicators, values for specific race/ethnic groups are presented if they were poorer than the overall indicator value, and if the indicator had a high index of disparity. To

identify the source for each indicator, please consult the source key table in the previous section.

Data Scoring Appendix: Topic Scores

Health or Quality of Life Topic	Secondary Data Score
Other Conditions	1.67
Wellness & Lifestyle	1.58
Education	1.56
Mental Health & Mental Disorders	1.51
Environmental & Occupational Health	1.50
Cancer	1.48
Access to Health Services	1.47
Diabetes	1.46
Teen & Adolescent Health	1.45
Prevention & Safety	1.43
Exercise, Nutrition, & Weight	1.42
Economy	1.42
Children's Health	1.42
Social Environment	1.42
Substance Abuse	1.38
Older Adults & Aging	1.37
Women's Health	1.36
Other Chronic Diseases	1.33
Transportation	1.33
Mortality Data	1.32
Family Planning	1.31
Respiratory Diseases	1.27
Heart Disease & Stroke	1.26
Maternal, Fetal & Infant Health	1.26
Public Safety	1.25
Immunizations & Infectious Diseases	1.24
Environment	1.20
Disabilities	1.03
Oral Health	1.00

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
ACCESS TO HEALTH SERVICES									
Continuity of Health Care Among Youth with Special Health Care Needs	26	2009-2010	37.3	40.0	45.3	39.4	percent	2.33	
Children without Health Insurance	14	2012	3.8			2.5	percent	2.00	FIL (6.9) Other (6.2) White (7.5)
Teens Who Had a Physical in the Past Year	38	2013	62.2		75.6		percent	2.00	
Young Teens Who Had a Physical in the Past Year	38	2013	46.0		75.6		percent	2.00	
Diabetics who have a Biannual HbA1c Check	5	2013	69.3			78.0	percent	2.00	
Number of Practicing Medical Doctors	2	2012	79.7			81.2	per 100,000 population	1.67	
Primary Care Provider Rate	9	2012	84.0			85.0	providers/100,000 population	1.67	
Children with Special HC Needs in Family-Centered Care	26	2009-2010	45.5	46.3			percent	1.67	
Youth with Access to a Medical Home	27	2011-2012	57.4			60.1	percent	1.67	
Adults with a Usual Source of Health Care	5	2013	90.0			89.0	percent	1.33	
Number of Practicing Doctors of Osteopathy	2	2012	4.2			4.2	per 100,000 population	1.33	
Number of Practicing Physician Assistants	2	2013	18.8			18.2	per 100,000 population	1.33	
Preventive Services for Older Women	5	2013	40.2	39.2	46.8	34.1	percent	1.33	
Youth with Special HC Needs with Access to a Medical Home	26	2009-2010	45.4	43.0			percent	1.33	
Adults without Health Insurance	5	2013	8.8			10.9	percent	1.00	Asian (14.8) NH (12.6) PI (25.6) White (9.3)
Non-Physician Primary Care Provider Rate	9	2014	43.0			39.0	providers/100,000 population	1.00	
Number of Practicing Nurse Practitioners	2	2013	30.4			26.8	per 100,000 population	1.00	
No Doctor Visit due to Cost	4	2013	8.6	15.3		9.3	percent	0.83	FIL (12.1) NH (13.5) Other (14.1) PI (19.6)
Adolescents with Special HC Needs in Family-Centered Care	26	2009-2010	47.5	43.1	15.1		percent	0.50	
CANCER									
Liver and Bile Duct Cancer Incidence Rate	23	2008-2012	6.0	3.5		5.9	cases/100,000 females	2.17	
Melanoma Cancer Death Rate	18	2009-2013	0.9			0.8	deaths/100,000 females	2.00	
Oropharyngeal Cancer Death Rate	18	2011-2013	1.5			1.3	deaths/100,000 females	2.00	
Lung Cancer Death Rate	18	2013	26.8			21.8	deaths/100,000 females	2.00	
Pap Test History	5	2013	74.0	78.0	93.0	72.2	percent	2.00	
Cervical Cancer Death Rate	18	2011-2013	2.3	2.3	2.2	1.9	deaths/100,000 females	2.00	NHPI (11.2)
Breast Cancer Incidence Rate	23	2008-2012	130.2	122.7		126.0	cases/100,000 females	1.83	
Cancer: Medicare Population	7	2012	7.2	7.1			percent	1.67	
Teens Who Use Sunscreen	38	2013	10.7	10.1	11.2		percent	1.50	
Cervical Cancer Incidence Rate	23	2008-2012	7.7	7.8		7.3	cases/100,000 females	1.50	
Blood Stool Test	4	2013	23.2			21.3	percent	1.33	
Colon Cancer Screening	5	2013	66.0			61.5	percent	1.33	
Cancer Death Rate	18	2013	107.8			110.9	deaths/100,000 females	1.33	

*Note: AIAK = American Indian/Alaskan Native, NH = Native Hawaiian, PI = Pacific Islander, API = Asian or Pacific Islander, NHPI = Native Hawaiian/Pacific islander, JPN = Japanese, CHN = Chinese, FIL = Filipino, Mult = Multiracial, Hisp = Hispanic/Latino

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Colorectal Cancer Incidence Rate	23	2008-2012	37.2	38.4		37.4	cases/100,000 females	1.17	
Melanoma Incidence Rate	23	2008-2012	14.2	15.3		14.3	cases/100,000 females	1.17	
Colon Cancer Death Rate	18	2011-2013	10.9	12.6		10.4	deaths/100,000 females	1.17	NHPI (33.2)
Mammogram History	5	2013	80.7	74.0		76.9	percent	1.17	
HPV Vaccination	4	2013	11.9	10.6			percent	1.00	
Lung and Bronchus Cancer Incidence Rate	23	2008-2012	38.4	54.4		38.4	cases/100,000 females	0.83	
Breast Cancer Death Rate	18	2011-2013	14.5	21.3	20.7	15.5	deaths/100,000 females	0.33	Black (42.0) NHPI (59.0) White (15.0)
CHILDREN'S HEALTH									
Children with Current Asthma	5	2013	12.8	9.2		11.2	percent	2.50	
Deaths Among Children Aged 0-4 Years	18	2013	148.7	139.1		115.0	deaths/100,000 population 0-4	2.17	Asian (174.4) Black (535.4) NHPI (607.7)
Children without Health Insurance	14	2012	3.8			2.5	percent	2.00	FIL (6.9) Other (6.2) White (7.5)
Deaths Among Children Aged 1-4 Years	18	2013	25.0			18.1	deaths/100,000 population 1-4	2.00	
ED Visits for Asthma Among Children <5 yrs old	13	2011	119.4		95.7	131.0	per 10,000 children under 5	1.83	
Children with Special HC Needs in Family-Centered Care	26	2009-2010	45.5	46.3			percent	1.67	
Child Food Insecurity Rate	10	2013	22.4	21.6		23.9	percent	1.50	
Food Insecurity Among Children	11	2013	0.5		0.2	1.4	percent	1.50	Asian (0.6) NHPI (1.5)
Hospitalizations for Asthma Among Children <5 yrs old	13	2012	19.7		18.2	20.6	per 10,000 children under 5	1.50	
Children Aged 6 to 11 with More Than 1 Hour of TV/Screen Time	27	2011-2012	47.2	49.4		46.5	percent	1.50	
Child Safety Seat Usage 0-12 Months	12	2010	93.8	90.0	95.0	93.6	percent	1.33	
Blindness and Visual Impairment in Children	26	2009-2010	26.0	42.0	25.4		per 1,000 persons 17 years and under	1.17	
Schools with Gardens	15	2013-2014	83.0	87.0		73.8	percent	1.17	
Deaths Among Children Aged 5-9 Years	18	2011-2013	9.8	11.7	12.4	7.2	deaths/100,000 population 5-9	1.00	NHPI (34.1) White (13.4)
Mental Health Treatment for Children	26	2009-2010	83.7	79.7	75.8		percent	0.83	
Children Under 5 Years with More Than 1 Hour of TV/Screen Time	27	2011-2012	49.0	49.2		55.8	percent	0.83	
Children and Adolescents who are Obese	27	2011-2012	11.5	15.7	14.5	11.2	percent	0.67	
Child Safety Seat Usage 1-3 yrs	12	2010	90.1	73.0	79.0	90.0	percent	0.33	
DIABETES									
Diabetics who Test Their Blood Glucose Daily	5	2013	47.8			60.4	percent	2.00	
Hospitalization due to Uncontrolled Diabetes	13	2011	6.1			3.9	hospitalizations/ 100,000 females	2.00	
Diabetics who have a Biannual HbA1c Check	5	2013	69.3			78.0	percent	2.00	
Diabetics Who Have Their Feet Checked	5	2013	74.7			78.7	percent	1.67	
Diabetics who Receive Formal Diabetes Education	5	2013	47.6			52.0	percent	1.67	
Diabetes: Medicare Population	7	2012	26.5	26.2			percent	1.67	
Diabetics who have an Annual Eye Exam	5	2013	79.7			78.7	percent	1.33	
Adults with Prediabetes	4	2013	12.1			13.1	percent	1.33	

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Hospitalization due to Diabetes Short-Term Complication	13	2011	41.0			45.4	hospitalizations/ 100,000 females	1.33	
Diabetes Death Rate	18	2013	11.8			12.8	deaths/100,000 females	1.33	
Adults with Diabetes	5	2013	8.4	9.7		7.7	percent	1.17	
Hospitalization due to Diabetes Long-Term Complication	13	2011	67.2			76.6	hospitalizations/ 100,000 females	1.00	
Hospitalization due to Rate of Lower-Extremity Amputation	13	2011	12.2			14.3	hospitalizations/ 100,000 females	1.00	
Visual Impairment due to Diabetic Retinopathy	5	2013	18.2			26.9	percent	1.00	FIL (32.5) NH (19.3)

DISABILITIES

Blindness and Visual Impairment in Children	26	2009-2010	26.0	42.0	25.4		per 1,000 persons 17 years and under	1.17	
Visual Impairment due to Diabetic Retinopathy	5	2013	18.2			26.9	percent	1.00	FIL (32.5) NH (19.3)
Adults with Arthritis	5	2013	20.3			23.4	percent	1.00	
Activity Limitations due to Arthritis	5	2013	37.4			44.6	percent	1.00	
Work Limitations due to Arthritis	5	2013	29.5			33.5	percent	1.00	

ECONOMY

Homeownership	1	2009-2013	49.7	56.9		50.1	percent	2.17	
Households with Cash Public Assistance Income	1	2009-2013	3.8	2.8		3.6	percent	2.17	
Household Income \$50,000 or Greater	4	2013	48.1			49.2	percent	1.67	
Students Eligible for the Free Lunch Program	24	2012-2013	40.1			38.3	percent	1.67	
Severe Housing Problems	9	2007-2011	27.8			27.3	percent	1.67	
Renters Spending 30% or More of Household Income on Rent	1	2009-2013	56.3	52.3		56.5	percent	1.50	
Income Inequality	1	2009-2013	0.4	0.5		0.4		1.50	
Food Insecurity Among Households	11	2013	16.7		6.0	19.2	percent	1.50	NHPI (35.7)
Child Food Insecurity Rate	10	2013	22.4	21.6		23.9	percent	1.50	
Food Insecurity Among Children	11	2013	0.5		0.2	1.4	percent	1.50	Asian (0.6) NHPI (1.5)
Households Earning Below a Livable Wage	14	2012	32.4			35.2	percent	1.33	
Families Living Below Poverty Level	1	2009-2013	7.9	11.3		7.6	percent	1.17	AIAK (17.3) Hisp (14.5) NHPI (18.4) Other (14.5) Mult (11.5)
Median Household Income	1	2009-2013	67402	53046		67492	dollars	1.17	
People Living Below Poverty Level	1	2009-2013	12.2	16.6		11.8	percent	1.17	
Children Living Below Poverty Level	1	2009-2013	15.4	21.6		14.6	percent	1.17	AIAK (43.1) Hisp (21.3) NHPI (28.4) Other (19.8) Mult (16.9)
Farmers Markets that Accept SNAP EBT Transactions	19	2014	29.0			16.0	farmers markets	1.00	
People 65+ Living Below Poverty Level	1	2009-2013	8.5	11.1		8.5	percent	0.83	
Food Insecurity Rate	10	2013	13.8	15.9		14.2	percent	0.83	

EDUCATION

8th Grade Reading Skills	22	2013	28.0	36.0	35.6	26.0	percent	2.33	
Adolescents who Consider School Work to Be Important	28	2012-2013	27.5	30.7	29.0	29.8	percent	2.33	
4th Grade Reading Skills	22	2013	30.0	35.0	36.3	27.0	percent	2.00	
8th Grade Math Skills	22	2013	32.0	35.0	37.3	30.0	percent	2.00	
School Safety	27	2011-2012	87.5	90.9	95.0	88.8	percent	2.00	

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
People 18+ without a High School Degree	5	2013	10.0			9.5	percent	1.67	FIL (17.2) NH (10.2) Other (11.9) PI (16.7)
Schools with Gardens Used for Instruction	15	2013-2014	92.0			92.7	percent	1.67	
Student-to-Teacher Ratio	24	2012-2013	16.1			16.0	students/teacher	1.67	
Students Receiving a Diploma 4 Years After Starting 9th Grade	8	2011-2012	78.0		82.4	74.0	percent	1.50	
Parents who Read to Their Children	27	2011-2012	53.6	47.9	52.6	59.7	percent	1.33	
Schools Prohibiting Harassment Based on Sexual Orientation	31	2012	92.7	87.4	92.2	98.9	percent	1.33	
People 25+ with a Bachelor's Degree or Higher	1	2009-2013	31.1	28.7		30.5	percent	1.17	
Schools with Gardens	15	2013-2014	83.0	87.0		73.8	percent	1.17	
4th Grade Math Skills	22	2013	46.0	42.0	43.0	40.0	percent	0.67	
Infants Born to Mothers with <12 Yrs Education	18	2013	6.6	17.0		7.5	percent	0.50	NH (10.4) Other (9.8) PI (19.2)

ENVIRONMENT

Drinking Water Violations	9	FY 2013-14	22.9			0.1	percent	2.00	
Severe Housing Problems	9	2007-2011	27.8			27.3	percent	1.67	
Food Environment Index	9	2015	7.7			8.0		1.67	
PBT Released	35	2013	135895	842369324		103484	pounds	1.50	
Days with Unsatisfactory Air Quality	16	2013	254		227	327	days	1.50	
Liquor Store Density	34	2013	4.3	10.3		3.8	stores/100,000 population	1.50	
Safe Beaches for Swimming	3	2012	98.6	95.5	96.0	96.4	percent	1.00	
Recognized Carcinogens Released into Air	35	2013	51796	62280094		54858	pounds	0.83	
Funding for Safe Routes to School	20	2014	2208510	1026923		933567	dollars	0.50	
Teens Exposed to Secondhand Smoke	40	2013	27.3		41.0	36.9	percent	0.50	
Young Teens Exposed to Secondhand Smoke	40	2013	24.9		41.0	38.3	percent	0.50	

ENVIRONMENTAL & OCCUPATIONAL HEALTH

Children with Current Asthma	5	2013	12.8	9.2		11.2	percent	2.50	
ED Visits for Asthma Among Children <5 yrs old	13	2011	119.4		95.7	131.0	per 10,000 children under 5	1.83	
Indoor Worksites that Prohibit Smoking	33	2010-2011	69.8		100.0	69.8	percent	1.83	
Asthma: Medicare Population	7	2012	6.3	6.1			percent	1.67	
Hospitalizations for Asthma Among Children <5 yrs old	13	2012	19.7		18.2	20.6	per 10,000 children under 5	1.50	
Asthma Death Rate 35-64 Yrs	18	2009-2013	16.6			17.5	deaths/1,000,000 females 35-64	1.33	
Safe Beaches for Swimming	3	2012	98.6	95.5	96.0	96.4	percent	1.00	
Asthma Death Rate <35 Yrs	18	2004-2013	2.4			2.7	deaths/1,000,000 females <35	1.00	
Adults with Asthma	5	2013	11.5	16.3		12.1	percent	0.83	NH (22.1) Other (19.5) White (13.4)

EXERCISE, NUTRITION, & WEIGHT

Teen Fruit and Vegetable Consumption	39	2013	15.6	22.3		17.5	percent	2.50	
Teens Who Attend Daily Physical Education	39	2013	7.3	29.4	36.6	6.9	percent	2.33	Asian (4.2) JPN (4.8) White (2.2)

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Teens who Meet Aerobic Physical Activity Guidelines	39	2013	22.0	27.1	31.6	21.0	percent	2.33	
Eating disorders among adolescents	39	2013	20.0		12.9	18.4	percent	2.17	
Teens with 3 or More Hours of Computer/Video Game Time	39	2013	42.1	41.3		36.6	percent	2.17	
Adults Not Engaging in Physical Activity	5	2013	25.4			22.6	percent	2.00	
Teens Who Meet Muscle-Strengthening Guidelines	38	2013	46.3	51.7			percent	2.00	
Food Environment Index	9	2015	7.7			8.0		1.67	
Adult Fruit and Vegetable Consumption	5	2013	21.0			22.5	percent	1.67	
Adults who are Overweight	5	2013	27.0			26.2	percent	1.67	
Adults who Participate in Physical Activity Outside of Work	5	2013	74.6			77.4	percent	1.67	
Teens who Meet Aerobic and Muscle-Strengthening Guidelines	38	2013	18.1	19.9			percent	1.67	
Teens with a Healthy Body Weight	39	2013	71.8			73.4	percent	1.67	
Young Teens with 3+ Hours of Computer/Video Game Time	39	2013	41.2			37.5	percent	1.67	
Adults Engaging in Regular Physical Activity	4	2009	49.7	49.5		54.6	percent	1.50	
Food Insecurity Among Households	11	2013	16.7		6.0	19.2	percent	1.50	NHPI (35.7)
Child Food Insecurity Rate	10	2013	22.4	21.6		23.9	percent	1.50	
Food Insecurity Among Children	11	2013	0.5		0.2	1.4	percent	1.50	Asian (0.6) NHPI (1.5)
Teens who are Overweight	39	2013	14.9	16.6		13.4	percent	1.50	
Teens who Engage in Regular Physical Activity	39	2013	40.2	41.9		37.9	percent	1.50	
Schools Requiring Education on Dietary Behaviors and Nutrition	31	2012	94.1		92.7	98.8	percent	1.50	
Schools Requiring Education on Physical Activity and Fitness	31	2012	95.2		87.1	97.4	percent	1.50	
Adults who Meet Aerobic Physical Activity Guidelines	5	2013	56.6			54.6	percent	1.33	
Adults who Meet High Aerobic Physical Activity Guidelines	5	2013	35.0			32.7	percent	1.33	
Adults with a Healthy Body Weight	5	2013	50.5			49.4	percent	1.33	
Adolescent Weight Screening and Follow Up	37	2013	33.7			31.8	percent	1.33	
Schools with Gardens	15	2013-2014	83.0	87.0		73.8	percent	1.17	
Adults who Meet Aerobic and Strengthening Activity Guidelines	5	2013	21.0			17.2	percent	1.00	
Adults who Meet Muscle Strengthening Guidelines	5	2013	28.0			23.3	percent	1.00	
Farmers Markets that Accept SNAP EBT Transactions	19	2014	29.0			16.0	farmers markets	1.00	
Teens who are Obese	39	2013	13.4	13.7	16.1	13.2	percent	1.00	FIL (13.8) NH (19.3) PI (31.2)
Young Teens who Engage in Regular Physical Activity	39	2013	52.6			44.4	percent	1.00	
Young Teens who Meet Aerobic Physical Activity Guidelines	39	2013	32.0			25.0	percent	1.00	
Pre-Teens who are Obese	27	2011-2012	13.2	19.1	15.7	11.0	percent	1.00	
Young Teens with 3 or More Hours of TV Time	39	2013	33.2			39.4	percent	1.00	
Young Teens who Watch 3+ Hours of Television	38	2013	33.2			39.4	percent	1.00	
Adults who are Obese	5	2013	18.7	28.0		20.3	percent	0.83	NH (33.5) Other (25.6) PI (50.7) White (19.5)
Food Insecurity Rate	10	2013	13.8	15.9		14.2	percent	0.83	
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	39	2013	15.8	27.0		17.5	percent	0.83	
Children and Adolescents who are Obese	27	2011-2012	11.5	15.7	14.5	11.2	percent	0.67	

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Funding for Safe Routes to School	20	2014	2208510	1026923		933567	dollars	0.50	
FAMILY PLANNING									
Condom Use Among Teen Boys	38	2013	53.5	65.8	81.5	50.9	percent	2.33	
Condom Use Among Teen Girls	38	2013	41.5	53.1	55.6	38.9	percent	2.33	
Abstain From Sex- Teen Girls	38	2013	62.3		80.2	62.6	percent	2.17	
Abstain From Sex- Teen Boys	38	2013	66.1		79.2	63.3	percent	1.83	
Pregnancies that are Intended	30	2011	54.8		56.0	54.3	percent	1.50	
Abstain From Sex- Young Teen Boys	38	2013	90.5		92.7	87.8	percent	1.50	
Abstain From Sex- Young Teen Girls	38	2013	92.3		93.9	91.3	percent	1.50	
Schools Requiring Education on Pregnancy, HIV, and STD Prevention	31	2012	85.6		43.2	92.7	percent	1.17	
Teen Birth Rate	18	2013	25.1	26.5		28.1	births/1,000 women aged 15-19 years	0.83	Black (28.7) NHPI (123.7)
Infants Born to Mothers with <12 Yrs Education	18	2013	6.6	17.0		7.5	percent	0.50	NH (10.4) Other (9.8) PI (19.2)
Pregnancies Among Females Aged 15-17 Years	18	2013	13.6	30.1	36.2	18.0	pregnancies/1,000 females aged 15-17	0.00	
Pregnancies Among Females Aged 18-19 Years	18	2013	60.8	96.2	105.9	72.1	pregnancies/1,000 females aged 18-19	0.00	
HEART DISEASE & STROKE									
Stroke Survivors Referred to a Rehabilitation Program	5	2013	18.4			34.2	percent	2.00	
Hyperlipidemia: Medicare Population	7	2012	56.5	45.5			percent	2.00	
Hypertension Medication Compliance	5	2013	84.3			84.7	percent	1.67	
Hospitalization due to Hypertension	13	2011	29.7			29.1	hospitalizations/ 100,000 females	1.67	
Hypertension: Medicare Population	7	2012	58.2	58.2			percent	1.67	
Aspirin Use Among Women without CVD	5	2013	25.7		24.8		percent	1.33	
Cholesterol Tested in Past 5 Years	5	2013	77.9			76.9	percent	1.33	
Hospitalization due to Heart Failure	13	2011	230.9			248.9	hospitalizations/ 100,000 females	1.33	
Stroke: Medicare Population	7	2012	3.8	3.9			percent	1.33	
High Blood Pressure Prevalence	5	2013	27.4	29.9		28.8	percent	1.17	
Heart Attack Survivors Referred to a Rehabilitation Program	5	2013	14.4			12.2	percent	1.00	
Hospitalization due to Angina Without Procedure	13	2011	16.6			20.6	hospitalizations/ 100,000 females	1.00	
Atrial Fibrillation: Medicare Population	7	2012	4.9	7.3			percent	1.00	
Heart Failure: Medicare Population	7	2012	8.9	14.6			percent	1.00	
Ischemic Heart Disease: Medicare Population	7	2012	16.4	24.8			percent	1.00	
Coronary Heart Disease Death Rate	18	2011-2013	45.4	77.9		46.9	deaths/100,000 females	0.83	AIK (183.5) NHPI (191.9)
Stroke Death Rate	18	2011-2013	31.3	36.2		32.5	deaths/100,000 females	0.83	NHPI (103.5)
High Cholesterol Prevalence	5	2013	32.5	36.7		36.1	percent	0.50	
IMMUNIZATIONS & INFECTIOUS DISEASES									
Chlamydia Among Females	17	2012	649.9	456.7		629.8	cases/100,000 females	2.17	

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Chlamydia Among Females 15-24 Attending Family Planning Clinics	17	2011	8.5		6.7	8.3	percent	2.17	
HIV Testing among Adults	5	2013	36.2			36.4	percent	1.67	
Hospitalization due to Bacterial Pneumonia	13	2011	196.6			198.6	hospitalizations/ 100,000 females	1.33	
Influenza Vaccination Rate 65+	5	2013	70.2			64.7	percent	1.33	
Pneumonia Vaccination Rate 65+	5	2013	73.7			68.5	percent	1.33	
Schools Requiring Education on Pregnancy, HIV, and STD Prevention	31	2012	85.6		43.2	92.7	percent	1.17	
HPV Vaccination	4	2013	11.9	10.6			percent	1.00	
Influenza Vaccination Rate 18-64 yrs	5	2013	43.5			39.3	percent	1.00	
Gonorrhea Among Females	17	2013	38.2	108.7		43.3	cases/100,000 females	0.50	
Syphilis Among Females	17	2013	0.0	0.3	1.3	0.3	cases/100,000 females	0.00	

MATERNAL, FETAL & INFANT HEALTH

Very Early Preterm Births	18	2013	2.3	1.9	1.8	2.0	percent	3.00	Black (4.8) FIL (2.5) NH (2.7) Other (3.0) PI (3.2)
Perinatal Deaths	18	2013	8.3	6.2	5.9	6.9	deaths/1,000 live births + fetal deaths	3.00	
Infant Mortality Rate	18	2013	6.2	6.1	6.0	4.8	deaths/1,000 live births	2.33	Black (15.8) FIL (7.9)
Neonatal Mortality Rate	18	2013	4.4	4.0	4.1	3.5	deaths/1,000 live births	2.33	Black (15.8) FIL (5.3)
Women who Drink Prior to Pregnancy	30	2011	53.1		43.6	51.6	percent	2.17	
Births with Low Birth Weight	18	2013	8.2	8.0	7.8	8.1	percent	2.00	
Prenatal Illicit Drug Use	30	2011	3.4		0.0	2.5	percent	2.00	
Women who Smoked Prior to Pregnancy	30	2011	19.3		14.6	20.9	percent	1.83	
Pregnant Women who Abstained from Binge Drinking	28	2006-2009	92.2	95.8	100.0		percent	1.83	
HIV Testing among Pregnant Women	30	2011	70.0			70.1	percent	1.67	
Babies with Very Low Birth Weight	18	2013	1.4	1.4	1.4	1.2	percent	1.67	
Infant Deaths Due to Unintentional Suffocation	18	2009-2013	18.0			17.1	deaths/100,000 live births	1.67	
Newborns who Received Formula within the First 2 Days of Life	25	2013	19.6	19.4	14.2	29.6	percent	1.67	
Hospitalization due to Low Birth Weight	13	2011	6.0			5.9	hospitalizations/ 100 live births	1.67	
Post Neonatal Mortality Rate	18	2013	1.8	1.9	2.0	1.3	deaths/1,000 live births	1.67	
Mothers who Smoked During Pregnancy	18	2013	4.3	9.0	1.4	4.1	percent	1.67	NH (10.0)
Pregnancies that are Intended	30	2011	54.8		56.0	54.3	percent	1.50	
Women with a Healthy Body Weight Prior to Pregnancy	30	2011	54.4		53.4	55.5	percent	1.50	
Women who Abstained from Alcohol in Their Third Trimester	30	2011	93.1		98.3	92.8	percent	1.50	
Infants Still Breastfeeding at 8 Weeks	30	2011	78.2			74.0	percent	1.33	
Mothers who Ever Breastfed	30	2011	95.6			94.0	percent	1.33	
Women Attending a Post-Partum Care Visit with a Health Care Worker	30	2011	92.9			91.8	percent	1.33	
Women who Discussed Preconception Health with a Health Care Worker	30	2011	40.7			37.3	percent	1.33	
Births Delivered by Primary Cesarean Section	18	2013	13.7			14.5	percent	1.33	

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	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Fetal Deaths	18	2013	4.7			4.8	deaths/1,000 live births + fetal deaths	1.33	
Women who Binge Drink Prior to Pregnancy	30	2011	24.0			25.2	percent	1.33	
Infants Put to Sleep on Their Backs	30	2011	78.1		75.9	74.5	percent	1.17	
C-Section Births	18	2013	25.6	26.9		25.7	percent	1.17	
Births Occurring in Baby-Friendly Facilities	6	2013	8.9	7.8	8.1	9.0	percent	1.00	
Maternal Mortality	18	2009-2013	9.5			17.1	deaths/100,000 live births	1.00	
Women who Resume Smoking After Pregnancy	30	2011	31.6			40.7	percent	1.00	
Teen Birth Rate	18	2013	25.1	26.5		28.1	births/1,000 women aged 15-19 years	0.83	Black (28.7) NHPI (123.7)
Preterm Births	18	2013	10.1	11.4	11.4	9.9	percent	0.67	
Infants who were Ever Breastfed	25	2013	89.5	79.2	81.9	85.1	percent	0.67	
Late Preterm Births	18	2013	6.9	8.0	8.1	6.7	percent	0.67	
Infants Born to Mothers with <12 Yrs Education	18	2013	6.6	17.0		7.5	percent	0.50	NH (10.4) Other (9.8) PI (19.2)
Smoking Cessation During Pregnancy	30	2011	73.9		30.0	62.6	percent	0.50	
Births with Late or No PNC	18	2013	14.1	26.3	22.1	14.5	percent	0.33	
Early Preterm Births	18	2013	1.2	1.5	1.4	1.3	percent	0.33	
Infants who were Breastfed at 6 Months	25	2013	62.5	49.4	60.6	51.1	percent	0.33	
Infants who were Breastfed Exclusively Through 3 Months	25	2013	48.5	40.7	46.2	42.6	percent	0.33	
Infants who were Breastfed Exclusively Through 6 Months	25	2013	26.4	18.8	25.5	20.7	percent	0.33	
Infant Deaths Due to All Birth Defects	18	2011-2013	0.7	1.2	1.3	0.7	deaths/1,000 live births	0.33	
Infant Deaths Due to Sudden Infant Death Syndrome (SIDS)	18	2009-2013	0.2	0.5	0.5	0.2	deaths/1,000 live births	0.33	
Infant Deaths Due to Congenital Heart Defects	18	2004-2013	0.2	0.4	0.3	0.2	deaths/1,000 live births	0.33	
Infant Deaths Due to Sudden Unexpected Infant Deaths	18	2011-2013	0.5	0.9	0.8	0.6	deaths/1,000 live births	0.00	

MENTAL HEALTH & MENTAL DISORDERS

Adolescents who Experience Major Depressive Episodes	28	2012-2013	10.6	9.9	7.5	8.8	percent	2.67	
Teens Who Attempted Suicide	39	2013	3.2	2.7	1.7	3.4	percent	2.33	
Adults who Experience Major Depressive Episodes	28	2012-2013	8.7			4.9	percent	2.00	
Adults with Serious Mental Illness who Received Treatment	28	2012-2013	57.2			69.5	percent	2.00	
Teens who are Cyberbullied	39	2013	15.6	14.8		14.9	percent	1.83	
Young Teens who are Bullied	38	2013	44.6			40.7	percent	1.67	
Schools Requiring Education on Suicide Prevention	31	2012	71.0		48.3	80.0	percent	1.50	
Alzheimer's Disease or Dementia: Medicare Population	7	2012	11.0	11.6			percent	1.33	
Teens who are Bullied	39	2013	18.7	19.6	17.9	20.3	percent	1.33	
Young Teens who are Cyberbullied	38	2013	23.7			23.7	percent	1.33	
Self-Reported Good Physical and Mental Health	5	2013	51.3			47.5	percent	1.33	
Adults with Major Depressive Episodes who Received Treatment	28	2012-2013	39.7			35.5	percent	1.00	
Depression: Medicare Population	7	2012	8.9	19.0			percent	1.00	
Mental Health Treatment for Children	26	2009-2010	83.7	79.7	75.8		percent	0.83	
Suicide Death Rate	18	2011-2013	4.6	5.4		5.4	deaths/100,000 females	0.50	NHPI (9.7) White (6.1)

MORTALITY DATA

Infant Mortality Rate	18	2013	6.2	6.1	6.0	4.8	deaths/1,000 live births	2.33	Black (15.8) FIL (7.9)
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**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Neonatal Mortality Rate	18	2013	4.4	4.0	4.1	3.5	deaths/1,000 live births	2.33	Black (15.8) FIL (5.3)
Deaths Among Children Aged 0-4 Years	18	2013	148.7	139.1		115.0	deaths/100,000 population 0-4	2.17	Asian (174.4) Black (535.4) NHPI (607.7)
Drowning Death Rate	18	2011-2013	0.5	0.5		0.4	deaths/100,000 females	2.17	
Melanoma Cancer Death Rate	18	2009-2013	0.9			0.8	deaths/100,000 females	2.00	
Oropharyngeal Cancer Death Rate	18	2011-2013	1.5			1.3	deaths/100,000 females	2.00	
Lung Cancer Death Rate	18	2013	26.8			21.8	deaths/100,000 females	2.00	
Cervical Cancer Death Rate	18	2011-2013	2.3	2.3	2.2	1.9	deaths/100,000 females	2.00	NHPI (11.2)
Deaths Among Young Adults Aged 20-24 Years	18	2013	36.9			26.0	deaths/100,000 females 20-24	2.00	
Fall-Related Death Rate 65+	18	2013	38.6			31.6	deaths/100,000 females 65+ years	2.00	
Post Neonatal Mortality Rate	18	2013	1.8	1.9	2.0	1.3	deaths/1,000 live births	1.67	
Poisoning Death Rate 35-54 yrs	18	2013	16.0			15.1	deaths/100,000 females	1.67	
Poisoning Death Rate	18	2011-2013	7.9	11.1		7.1	deaths/100,000 females	1.50	NHPI (17.6) White (15.4)
Unintentional Injury Death Rate	18	2011-2013	15.6	26.5		12.1	deaths/100,000 females	1.50	NHPI (39.6) White (20.7)
Cancer Death Rate	18	2013	107.8			110.9	deaths/100,000 females	1.33	
Diabetes Death Rate	18	2013	11.8			12.8	deaths/100,000 females	1.33	
Fall-Related Death Rate	18	2013	4.6			4.6	deaths/100,000 females	1.33	
Poisoning Death Rate (Unintentional)	18	2013	6.0			6.2	deaths/100,000 females	1.33	
Poisoning Death Rate (Unintentional) 35-54 yrs	18	2013	13.1			14.5	deaths/100,000 females	1.33	
Unintentional Suffocation Death Rate 65+ Yrs	18	2011-2013	7.4			8.2	deaths/100,000 females 65+ years	1.33	
Asthma Death Rate 35-64 Yrs	18	2009-2013	16.6			17.5	deaths/1,000,000 females 35-64	1.33	
Asthma Death Rate 65+ Yrs	18	2009-2013	56.3			58.0	deaths/1,000,000 females 65+	1.33	
Drug-Induced Deaths	18	2013	7.2			7.9	deaths/100,000 females	1.33	
Colon Cancer Death Rate	18	2011-2013	10.9	12.6		10.4	deaths/100,000 females	1.17	NHPI (33.2)
Injury Death Rate	18	2011-2013	22.5	35.3		22.3	deaths/100,000 females	1.17	Black (26.0) NHPI (53.6) White (32.0)
Deaths Among Children Aged 5-9 Years	18	2011-2013	9.8	11.7	12.4	7.2	deaths/100,000 population 5-9	1.00	NHPI (34.1) White (13.4)
Deaths Among Adolescents Aged 10-14 Years	18	2011-2013	13.5	14.1	14.8	13.5	deaths/100,000 population 10-14	1.00	NHPI (69.4)
Homicide Death Rate	18	2011-2013	0.8			1.0	per 100,000 females	1.00	
COPD Death Rate 45+ Yrs	18	2013	35.3			40.4	deaths/100,000 females 45+ years	1.00	
Asthma Death Rate <35 Yrs	18	2004-2013	2.4			2.7	deaths/1,000,000 females <35	1.00	
Cirrhosis Death Rate	18	2013	4.1			6.0	deaths/100,000 females	1.00	
Stroke Death Rate	18	2011-2013	31.3	36.2		32.5	deaths/100,000 females	0.83	NHPI (103.5)
Motor Vehicle Collision Death Rate	18	2011-2013	2.9	6.1		3.1	deaths/100,000 females	0.83	NHPI (8.7) White (3.1)
Deaths Among Adolescents Aged 15-19 Years	18	2013	39.8	44.8	54.3	39.3	deaths/100,000 population 15-19	0.67	Asian (41.1) NHPI (156.5)
Suicide Death Rate	18	2011-2013	4.6	5.4		5.4	deaths/100,000 females	0.50	NHPI (9.7) White (6.1)
Infant Deaths Due to All Birth Defects	18	2011-2013	0.7	1.2	1.3	0.7	deaths/1,000 live births	0.33	

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Infant Deaths Due to Sudden Infant Death Syndrome (SIDS)	18	2009-2013	0.2	0.5	0.5	0.2	deaths/1,000 live births	0.33	
Infant Deaths Due to Congenital Heart Defects	18	2004-2013	0.2	0.4	0.3	0.2	deaths/1,000 live births	0.33	
Infant Deaths Due to Sudden Unexpected Infant Deaths	18	2011-2013	0.5	0.9	0.8	0.6	deaths/1,000 live births	0.00	
OLDER ADULTS & AGING									
Hyperlipidemia: Medicare Population	7	2012	56.5	45.5			percent	2.00	
Osteoporosis: Medicare Population	7	2012	14.3	10.3			percent	2.00	
Fall-Related Death Rate 65+	18	2013	38.6			31.6	deaths/100,000 females 65+ years	2.00	
Cancer: Medicare Population	7	2012	7.2	7.1			percent	1.67	
Diabetes: Medicare Population	7	2012	26.5	26.2			percent	1.67	
Hypertension: Medicare Population	7	2012	58.2	58.2			percent	1.67	
Chronic Kidney Disease: Medicare Population	7	2012	15.2	14.5			percent	1.67	
Asthma: Medicare Population	7	2012	6.3	6.1			percent	1.67	
Stroke: Medicare Population	7	2012	3.8	3.9			percent	1.33	
Influenza Vaccination Rate 65+	5	2013	70.2			64.7	percent	1.33	
Pneumonia Vaccination Rate 65+	5	2013	73.7			68.5	percent	1.33	
Preventive Services for Older Women	5	2013	40.2	39.2	46.8	34.1	percent	1.33	
Alzheimer's Disease or Dementia: Medicare Population	7	2012	11.0	11.6			percent	1.33	
Unintentional Suffocation Death Rate 65+ Yrs	18	2011-2013	7.4			8.2	deaths/100,000 females 65+ years	1.33	
Asthma Death Rate 65+ Yrs	18	2009-2013	56.3			58.0	deaths/1,000,000 females 65+	1.33	
Adults with Arthritis	5	2013	20.3			23.4	percent	1.00	
Atrial Fibrillation: Medicare Population	7	2012	4.9	7.3			percent	1.00	
Heart Failure: Medicare Population	7	2012	8.9	14.6			percent	1.00	
Ischemic Heart Disease: Medicare Population	7	2012	16.4	24.8			percent	1.00	
Depression: Medicare Population	7	2012	8.9	19.0			percent	1.00	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	7	2012	20.8	34.4			percent	1.00	
COPD: Medicare Population	7	2012	5.5	11.2			percent	1.00	
People 65+ Living Below Poverty Level	1	2009-2013	8.5	11.1		8.5	percent	0.83	
ORAL HEALTH									
Teens Who Saw a Dentist in the Past Year	38	2013	70.3		49.0		percent	1.00	
Young Teens Who Saw a Dentist in the Past Year	38	2013	61.5		49.0		percent	1.00	
OTHER CHRONIC DISEASES									
Osteoporosis: Medicare Population	7	2012	14.3	10.3			percent	2.00	
Chronic Kidney Disease: Medicare Population	7	2012	15.2	14.5			percent	1.67	
Activity Limitations due to Arthritis	5	2013	37.4			44.6	percent	1.00	
Work Limitations due to Arthritis	5	2013	29.5			33.5	percent	1.00	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	7	2012	20.8	34.4			percent	1.00	

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	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
OTHER CONDITIONS									
Hospitalization due to Perforated Appendix	13	2011	27.4			22.6	hospitalizations/100 appendicitis admissions among females	2.00	
Hospitalization due to Urinary Tract Infection	13	2011	153.0			146.4	hospitalizations/100,000 females	1.67	
Hospitalization due to Dehydration	13	2011	65.3			71.0	hospitalizations/100,000 females	1.33	
PREVENTION & SAFETY									
Teens Who Rode With a Driver Who Had Been Drinking	38	2009	37.1	28.3	25.5	33.9	percent	2.67	
Drowning Death Rate	18	2011-2013	0.5	0.5		0.4	deaths/100,000 females	2.17	
School Safety	27	2011-2012	87.5	90.9	95.0	88.8	percent	2.00	
Fall-Related Death Rate 65+	18	2013	38.6			31.6	deaths/100,000 females 65+ years	2.00	
Intimate Partner Violence- Physical	4	2013	9.5	8.6			percent	2.00	
Intimate Partner Violence- Sexual	4	2013	3.6	1.8			percent	2.00	
Schools Requiring Education on Unintentional Injury	31	2012	87.0		89.9	92.7	percent	1.83	
Severe Housing Problems	9	2007-2011	27.8			27.3	percent	1.67	
Poisoning Death Rate 35-54 yrs	18	2013	16.0			15.1	deaths/100,000 females	1.67	
Teens Who Texted or Emailed While Driving	38	2013	43.3	41.4			percent	1.67	
Poisoning Death Rate	18	2011-2013	7.9	11.1		7.1	deaths/100,000 females	1.50	NHPI (17.6) White (15.4)
Unintentional Injury Death Rate	18	2011-2013	15.6	26.5		12.1	deaths/100,000 females	1.50	NHPI (39.6) White (20.7)
Schools Requiring Education on Violence Prevention	31	2012	91.9		90.1	95.4	percent	1.50	
Unintentional Suffocation Death Rate	18	2011-2013	1.2			1.2	deaths/100,000 females	1.33	
Fall-Related Death Rate	18	2013	4.6			4.6	deaths/100,000 females	1.33	
Poisoning Death Rate (Unintentional)	18	2013	6.0			6.2	deaths/100,000 females	1.33	
Poisoning Death Rate (Unintentional) 35-54 yrs	18	2013	13.1			14.5	deaths/100,000 females	1.33	
Unintentional Suffocation Death Rate 65+ Yrs	18	2011-2013	7.4			8.2	deaths/100,000 females 65+ years	1.33	
Child Safety Seat Usage 0-12 Months	12	2010	93.8	90.0	95.0	93.6	percent	1.33	
Injury Death Rate	18	2011-2013	22.5	35.3		22.3	deaths/100,000 females	1.17	Black (26.0) NHPI (53.6) White (32.0)
Homicide Death Rate	18	2011-2013	0.8			1.0	per 100,000 females	1.00	
Motor Vehicle Collision Death Rate	18	2011-2013	2.9	6.1		3.1	deaths/100,000 females	0.83	NHPI (8.7) White (3.1)
Teens Who Carried a Weapon at School	38	2011	4.2	5.4	4.6	4.7	percent	0.33	PI (9.3) White (6.2)
Child Safety Seat Usage 1-3 yrs	12	2010	90.1	73.0	79.0	90.0	percent	0.33	
Physical Fighting Among Teens	39	2013	16.7	24.7	28.4	22.3	percent	0.00	NH (22.8) Other (18.6) PI (31.9) White (18.5)
PUBLIC SAFETY									
Intimate Partner Violence- Physical	4	2013	9.5	8.6			percent	2.00	
Intimate Partner Violence- Sexual	4	2013	3.6	1.8			percent	2.00	
Teens Who Texted or Emailed While Driving	38	2013	43.3	41.4			percent	1.67	
Intimate Partner Violence Among Teens	39	2013	11.1	10.3			percent	1.67	

**Kapiolani Medical Center for Women and Children
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	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Property Crime Perpetrated by Adolescents and Young Adults	36	2012	1117			1191	arrests per 100,000 people aged 10-24 years	1.33	
Child Safety Seat Usage 0-12 Months	12	2010	93.8	90.0	95.0	93.6	percent	1.33	
Homicide Death Rate	18	2011-2013	0.8			1.0	per 100,000 females	1.00	
Motor Vehicle Collision Death Rate	18	2011-2013	2.9	6.1		3.1	deaths/100,000 females	0.83	NHPI (8.7) White (3.1)
Child Safety Seat Usage 1-3 yrs	12	2010	90.1	73.0	79.0	90.0	percent	0.33	
Violent Crime Perpetrated by Adolescents and Young Adults	36	2012	238.0	344.5	399.6	251.0	arrests per 100,000 people aged 10-24 years	0.33	
RESPIRATORY DISEASES									
Children with Current Asthma	5	2013	12.8	9.2		11.2	percent	2.50	
Lung Cancer Death Rate	18	2013	26.8			21.8	deaths/100,000 females	2.00	
Initiation of Use of Smokeless Tobacco Among Teens	28	2012-2013	0.9	1.8	0.6	0.5	percent	2.00	
ED Visits for Asthma Among Children <5 yrs old	13	2011	119.4		95.7	131.0	per 10,000 children under 5	1.83	
Hospitalization due to COPD in Older Adults (Ages 40+)	13	2011	282.4			279.7	hospitalizations/ 100,000 females	1.67	
Asthma: Medicare Population	7	2012	6.3	6.1			percent	1.67	
Days with Unsatisfactory Air Quality	16	2013	254.0		227.0	327.0	days	1.50	
Hospitalizations for Asthma Among Children <5 yrs old	13	2012	19.7		18.2	20.6	per 10,000 children under 5	1.50	
Influenza Vaccination Rate 65+	5	2013	70.2			64.7	percent	1.33	
Pneumonia Vaccination Rate 65+	5	2013	73.7			68.5	percent	1.33	
Asthma Death Rate 35-64 Yrs	18	2009-2013	16.6			17.5	deaths/1,000,000 females 35-64	1.33	
Asthma Death Rate 65+ Yrs	18	2009-2013	56.3			58.0	deaths/1,000,000 females 65+	1.33	
Influenza Vaccination Rate 18-64 yrs	5	2013	43.5			39.3	percent	1.00	
Hospitalization due to Asthma in Younger Adults (Ages 18-39)	13	2011	29.1			34.8	hospitalizations/ 100,000 females	1.00	
COPD Death Rate 45+ Yrs	18	2013	35.3			40.4	deaths/100,000 females 45+ years	1.00	
Asthma Death Rate <35 Yrs	18	2004-2013	2.4			2.7	deaths/1,000,000 females <35	1.00	
COPD: Medicare Population	7	2012	5.5	11.2			percent	1.00	
Lung and Bronchus Cancer Incidence Rate	23	2008-2012	38.4	54.4		38.4	cases/100,000 females	0.83	
Adults with Asthma	5	2013	11.5	16.3		12.1	percent	0.83	NH (22.1) Other (19.5) White (13.4)
Initiation of Use of Cigarettes Among Teens	28	2012-2013	2.8	3.9	4.3	5.2	percent	0.00	
Initiation of Use of Cigars Among Teens	28	2012-2013	1.7	3.2	2.9	2.5	percent	0.00	
SOCIAL ENVIRONMENT									
Parents who Attend the Activities of Their Adolescent	27	2011-2012	79.3	82.6	90.3	79.7	percent	2.33	
Teens with 2 Hours or Less of Computer and Video Game Time	39	2013	57.9	58.7	82.6	63.4	percent	2.33	
Young Teens with 2 Hours or Less of Computer and Video Game Time	39	2013	58.8		100.0	62.5	percent	2.17	

**Kapiolani Medical Center for Women and Children
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	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Teens with an Adult They Can Talk To	39	2013	76.7		83.2	77.3	percent	1.83	
Young Teens with an Adult They Can Talk To	39	2013	73.4		83.2	67.8	percent	1.83	
Adolescents who Participate in Extracurricular Activities	27	2011-2012	85.7	82.7	90.6	88.8	percent	1.67	
Children Aged 6 to 11 with More Than 1 Hour of TV/Screen Time	27	2011-2012	47.2	49.4		46.5	percent	1.50	
Young Teens with 2 Hours or Less of TV Time	39	2013	66.8		86.8	60.6	percent	1.50	
Children Aged 6 to 11 with a TV in Their Bedroom	27	2011-2012	47.1	47.1			percent	1.33	
Children Aged 12 to 17 with a TV in Their Bedroom	27	2011-2012	60.0	64.5			percent	1.33	
Parents who Read to Their Children	27	2011-2012	53.6	47.9	52.6	59.7	percent	1.33	
Teens with 2 Hours or Less of TV Time	39	2013	70.7	67.5	73.9	68.3	percent	1.33	
Children Living Below Poverty Level	1	2009-2013	15.4	21.6		14.6	percent	1.17	AIAK (43.1) Hisp (21.3) NHPi (28.4) Other (19.8) Mult (16.9)
Teens who Watch 3+ Hours of Television	39	2013	29.3	32.5		31.7	percent	1.17	
Children Under 5 Years with More Than 1 Hour of TV/Screen Time	27	2011-2012	49.0	49.2		55.8	percent	0.83	
Single-Parent Households	1	2009-2013	29.9	33.3		30.2	percent	0.83	
Teens Exposed to Secondhand Smoke	40	2013	27.3		41.0	36.9	percent	0.50	
Young Teens Exposed to Secondhand Smoke	40	2013	24.9		41.0	38.3	percent	0.50	
SUBSTANCE ABUSE									
Teens Who Rode With a Driver Who Had Been Drinking	38	2009	37.1	28.3	25.5	33.9	percent	2.67	
Teens Who Ever Tried E-Cigarettes	40	2013	17.6	11.9		5.0	percent	2.50	
Young Teens Who Ever Tried E-Cigarettes	40	2013	7.9	3.0		1.9	percent	2.50	
Teens offered, sold, or given illegal drugs on school property	39	2013	31.2	22.1	20.4	31.7	percent	2.33	
Women who Drink Prior to Pregnancy	30	2011	53.1		43.6	51.6	percent	2.17	
Prenatal Illicit Drug Use	30	2011	3.4		0.0	2.5	percent	2.00	
Adults Who Use Illicit Drugs	28	2012-2013	7.0			5.1	percent	2.00	
Nonmedical Use of Prescription Drugs	28	2012-2013	4.9			3.7	percent	2.00	
Nonmedical Use of Prescription Pain Relievers	28	2012-2013	4.1			2.8	percent	2.00	
Nonmedical Use of Stimulants	28	2012-2013	1.2			0.4	percent	2.00	
Nonmedical Use of Tranquilizers	28	2012-2013	1.6			1.0	percent	2.00	
Smoke-Free Junior High Schools	31	2010	60.0		100.0		percent	2.00	
Smoke-Free Middle Schools	31	2010	82.4		100.0		percent	2.00	
Teens Who Use E-Cigarettes	40	2013	10.0	4.5			percent	2.00	
Young Teens Who Smoke Tobacco in a Hookah	40	2013	1.4	1.1			percent	2.00	Black (2.9) CHN (2.2) NH (3.2) Other (1.9)
Young Teens Who Use E-Cigarettes	40	2013	5.5	1.1			percent	2.00	Black (8.0) NH (10.2) Other (6.0)
Young Teens who Use Tobacco	41	2013	6.2			5.4	percent	2.00	Black (11.8) NH (10.8) PI (10.3)
Adolescent Marijuana Risk Perception	28	2012-2013	22.0			24.7	percent	2.00	
Initiation of Use of Smokeless Tobacco Among Teens	28	2012-2013	0.9	1.8	0.6	0.5	percent	2.00	
Women who Smoked Prior to Pregnancy	30	2011	19.3		14.6	20.9	percent	1.83	
Pregnant Women who Abstained from Binge Drinking	28	2006-2009	92.2	95.8	100.0		percent	1.83	
Indoor Worksites that Prohibit Smoking	33	2010-2011	69.8		100.0	69.8	percent	1.83	
Smoke-Free High Schools	31	2012	79.0		100.0	76.0	percent	1.83	
Mothers who Smoked During Pregnancy	18	2013	4.3	9.0	1.4	4.1	percent	1.67	NH (10.0)

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	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Adolescent Use of Alcohol or Illicit Drugs	28	2012-2013	18.1	15.9	16.6	22.6	percent	1.67	
Excessive Drinking	5	2013	13.0			12.6	percent	1.67	Asian (18.9) NH (15.3) Other (32.1) White (18.1)
Adolescent Alcohol Risk Perception	28	2012-2013	39.1			41.8	percent	1.67	
Liquor Store Density	34	2013	4.3	10.3		3.8	stores/100,000 population	1.50	
Women who Abstained from Alcohol in Their Third Trimester	30	2011	93.1		98.3	92.8	percent	1.50	
Adults who Binge Drink	5	2013	11.2	11.3		11.0	percent	1.50	Asian (18.9) NH (14.9) Other (29.3) White (14.4)
Teens who have Used Methamphetamines	39	2013	4.3	10.6		3.4	percent	1.50	
Adolescents who Use Inhalants	28	2012-2013	3.7	2.3		4.3	percent	1.50	
Binge Drinking Among Teen Boys	38	2013	10.6	22.0	8.6		percent	1.50	
Binge Drinking Among Teen Girls	38	2013	12.9	19.6	8.6		percent	1.50	
Schools Requiring Education on Alcohol and Other Drug Use	31	2012	90.7		89.9	97.7	percent	1.50	
Schools Requiring Education on Tobacco Use and Addiction	31	2012	90.0		89.1	96.5	percent	1.50	
Young Teens who Use Marijuana	41	2013	7.5		6.0	9.3	percent	1.50	NH (12.6) Other (8.7) PI (9.0) White (10.0)
Women who Binge Drink Prior to Pregnancy	30	2011	24.0			25.2	percent	1.33	
Adults Who Attempted to Quit Smoking	5	2013	63.2			57.8	percent	1.33	
Adults who Smoke Cigarettes	4	2013	11.0			11.6	percent	1.33	
Drug-Induced Deaths	18	2013	7.2			7.9	deaths/100,000 females	1.33	
Young Teens Who Smoke Cigarettes	41	2013	3.6			3.6	percent	1.33	Black (3.9) NH (6.1) Other (3.7) PI (6.0)
Young Teens who Use Smokeless Tobacco	41	2013	1.9			2.0	percent	1.33	Black (8.7) NH (2.3) PI (5.9)
Adolescents Who Refrained from Initiation of Alcohol Use	28	2012-2013	75.1			72.3	percent	1.33	
Adolescents Who Refrained from Initiation of Marijuana Use	28	2012-2013	84.2			83.1	percent	1.33	
Teens Who Never Used Illicit Drugs	38	2013	56.4	50.1	58.6		percent	1.17	
Women who Resume Smoking After Pregnancy	30	2011	31.6			40.7	percent	1.00	
Adults Who Recently Quit Smoking	5	2013	16.6			10.9	percent	1.00	
Adults who use Smokeless Tobacco	5	2013	0.6			0.8	percent	1.00	Asian (2.8) PI (5.6)
Initiation of Use of Cigars Among Young Adults	28	2012-2013	3.4	3.7	4.3	3.3	percent	1.00	
Initiation of Use of Smokeless Tobacco Among Young Adults	28	2012-2013	0.9	1.4	0.2	2.1	percent	1.00	
Cirrhosis Death Rate	18	2013	4.1			6.0	deaths/100,000 females	1.00	
Teens who Use Marijuana	39	2013	18.9	23.4	6.0	21.9	percent	1.00	NH (28.7) Other (19.9) PI (25.3) White (23.2)
Teens who Use Smokeless Tobacco	41	2013	2.4	7.7	6.9	1.6	percent	1.00	Black (3.5) JPN (5.2) PI (11.5)
Teens Who Smoke Tobacco in a Hookah	40	2013	3.3	5.2			percent	1.00	NH (5.2) Other (3.6) White (5.0)
Young Teens Who Smoke Cigars	41	2013	1.2			2.5	percent	1.00	Black (4.6) NH (1.6) Other (1.3) PI (2.3)
Adolescent Cocaine Risk Perception	28	2012-2013	52.8			47.8	percent	1.00	
Adults who Smoke	5	2013	11.0	17.2		11.6	percent	0.83	
Young Teens Who Ever Tried Tobacco in a Hookah	40	2013	2.4	3.0		2.5	percent	0.83	Black (4.3) NH (4.6) PI (2.6)
Teens who Use Alcohol	39	2013	25.2	34.9		29.1	percent	0.50	

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Illegal Tobacco Sales to Minors	32	2015	2.9		5.0	4.2	percent	0.50	
Teens Who Ever Tried Tobacco in a Hookah	40	2013	8.3	14.3		12.5	percent	0.50	
Initiation of Use of Cigarettes Among Young Adults	28	2012-2013	2.9	3.2	6.4	3.7	percent	0.33	
Teens Who Smoke Cigars	41	2013	4.4	13.1	8.0	4.5	percent	0.33	
Teens who Use Tobacco	41	2013	11.8	23.4	21.0	11.8	percent	0.33	
Teens Who Never Drank Alcohol	38	2013	47.5	33.8	30.5	44.2	percent	0.33	
Teens Who Tried to Quit Smoking	38	2011	64.8	49.9	64.0	57.6	percent	0.33	
Teens Who Smoke Cigarettes	41	2013	6.7	15.7	16.0	8.7	percent	0.00	
Initiation of Use of Cigarettes Among Teens	28	2012-2013	2.8	3.9	4.3	5.2	percent	0.00	
Initiation of Use of Cigars Among Teens	28	2012-2013	1.7	3.2	2.9	2.5	percent	0.00	
TEEN & ADOLESCENT HEALTH									
Adolescents who Experience Major Depressive Episodes	28	2012-2013	10.6	9.9	7.5	8.8	percent	2.67	
Teens Who Rode With a Driver Who Had Been Drinking	38	2009	37.1	28.3	25.5	33.9	percent	2.67	
Teen Fruit and Vegetable Consumption	39	2013	15.6	22.3		17.5	percent	2.50	
Teens Who Ever Tried E-Cigarettes	40	2013	17.6	11.9		5.0	percent	2.50	
Young Teens Who Ever Tried E-Cigarettes	40	2013	7.9	3.0		1.9	percent	2.50	
Teens Who Get Sufficient Sleep	38	2013	26.8	31.7	33.1		percent	2.50	
Adolescents who Consider School Work to Be Important	28	2012-2013	27.5	30.7	29.0	29.8	percent	2.33	
Teens Who Attend Daily Physical Education	39	2013	7.3	29.4	36.6	6.9	percent	2.33	Asian (4.2) JPN (4.8) White (2.2)
Teens who Meet Aerobic Physical Activity Guidelines	39	2013	22.0	27.1	31.6	21.0	percent	2.33	
Condom Use Among Teen Boys	38	2013	53.5	65.8	81.5	50.9	percent	2.33	
Condom Use Among Teen Girls	38	2013	41.5	53.1	55.6	38.9	percent	2.33	
Teens Who Attempted Suicide	39	2013	3.2	2.7	1.7	3.4	percent	2.33	
Continuity of Health Care Among Youth with Special Health Care Needs	26	2009-2010	37.3	40.0	45.3	39.4	percent	2.33	
Parents who Attend the Activities of Their Adolescent	27	2011-2012	79.3	82.6	90.3	79.7	percent	2.33	
Teens with 2 Hours or Less of Computer and Video Game Time	39	2013	57.9	58.7	82.6	63.4	percent	2.33	
Teens offered, sold, or given illegal drugs on school property	39	2013	31.2	22.1	20.4	31.7	percent	2.33	
Abstain From Sex- Teen Girls	38	2013	62.3		80.2	62.6	percent	2.17	
Eating disorders among adolescents	39	2013	20.0		12.9	18.4	percent	2.17	
Teens with 3 or More Hours of Computer/Video Game Time	39	2013	42.1	41.3		36.6	percent	2.17	
Young Teens with 2 Hours or Less of Computer and Video Game Time	39	2013	58.8		100.0	62.5	percent	2.17	
Teens Who Had a Physical in the Past Year	38	2013	62.2		75.6		percent	2.00	
Young Teens Who Had a Physical in the Past Year	38	2013	46.0		75.6		percent	2.00	
Teens Who Meet Muscle-Strengthening Guidelines	38	2013	46.3	51.7			percent	2.00	
Smoke-Free Junior High Schools	31	2010	60.0		100.0		percent	2.00	
Smoke-Free Middle Schools	31	2010	82.4		100.0		percent	2.00	
Teens Who Use E-Cigarettes	40	2013	10.0	4.5			percent	2.00	
Young Teens Who Smoke Tobacco in a Hookah	40	2013	1.4	1.1			percent	2.00	Black (2.9) CHN (2.2) NH (3.2) Other (1.9)

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Young Teens Who Use E-Cigarettes	40	2013	5.5	1.1			percent	2.00	Black (8.0) NH (10.2) Other (6.0)
Teens Who Often See Tobacco Ads in Magazines or Newspapers	40	2013	47.4		19.3		percent	2.00	
Teens Who Often See Tobacco Ads on the Internet	40	2013	48.8		33.1		percent	2.00	
Young Teens Who Often See Tobacco Ads in Magazines or Newspapers	40	2013	42.5		19.3		percent	2.00	
Young Teens Who Often See Tobacco Ads on the Internet	40	2013	43.1		33.1		percent	2.00	
Young Teens who Use Tobacco	41	2013	6.2			5.4	percent	2.00	Black (11.8) NH (10.8) PI (10.3)
Adolescent Marijuana Risk Perception	28	2012-2013	22.0			24.7	percent	2.00	
Initiation of Use of Smokeless Tobacco Among Teens	28	2012-2013	0.9	1.8	0.6	0.5	percent	2.00	
Abstain From Sex- Teen Boys	38	2013	66.1		79.2	63.3	percent	1.83	
Schools Requiring Education on Unintentional Injury	31	2012	87.0		89.9	92.7	percent	1.83	
Smoke-Free High Schools	31	2012	79.0		100.0	76.0	percent	1.83	
Schools with Health Education Goals- Accessing Health Information	31	2012	92.1		100.0	97.7	percent	1.83	
Schools with Health Education Goals- Advocating for Health	31	2012	91.2		100.0	94.1	percent	1.83	
Schools with Health Education Goals- Health Promotion, Disease Prevention	31	2012	93.6		100.0	96.6	percent	1.83	
Schools with Health Education Goals- Health-Enhancing Behaviors	31	2012	97.6		100.0	97.7	percent	1.83	
Schools with Health Education Goals- Healthy Decision-Making	31	2012	96.4		100.0	96.6	percent	1.83	
Schools with Health Education Goals- Influences on Health	31	2012	92.4		100.0	95.4	percent	1.83	
Schools with Health Education Goals- Interpersonal Communication	31	2012	95.2		100.0	96.6	percent	1.83	
Teens who are Cyberbullied	39	2013	15.6	14.8		14.9	percent	1.83	
Teens who Meet Aerobic and Muscle-Strengthening Guidelines	38	2013	18.1	19.9			percent	1.67	
Teens with a Healthy Body Weight	39	2013	71.8			73.4	percent	1.67	
Teens Who Texted or Emailed While Driving	38	2013	43.3	41.4			percent	1.67	
Adolescent Use of Alcohol or Illicit Drugs	28	2012-2013	18.1	15.9	16.6	22.6	percent	1.67	
Youth with Access to a Medical Home	27	2011-2012	57.4			60.1	percent	1.67	
Young Teens with 3+ Hours of Computer/Video Game Time	39	2013	41.2			37.5	percent	1.67	
Young Teens who are Bullied	38	2013	44.6			40.7	percent	1.67	
Intimate Partner Violence Among Teens	39	2013	11.1	10.3			percent	1.67	
Adolescents who Participate in Extracurricular Activities	27	2011-2012	85.7	82.7	90.6	88.8	percent	1.67	
Adolescent Alcohol Risk Perception	28	2012-2013	39.1			41.8	percent	1.67	
Teens Who Use Sunscreen	38	2013	10.7	10.1	11.2		percent	1.50	
Teens who are Overweight	39	2013	14.9	16.6		13.4	percent	1.50	
Teens who Engage in Regular Physical Activity	39	2013	40.2	41.9		37.9	percent	1.50	
Schools Requiring Education on Dietary Behaviors and Nutrition	31	2012	94.1		92.7	98.8	percent	1.50	

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	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Schools Requiring Education on Physical Activity and Fitness	31	2012	95.2		87.1	97.4	percent	1.50	
Abstain From Sex- Young Teen Boys	38	2013	90.5		92.7	87.8	percent	1.50	
Abstain From Sex- Young Teen Girls	38	2013	92.3		93.9	91.3	percent	1.50	
Schools Requiring Education on Suicide Prevention	31	2012	71.0		48.3	80.0	percent	1.50	
Schools Requiring Education on Violence Prevention	31	2012	91.9		90.1	95.4	percent	1.50	
Teens who have Used Methamphetamines	39	2013	4.3	10.6		3.4	percent	1.50	
Adolescents who Use Inhalants	28	2012-2013	3.7	2.3		4.3	percent	1.50	
Binge Drinking Among Teen Boys	38	2013	10.6	22.0	8.6		percent	1.50	
Binge Drinking Among Teen Girls	38	2013	12.9	19.6	8.6		percent	1.50	
Schools Requiring Education on Alcohol and Other Drug Use	31	2012	90.7		89.9	97.7	percent	1.50	
Schools Requiring Education on Tobacco Use and Addiction	31	2012	90.0		89.1	96.5	percent	1.50	
Young Teens who Use Marijuana	41	2013	7.5		6.0	9.3	percent	1.50	NH (12.6) Other (8.7) PI (9.0) White (10.0)
Teens Who Often See Actors Using Tobacco on TV and in Movies	40	2013	74.6		69.8	78.3	percent	1.50	
Young Teens with 2 Hours or Less of TV Time	39	2013	66.8		86.8	60.6	percent	1.50	
Young Teens Who Smoke Cigarettes	41	2013	3.6			3.6	percent	1.33	Black (3.9) NH (6.1) Other (3.7) PI (6.0)
Teens Who Often See Tobacco Ads at Stores or Gas Stations	40	2013	75.6		77.1		percent	1.33	
Youth with Special HC Needs with Access to a Medical Home	26	2009-2010	45.4	43.0			percent	1.33	
Schools Prohibiting Harassment Based on Sexual Orientation	31	2012	92.7	87.4	92.2	98.9	percent	1.33	
Adolescent Weight Screening and Follow Up	37	2013	33.7			31.8	percent	1.33	
Teens who are Bullied	39	2013	18.7	19.6	17.9	20.3	percent	1.33	
Young Teens who are Cyberbullied	38	2013	23.7			23.7	percent	1.33	
Teens with 2 Hours or Less of TV Time	39	2013	70.7	67.5	73.9	68.3	percent	1.33	
Young Teens who Use Smokeless Tobacco	41	2013	1.9			2.0	percent	1.33	Black (8.7) NH (2.3) PI (5.9)
Adolescents Who Refrained from Initiation of Alcohol Use	28	2012-2013	75.1			72.3	percent	1.33	
Adolescents Who Refrained from Initiation of Marijuana Use	28	2012-2013	84.2			83.1	percent	1.33	
Schools Requiring Education on Pregnancy, HIV, and STD Prevention	31	2012	85.6		43.2	92.7	percent	1.17	
Teens Who Never Used Illicit Drugs	38	2013	56.4	50.1	58.6		percent	1.17	
Young Teens Who Often See Actors Using Tobacco on TV and in Movies	40	2013	67.5		69.8	70.8	percent	1.17	
Teens who Watch 3+ Hours of Television	39	2013	29.3	32.5		31.7	percent	1.17	
Teens who are Obese	39	2013	13.4	13.7	16.1	13.2	percent	1.00	FIL (13.8) NH (19.3) PI (31.2)
Young Teens who Engage in Regular Physical Activity	39	2013	52.6			44.4	percent	1.00	
Young Teens who Meet Aerobic Physical Activity Guidelines	39	2013	32.0			25.0	percent	1.00	
Pre-Teens who are Obese	27	2011-2012	13.2	19.1	15.7	11.0	percent	1.00	

**Kapiolani Medical Center for Women and Children
Data Scoring Appendix: Indicator Scores by Topic**

	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
Deaths Among Adolescents Aged 10-14 Years	18	2011-2013	13.5	14.1	14.8	13.5	deaths/100,000 population 10-14	1.00	NHPI (69.4)
Teens Who Saw a Dentist in the Past Year	38	2013	70.3		49.0		percent	1.00	
Young Teens Who Saw a Dentist in the Past Year	38	2013	61.5		49.0		percent	1.00	
Teens who Use Marijuana	39	2013	18.9	23.4	6.0	21.9	percent	1.00	NH (28.7) Other (19.9) PI (25.3) White (23.2)
Teens who Use Smokeless Tobacco	41	2013	2.4	7.7	6.9	1.6	percent	1.00	Black (3.5) JPN (5.2) PI (11.5)
Teens Who Smoke Tobacco in a Hookah	40	2013	3.3	5.2			percent	1.00	NH (5.2) Other (3.6) White (5.0)
Young Teens Who Often See Tobacco Ads at Stores or Gas Stations	40	2013	67.1		77.1		percent	1.00	
Young Teens with 3 or More Hours of TV Time	39	2013	33.2			39.4	percent	1.00	
Young Teens who Watch 3+ Hours of Television	38	2013	33.2			39.4	percent	1.00	
Young Teens Who Smoke Cigars	41	2013	1.2			2.5	percent	1.00	Black (4.6) NH (1.6) Other (1.3) PI (2.3)
Adolescent Cocaine Risk Perception	28	2012-2013	52.8			47.8	percent	1.00	
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	39	2013	15.8	27.0		17.5	percent	0.83	
Teen Birth Rate	18	2013	25.1	26.5		28.1	births/1,000 women aged 15-19 years	0.83	Black (28.7) NHPI (123.7)
Young Teens Who Ever Tried Tobacco in a Hookah	40	2013	2.4	3.0		2.5	percent	0.83	Black (4.3) NH (4.6) PI (2.6)
Children and Adolescents who are Obese	27	2011-2012	11.5	15.7	14.5	11.2	percent	0.67	
Deaths Among Adolescents Aged 15-19 Years	18	2013	39.8	44.8	54.3	39.3	deaths/100,000 population 15-19	0.67	Asian (41.1) NHPI (156.5)
Teens who Use Alcohol	39	2013	25.2	34.9		29.1	percent	0.50	
Illegal Tobacco Sales to Minors	32	2015	2.9		5.0	4.2	percent	0.50	
Teens Who Ever Tried Tobacco in a Hookah	40	2013	8.3	14.3		12.5	percent	0.50	
Adolescents with Special HC Needs in Family-Centered Care	26	2009-2010	47.5	43.1	15.1		percent	0.50	
Teens Exposed to Secondhand Smoke	40	2013	27.3		41.0	36.9	percent	0.50	
Young Teens Exposed to Secondhand Smoke	40	2013	24.9		41.0	38.3	percent	0.50	
Teens Who Carried a Weapon at School	38	2011	4.2	5.4	4.6	4.7	percent	0.33	PI (9.3) White (6.2)
Violent Crime Perpetrated by Adolescents and Young Adults	36	2012	238.0	344.5	399.6	251.0	arrests per 100,000 people aged 10-24 years	0.33	
Teens Who Smoke Cigars	41	2013	4.4	13.1	8.0	4.5	percent	0.33	
Teens who Use Tobacco	41	2013	11.8	23.4	21.0	11.8	percent	0.33	
Teens Who Never Drank Alcohol	38	2013	47.5	33.8	30.5	44.2	percent	0.33	
Teens Who Tried to Quit Smoking	38	2011	64.8	49.9	64.0	57.6	percent	0.33	
Pregnancies Among Females Aged 15-17 Years	18	2013	13.6	30.1	36.2	18.0	pregnancies/1,000 females aged 15-17	0.00	
Pregnancies Among Females Aged 18-19 Years	18	2013	60.8	96.2	105.9	72.1	pregnancies/1,000 females aged 18-19	0.00	
Physical Fighting Among Teens	39	2013	16.7	24.7	28.4	22.3	percent	0.00	NH (22.8) Other (18.6) PI (31.9) White (18.5)
Teens Who Smoke Cigarettes	41	2013	6.7	15.7	16.0	8.7	percent	0.00	
Initiation of Use of Cigarettes Among Teens	28	2012-2013	2.8	3.9	4.3	5.2	percent	0.00	
Initiation of Use of Cigars Among Teens	28	2012-2013	1.7	3.2	2.9	2.5	percent	0.00	

Kapiolani Medical Center for Women and Children
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	Source	Measurement Period	Hawaii	U.S.	HP2020	Previous Value	Units	Score	High Race Disparity*
TRANSPORTATION									
Mean Travel Time to Work	1	2009-2013	26.0	23.8		25.6	minutes	1.83	
Workers Commuting by Public Transportation	1	2009-2013	8.0	5.3		8.0	percent	0.83	
WELLNESS & LIFESTYLE									
Teens Who Get Sufficient Sleep	38	2013	26.8	31.7	33.1		percent	2.50	
Teens with 2 Hours or Less of Computer and Video Game Time	39	2013	57.9	58.7	82.6	63.4	percent	2.33	
Young Teens with 2 Hours or Less of Computer and Video Game Time	39	2013	58.8		100.0	62.5	percent	2.17	
Excessive Drinking	5	2013	13.0			12.6	percent	1.67	Asian (18.9) NH (15.3) Other (32.1) White (18.1)
Adolescents who Participate in Extracurricular Activities	27	2011-2012	85.7	82.7	90.6	88.8	percent	1.67	
Children Aged 6 to 11 with More Than 1 Hour of TV/Screen Time	27	2011-2012	47.2	49.4		46.5	percent	1.50	
Young Teens with 2 Hours or Less of TV Time	39	2013	66.8		86.8	60.6	percent	1.50	
Teens with 2 Hours or Less of TV Time	39	2013	70.7	67.5	73.9	68.3	percent	1.33	
Self-Reported Health Status of Good or Better	5	2013	85.7			83.3	percent	1.33	
Self-Reported Good Physical and Mental Health	5	2013	51.3			47.5	percent	1.33	
Teens who Watch 3+ Hours of Television	39	2013	29.3	32.5		31.7	percent	1.17	
Life Expectancy for Females	21	2010	83.5	80.8		83.3	years	1.17	
Children Under 5 Years with More Than 1 Hour of TV/Screen Time	27	2011-2012	49.0	49.2		55.8	percent	0.83	
WOMEN'S HEALTH									
Chlamydia Among Females	17	2012	649.9	456.7		629.8	cases/100,000 females	2.17	
Chlamydia Among Females 15-24 Attending Family Planning Clinics	17	2011	8.5		6.7	8.3	percent	2.17	
Pap Test History	5	2013	74.0	78.0	93.0	72.2	percent	2.00	
Cervical Cancer Death Rate	18	2011-2013	2.3	2.3	2.2	1.9	deaths/100,000 females	2.00	NHPI (11.2)
Breast Cancer Incidence Rate	23	2008-2012	130.2	122.7		126.0	cases/100,000 females	1.83	
Cervical Cancer Incidence Rate	23	2008-2012	7.7	7.8		7.3	cases/100,000 females	1.50	
Pregnancies that are Intended	30	2011	54.8		56.0	54.3	percent	1.50	
Preventive Services for Older Women	5	2013	40.2	39.2	46.8	34.1	percent	1.33	
Mammogram History	5	2013	80.7	74.0		76.9	percent	1.17	
Life Expectancy for Females	21	2010	83.5	80.8		83.3	years	1.17	
Gonorrhea Among Females	17	2013	38.2	108.7		43.3	cases/100,000 females	0.50	
Breast Cancer Death Rate	18	2011-2013	14.5	21.3	20.7	15.5	deaths/100,000 females	0.33	Black (42.0) NHPI (59.0) White (15.0)
Syphilis Among Females	17	2013	0.0	0.3	1.3	0.3	cases/100,000 females	0.00	

Appendix B. Key Informant Interviews

Between November 2014 and September 2015, Storyline Consulting conducted key informant interviews with experts on women and children's health in the state of Hawai'i. The following questions were used to guide the conversations.

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

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

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

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

Q5: Could you tell me about some of the strengths and resources in your community that address [topic area], such as groups, initiatives, services, or programs? What about the barriers to receiving care in the community?

Collect Resource Info:

- Resource Name
- Serves which geography
- Resource Type (clinic, hotline, etc.)
- Topic Focus Areas
- Serves Low-Income, Underserved/Uninsured
- Focus on minority Race/Ethnic groups

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

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

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

Appendix C. Community Resources

Community Resources Identified through Key Informant Interviews

County	Community Resource	For more information:
All	Affordable Housing and Homeless Alliance	http://www.hawaiihomeless.org/
All	Blue Zones Project	https://hawaii.bluezonesproject.com/
All	Community Health Centers	http://www.hawaiipca.net/6/community-health-centers
All	Connecting for Success	http://www.hawaiicommunityfoundation.org/community-impact/connecting-for-success
All	Easter Seals Hawaii	http://www.easterseals.com/hawaii/
All	Epic Ohana	http://www.epicohana.info/
All	Federally Qualified Healthcare Centers	https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/hi/
All	Gregory House	http://www.gregoryhouse.org/
All	Hale Kipa	https://www.halekipa.org/
All	Hawaiian Islands Oral Health Task Force	http://www.hawaiipca.net/41/dental
All	Hawaii Disability Rights Center - Client Assistance Program	http://www.hawaiidisabilityrights.org/programs_cap.aspx
All	Hawaii Families As Allies	http://www.hfaa.net/
All	Hawaii Health Information Exchange	https://www.hawaiihie.org/
All	Hawaii Health Systems Corporation	http://www.hhsc.org/
All	Hawaii Initiative for Childhood Obesity Research and Education (HICORE)	http://www.hicore.org/
All	Hawaii Medical Services Association	https://www.hmsa.com/
All	Hawaiian Community Assets	www.hawaiiancommunity.net/
All	Hina Mauka	http://hinamauka.org/
All	Hilopaa Family to Family Health Information Center	http://www.hilopaa.org/
All	HOPE Services Hawaii	http://hopeserviceshawaii.org/
All	Injury Prevention Advisory Committee	http://health.hawaii.gov/injuryprevention/home/partnerships/injury-prevention-advisory-committee-ipac/
All	Keiki Injury Prevention Coalition	http://kipchawaii.org/

All	Legal Aid Society of Hawaii	http://www.legalaidhawaii.org/
All	Life Foundation for HIV	http://lifefoundationorg.ipage.com/
All	McKenna Recovery Center	http://www.mckennarecoverycenter.com/
All	Micronesia Community Network	http://micronesiancommunitynetwork.blogspot.com/
All	PACT: Parents and Children Together	http://www.pacthawaii.org/
All	Pono Choices	http://www.cds.hawaii.edu/ponochoices/
All	PHOCUSED	http://phocused-hawaii.org/
All	State of Hawaii, Department of Health Child and Adolescent Mental Health Division	http://health.hawaii.gov/camhd/
All	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	http://health.hawaii.gov/wic/
All	Substance Abuse Treatment Centers	http://health.hawaii.gov/substance-abuse/prevention-treatment/treatment/treatment-services/
All	University of Hawaii Center on the Family	http://uhfamily.hawaii.edu/
Hawaii	Big Island Substance Abuse Council	http://www.bisac.org/
Hawaii	Community First	http://www.hawaiiwellbeing.org/
Hawaii	East Hawaii Coalition for the Homeless	http://nationalhomeless.org/references/directory/organization/East+Hawaii+Coalition+for+the+Homeless/
Hawaii	Food Basket, Hawaii Island's Food Bank	http://www.hawaiifoodbasket.org/
Hawaii	Hawaii Island Healthcare Alliance	http://hawaiihealthcarealliance.org/
Hawaii	Hui Malama Ola Na Oihi	http://huimalamaolanaoivi.org/
Hawaii	Kau Rural Health Community Association	http://krhcai.com/
Hawaii	North Hawaii Hospice	http://northhawaiihospice.org/
Hawaii	North Kohala Community Resource Center	http://www.northkohala.org/
Honolulu	HCAP Head Start	http://www.hcapweb.org/headstart/
Honolulu	Kaala Farm	http://www.malamalearningcenter.org/index.php/resources/mlc-partners/38-kaala-farm
Honolulu	Kapolei Keiki Smile Center	http://www.wcchc.com/Services/Dental-Care-Waianae-Kapolei-Children-Adult
Honolulu	Kokua Kalihi Valley Comprehensive Family Services	http://www.kkv.net/
Honolulu	Mala Ai Opio Community Food Systems Initiative (MAO)	http://www.maoorganicfarms.org/
Honolulu	PAU Violence Program	https://www.facebook.com/PAUViolence

Honolulu	Waianae Dental Clinic	http://www.wcchc.com/Services/Dental-Care-Waianae-Kapolei-Children-Adult
Honolulu	Waikiki Health	http://waikikihc.org/
Honolulu	Waimanalo Market Co-op	http://www.waimanalomarket.com/
Kauai	County of Kauai Paratransit Services	http://www.kauai.gov/Government/Departments/TransportationAgency/ParatransitService/tabid/574/Default.aspx
Kauai	County of Kauai Senior Programs	http://www.kauai.gov/Government/Departments/ParksRecreation/SeniorPrograms/tabid/466/Default.aspx
Kauai	Get Fit Kauai	http://www.getfitkauai.org
Kauai	Hoola Lahui Hawaii, Kauai Community Health Center - Dental Services	http://www.hoolalahui.org/healthclinics/dentalservices.html
Kauai	Kauai Agency on Elderly Affairs	http://www.kauaiadrc.org
Kauai	Kauai Economic Opportunity	http://www.keoinc.org
Kauai	Kauai Food Bank	http://www.kauaifoodbank.org/
Kauai	Life's Choices Kauai	http://www.kauai.gov/LifesChoicesKauai
Kauai	Malama Pono Health Services	http://malama-pono.org/
Maui	Aloha House	http://www.aloha-house.org/
Maui	Boys & Girls Club of Maui	http://www.bgcmaui.org/page142430.aspx
Maui	CFS Neighborhood Place of Wailuku	http://www.childandfamilyservice.org/cfs2.php?id1=48#wailuku
Maui	Hale Mahaolu	http://halemahaolu.org/
Maui	Hana Health	http://hanahealth.org/
Maui	Hospice Maui	http://hospicemaui.org/
Maui	Imua family Services	http://imuafamilyservices.org/
Maui	Kaunoa Senior Services	http://www.co.maui.hi.us/departments/Housing/kaunoa.htm
Maui	Ke Ola Hou O Lanai	http://www.lanai96763.com/resource/ke-ola-hou-o-lanai
Maui	Maui Children's Justice Center	http://www.courts.state.hi.us/services/hawaii_childrens_justice_centers/maui.html
Maui	Maui Community Mental Health Centers	http://health.hawaii.gov/maui/community-mental-health-centers-cmhc/
Maui	Maui County Office on Aging	http://www.co.maui.hi.us/departments/housing/aging.htm
Maui	Maui County Rural Shopping Shuttles	http://www.co.maui.hi.us/index.aspx?NID=620

Maui	Maui District Health Office	http://health.hawaii.gov/maui/
Maui	Maui Economic Opportunity	http://www.meoinc.org/
Maui	Maui Family Support Services	http://mfss.org/
Maui	Maui Youth and Family Services	http://www.myfs.org/
Maui	Public Health Nursing	http://health.hawaii.gov/maui/public-health-nursing/
Maui	Pulama Lanai	http://www.pulamalanai.com/
Maui	Women Helping Women	http://www.womenhelpingwomenmaui.com/

Medicare-Approved Healthcare Facilities, State of Hawai‘i

The following list presents select Provider of Services (POS) facilities identified by the Centers for Medicare & Medicaid Services for the state of Hawai‘i. However, it is not an exhaustive directory of all facilities in the state. For the most recent POS file, please visit:

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/index.html>

County	Facility Type	Facility Name	City	Street Address
Hawaii	Ambulatory Surgery Center	CLINICAL LABS OF HAWAII - HCSC	HILO	82 PUUHONU PL, #204
Hawaii	Ambulatory Surgery Center	HILO COMMUNITY SURGERY CENTER	HILO	82 PUUHONU PL, #100
Hawaii	Ambulatory Surgery Center	KONA AMBULATORY SURGERY CENTER LLC	KAILUA KONA	75-5905 WALUA RD UNIT 4
Hawaii	Community Clinic	HAWAII ISLAND FAMILY HLTH CNTR	HILO	45 MOHOULI ST SUITE 101
Hawaii	Community Clinic	HILO CBOC	HILO	1285 WAIANUENUE AVE STE 211
Hawaii	Community Clinic	HILO MEDICAL CENTER PAIN MANAGEMENT CLINIC	HILO	1190 WAIANUEANUE AVENUE
Hawaii	Community Clinic	HILO MEDICAL CENTER PEDIATRIC CLINIC	HILO	1190 WAIANUEANUE AVENUE
Hawaii	Community Clinic	WAIAKEA HEALTH CENTER	HILO	191 KUAWA ST
Hawaii	Community Clinic	WAIAKEA HEALTH CENTER	HILO	191 KUAWA
Hawaii	Community Clinic	EDNA K KRETZER, APRN	HOLUALOA	76-5914B MALAMAHOA HWY

Hawaii	Community Clinic	ALII COMMUNITY CARE	KAILUA KONA	78-6831 ALI'I DRIVE, STE 328
Hawaii	Community Clinic	ALII HEALTH CENTER	KAILUA KONA	78-6831 ALI'I DRIVE, STE 422
Hawaii	Community Clinic	ALII HEALTH CENTER PHARMACY	KAILUA KONA	75-5995 KUAKINI HWY #213
Hawaii	Community Clinic	KONA CBOC	KAILUA KONA	75-5994 KUAKINI HWY
Hawaii	Community Clinic	PLANNED PARENTHOOD OF HAWAII	KAILUA KONA	75 184 HUALALAI RD STE 205
Hawaii	Community Clinic	PUNA COMMUNITY MED CNTR	PAHOA	15-2662 PAHOA VILLAGE RD #303
Hawaii	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HILO	140 RAINBOW DR
Hawaii	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	KAILUA KONA	78-6831 ALII DR SUITE 336
Hawaii	End Stage Renal Disease Dialysis	LIBERY DIALYSIS NORTH HAWAII LLC	KAMUELA	67-1123 MAMALAHOA HWY #112
Hawaii	Federally Qualified Health Center	HILO FAMILY HEALTH CENTER	HILO	1178 KINOOLE ST
Hawaii	Federally Qualified Health Center	HILO WOMEN'S HEALTH CENTER	HILO	73 PU'UHONU PL
Hawaii	Federally Qualified Health Center	HAMAKUA HEALTH CENTER - RHC	HONOKAA	45-549 PLUMERIA STREET
Hawaii	Federally Qualified Health Center	WEST HAWAII COMMUNITY HEALTH CENTER	KAILUA KONA	75-5751 KUAKINI HWY STE 105
Hawaii	Federally Qualified Health Center	KEAAU FAMILY HEALTH CENTER	KEAAU	16-192 PILIMUA ST
Hawaii	Federally Qualified Health Center	WEST HAWAII COMM HEALTH CNTR KEIKI HC	KEALAKEKUA	81-6627 MAMALAHOA HWY B-3
Hawaii	Federally Qualified Health Center	KAU FAMILY HEALTH & DENTAL CTR	NAALEHU	95-5583 MAMALAHOA HWY
Hawaii	Federally Qualified Health Center	PAHOA FAMILY HEALTH CTR	PAHOA	15-2866 PAHOA VILLAGE RD BLDG C STE A
Hawaii	Federally Qualified Health Center	PAHOA WOMEN AND CHILDREN'S HEALTH CNTR	PAHOA	15-2866 PAHOA VILLAGE RD BLDG F SUITE A

Hawaii	Home Health Agency	WEST HAWAII HOME HEALTH SVS	CAPTAIN COOK	82-5899 OLD GOVERNMENT RD
Hawaii	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HILO	68 KEKUANAOA AVE SUITE 350
Hawaii	Home Health Agency	HILO MED CENTER HOME CARE	HILO	1190 WAIANUENUE AVE
Hawaii	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	KAILUA KONA	75-100 HENRY ST SUITE 205
Hawaii	Home Health Agency	INTERIM HEALTHCARE / KAILUA-KONA	KAILUA KONA	75-5995 KUAKINI HWY, #223 ORCHID
Hawaii	Home Health Agency	KOHALA HOME HEALTH CARE	KAMUELA	67-1125 MAMALAHOA HWY
Hawaii	Hospital	CLINICAL LABS OF HAWAII-HILO MED CENTR	HILO	1190 WAIANUENUE AVENUE
Hawaii	Hospital	CLINICAL LABS OF HAWAII-HONOKAA HOSP	HONOKAA	PO BOX 237
Hawaii	Hospital	CLINICAL LABS OF HAWAII-KAMUELA BRANCH	KAMUELA	65-1158 MAMALAHOA HWY SUITE 27B
Hawaii	Hospital	CLINICAL LABS OF HAWAII-KONA HOSPITAL	KEALAKEKUA	79-1019 HAUKAPILA ST
Hawaii	Hospital	CLINICAL LABS OF HAWAII-KAU HOSPITAL	PAHALA	1 KAMANI ST
Hawaii	Intermediate Care Facility/Individuals with Intellectual Disabilities	AVALON CARE CENTER VA HILO LLC	HILO	1180 WAIANUENUE AVE
Hawaii	School/Student Health Service	UNIV OF HAWAII HILO COLLEGE OF PHARM	HILO	200 W KAWILI ST
Hawaii	School/Student Health Service	UNIVERSITY OF HAWAII AT HILO	HILO	200 W KAWILI ST, CAMPUS CTR #212
Hawaii	Skilled Nursing/Nursing Facility	HALE ANUENUE RESTORATIVE CARE CTR	HILO	1333 WAIANUENUE AVE
Hawaii	Skilled Nursing/Nursing Facility	LIFE CARE CENTER OF HILO	HILO	944 WEST KAWAILANI ST

Hawaii	Skilled Nursing/Nursing Facility	HALE HOOLA HAMAKUA	HILO	45-547 PLUMERIA ST
Hawaii	Skilled Nursing/Nursing Facility	LIFE CARE CENTER OF KONA	KAILUA KONA	78-6957 KAMEHAMEHA III RD
Honolulu	Ambulatory Surgery Center	ALOHA LABORATORIES INC	HONOLULU	2036 HAU ST
Honolulu	Ambulatory Surgery Center	ASIA PACIFIC SURGERY CENTER LLC	HONOLULU	1401 S BERETANIA ST, STE 890
Honolulu	Ambulatory Surgery Center	CATARACT & VISION CENTER OF HAWAII	HONOLULU	1712 LILIHA ST SUITE 400
Honolulu	Ambulatory Surgery Center	HAWAII ENDOSCOPY CENTERS LLC	HONOLULU	2226 LILIHA ST SUITE 307
Honolulu	Ambulatory Surgery Center	HONOLULU SPINE CENTER LLC	HONOLULU	500 ALA MOANA BLVD BLDG STE 1-301
Honolulu	Ambulatory Surgery Center	HONOLULU SURGERY CENTER LP	HONOLULU	550 S. BERETANIA STREET, SUITE 700
Honolulu	Ambulatory Surgery Center	KAISER PERMANENTE HONOLULU MEDICAL OFFICE ASC	HONOLULU	1010 PENSACOLA ST
Honolulu	Ambulatory Surgery Center	MINIMALLY INVASIVE SURGERY OF HAWAII	HONOLULU	1401 S BERETANIA ST SUITE 600
Honolulu	Ambulatory Surgery Center	MIS ENDOSCOPY LLC	HONOLULU	1401 S BERETANIA ST SUITE 200
Honolulu	Ambulatory Surgery Center	PACIFIC ASC LLC	HONOLULU	650 IWILEI RD SPACE 225
Honolulu	Ambulatory Surgery Center	SURGERY CENTER OF THE PACIFIC LLC	HONOLULU	1401 S BERETANIA ST SUITE 420
Honolulu	Ambulatory Surgery Center	SURGICAL SUITES, LLC, THE	HONOLULU	1100 WARD AVENUE, SUITE 1001
Honolulu	Ambulatory Surgery Center	WINDWARD SURGERY CENTER	KAILUA	642 ULUKAHIKI ST #200
Honolulu	Ambulatory Surgery Center	PACIFIC ENDOSCOPY CENTER	PEARL CITY	1029 MAKOLU ST STE H,I,J
Honolulu	Ambulatory Surgery Center	HAWAIIAN EYE CENTER	WAHIAWA	606 KILANI AVENUE

Honolulu	Community Clinic	DOCS ON CALL - HILTON HAW'N VILLAGE	HONOLULU	2005 KALIA RD
Honolulu	Community Clinic	JOHNSTON ATOLL HEALTH CLINIC LAB	HONOLULU	3049 UALENA ST #101
Honolulu	Community Clinic	KALIHI PALAMA HLTH CARE FOR HOMELESS PROJECT - KOHOU CLINIC	HONOLULU	904 KOHOU STREET
Honolulu	Community Clinic	KALIHI PALAMA HLTH CARE FOR HOMELESS - KAAHI CLINIC	HONOLULU	546 KAAHI STREET
Honolulu	Community Clinic	KOKUA KALIHI VALLEY	HONOLULU	2239 NORTH SCHOOL STREET
Honolulu	Community Clinic	LIFE FOUNDATION	HONOLULU	677 ALA MOANA BLVD SUITE 226
Honolulu	Community Clinic	THE QUEEN'S HEALTH CARE CENTERS	HONOLULU	550 SOUTH BERETANIA STREET SUITE 401
Honolulu	Community Clinic	QUEEN'S HEALTH CARE CENTERS – URGENT CARE	HONOLULU	1860 ALA MOANA BLVD
Honolulu	Community Clinic	STATE OF HAWAII DEPT OF HEALTH STD	HONOLULU	3627 KILAUEA AVE RM 305
Honolulu	Community Clinic	THE QUEEN'S HEALTH CARE CENTERS	HONOLULU	550 S BERETANIA ST SUITE 401
Honolulu	Community Clinic	VA PACIFIC ISLAND HEALTH CARE SYSTEM	HONOLULU	459 PATTERSON RD 2ND FL RM 2A03
Honolulu	Community Clinic	CASTLE PROFESSIONAL CENTER	KANEOHE	46-001 KAMEHAMEHA HWY SUITE 104
Honolulu	Community Clinic	QUEEN'S HEALTH CARE CENTERS, THE	KAPOLEI	599 FARRINGTON HWY #201
Honolulu	Community Clinic	MILILANI FAMILY CLINIC	MILILANI	95-1249 MEHEULA PKWY, #B-10
Honolulu	Community Clinic	HEATHER L BOOKS, MD, MPH, TM	PEARL CITY	98-1238 KAAHUMANU STREET SUITE 200
Honolulu	Community Clinic	JAMES & ABIGAIL CAMPBELL CLINIC	WAIANAE	87-2070 FARRINGTON HWY STE N
Honolulu	Community Clinic	STRAUB KAPOLEI FAMILY HEALTH CENTER	WAIANAE	590 FARRINGTON HWY SUITE 526A
Honolulu	Community Clinic	WAIANAE DISTRICT COMPREHENSIVE	WAIANAE	86-260 FARRINGTON HIGHWAY
Honolulu	Community Clinic	WCCHC WAIOLA SPECIALTY CLINIC	WAIANAE	86-120 FARRINGTON HWY STE 305A

Honolulu	Community Clinic	WAIMANALO HEALTH CENTER	WAIMANALO	41-1347 KALANIANAOLE HIGHWAY
Honolulu	Community Clinic	EKAHI URGENT CARE WAIPAHU	WAIPAHU	94-229 WAIPAHU DEPOT ROAD SUITE 101
Honolulu	Community Clinic	OAHU SUGAR FMLY HLTH CTR	WAIPAHU	94-916 WAIPAHU STREET
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	AIEA	98-1005 MOANALUA RD, #420
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	EWA BEACH	91-2137 FORT WEAVER RD
Honolulu	End Stage Renal Disease Dialysis	ST FRANCIS MEDICAL CENTER-ESRD	EWA BEACH	91 2137 FORT WEAVER ROAD
Honolulu	End Stage Renal Disease Dialysis	DSI ALOHA DIALYSIS CENTER	HONOLULU	1520 LILIHA ST, 1ST FLOOR
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	HONOLULU	226 N KUAKINI STREET
Honolulu	End Stage Renal Disease Dialysis	DSI KAPAHULU DIALYSIS CENTER	HONOLULU	750 PALANI AVENUE
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	2226 LILIHA ST
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	3625 HARDING AVE
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	2230 LILIHA STREET, BASEMENT LEVEL
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS LLC	KAILUA	25 KANEOHE BAY DRIVE STE 230
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KANEOHE	45-480 KANEOHE BAY DR, #D-09
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KANEOHE	47-388 HUI IWA STREET 2ND FLOOR
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KAPOLEI	555 FARRINGTON HWY
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	WAHIAWA	850 KILANI AVENUE
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	WAIANAE	80-080 FARRINGTON HWY

Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	WAIPAHU	94-862 KAHUILANI ST
Honolulu	Federally Qualified Health Center	KALIHI PALAMA HEALTH CENTER	HONOLULU	915 NORTH KING ST
Honolulu	Federally Qualified Health Center	WAIKIKI HEALTH CENTER	HONOLULU	277 OHUA AVE
Honolulu	Federally Qualified Health Center	KOOLAULOA COMMUNITY HLTH AND WELLNESS CNTR	KAHUKU	56-119 PUALALEA ST
Honolulu	Federally Qualified Health Center	KOOLAULOA COMMUNITY HLTH AND WELLNESS CNTR	KAHUKU	56-490 KAMEHAMEHA HWY ROOM R-104
Honolulu	Federally Qualified Health Center	WAIANAE COAST COMP HLTH CNTR	WAIPAHU	94-428 MOKUOLA STREET #108B
Honolulu	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HONOLULU	615 PIIKOI ST SUITE 600
Honolulu	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HONOLULU	615 PIIKOI ST STE 601
Honolulu	Home Health Agency	CARE RESOURCE	HONOLULU	680 IWILEI ROAD, SUITE 660
Honolulu	Home Health Agency	CARE RESOURCE	HONOLULU	702 S BERETANIA ST, 3RD FL #A
Honolulu	Home Health Agency	INTERIM HEALTHCARE / OAHU	HONOLULU	1833 KALAKAUA AVENUE #107
Honolulu	Home Health Agency	KAISER PERMANENTE HOME HEALTH AGENCY	HONOLULU	2828 PA'A ST
Honolulu	Home Health Agency	KAPIOLANI HOME HEALTH SVS	HONOLULU	55 MERCHANT STREET, 24TH FLOOR
Honolulu	Home Health Agency	KOKUA NURSES	HONOLULU	1210 ARTESIAN ST #201
Honolulu	Home Health Agency	MALUHIA HOME HEALTH	HONOLULU	1027 HALA DR
Honolulu	Home Health Agency	OLSTEN HEALTHCARE	HONOLULU	900 FORT STREET MALL SUITE 1202
Honolulu	Home Health Agency	PRIME CARE SERVICES HAWAII	HONOLULU	3375 KOAPAKA I-570
Honolulu	Home Health Agency	STRAUB HOME HEALTH AGENCY	HONOLULU	888 S KING ST
Honolulu	Home Health Agency	CASTLE HOME CARE	KANEOHE	46-001 KAMEHAMEHA HIGHWAY #201
Honolulu	Hospice	ST FRANCIS HOSPICE	HONOLULU	24 PUIWA RD

Honolulu	Hospital	QUEEN'S MEDICAL CENTER WEST OAHU POCT, THE	EWA BEACH	91-2141 FORT WEAVER ROAD
Honolulu	Hospital	THE QUEEN'S MEDICAL CENTER WEST OAHU LAB	EWA BEACH	91-2135 FORT WEAVER RD
Honolulu	Hospital	THE QUEEN'S MEDICAL CENTER WEST OAHU PATHOLOGY	EWA BEACH	91-2135 FORT WEAVER ROAD
Honolulu	Hospital	CLINICAL LABS OF HAWAII-KAPIOLANI MCWC	HONOLULU	1319 PUNAHOU ST, BASEMENT
Honolulu	Hospital	DIAGNOSTIC LABORATORY SERVICES - QMC	HONOLULU	1301 PUNCHBOWL ST
Honolulu	Hospital	KAISER PERM MOANALUA MED CNTR REGIONAL LAB	HONOLULU	3288 MOANALUA RD
Honolulu	Hospital	KAISER PERMANENTE STAT LABORATORY	HONOLULU	3288 MOANALUA RD
Honolulu	Hospital	KUAKINI MEDICAL CENTER-CLINICAL LAB	HONOLULU	347 NORTH KUAKINI STREET
Honolulu	Hospital	LEAHI HOSPITAL CLINICAL LABORATORY	HONOLULU	3675 KILAUEA AVENUE
Honolulu	Hospital	POL STRAUB CLINIC & HOSPITAL	HONOLULU	888 S KING STREET
Honolulu	Hospital	QUEEN'S MEDICAL CENTER NUCLEAR MED DEPT	HONOLULU	1301 PUNCHBOWL ST
Honolulu	Hospital	QUEENS MEDICAL CENTER - PATHOLOGY	HONOLULU	1301 PUNCHBOWL STREET IOLANI 4TH FLOOR
Honolulu	Hospital	SELECT SPECIALTY HOSPITAL- HONOLULU INC	HONOLULU	1301 PUNCHBOWL STREET, 3RD FLOOR
Honolulu	Hospital	SHRINERS HOSPITAL FOR CHILDREN/ HONOLULU	HONOLULU	1310 PUNAHOU ST
Honolulu	Hospital	KAHUKU MEDICAL CENTER	KAHUKU	56-117 PUALALEA ST
Honolulu	Hospital	CASTLE MEDICAL CENTER	KAILUA	640 ULUKAHIKI ST
Honolulu	Hospital	HAWAII STATE HOSPITAL CLINICAL LAB	KANEOHE	45-710 KEAAHALA ROAD
Honolulu	Hospital	WAHIAWA GENERAL HOSPITAL	WAHIAWA	128 LEHUA
Honolulu	Intermediate Care Facility/Individuals with Intellectual Disabilities	ARC IN HAWAII, THE	HONOLULU	3989 DIAMOND HEAD RD

Honolulu	Intermediate Care Facility/Individuals with Intellectual Disabilities	WAIMANO TRAINING SCHOOL & HOSPITAL	PEARL CITY	2201 WAIMANO HOME RD
Honolulu	Intermediate Care Facility/Individuals with Intellectual Disabilities	OPPORTUNITIES AND RESOURCES INC	WAHIAWA	64-1510 KAMEHAMEHA HWY
Honolulu	Rural Health Clinic	KAPOLEI HEALTH CARE CENTER	KAPOLEI	599 FARRINGTON HWY STE 100
Honolulu	School/Student Health Service	HONOLULU COMMUNITY ACTION	HONOLULU	1109 MAUNAKEA ST, 2ND FLOOR
Honolulu	School/Student Health Service	KAMEHAMEHA SCHOOLS HALE OLA	HONOLULU	1887 MAKUAKANE STREET
Honolulu	School/Student Health Service	UNIVERSITY HEALTH SERVICES LAB	HONOLULU	1710 EAST WEST ROAD
Honolulu	School/Student Health Service	BYU - HAWAII HEALTH CTR	LAIE	55-220 KULANUI ST, BYU BOX 1728
Honolulu	School/Student Health Service	LEEWARD COMMUNITY COLLEGE	PEARL CITY	96-045 ALA IKE ST
Honolulu	School/Student Health Service	HAWAII JOB CORPS - WAIMANALO	WAIMANALO	41-467 HIHIMANU ST
Honolulu	Skilled Nursing/Nursing Facility	AIEA HEIGHTS SENIOR LIVING	AIEA	99-1657 AIEA HEIGHTS DR
Honolulu	Skilled Nursing/Nursing Facility	AIEA SRSP	AIEA	98-839 KAAMILO ST
Honolulu	Skilled Nursing/Nursing Facility	PEDIAHEALTH CORP KULANA MALAMA	EWA BEACH	91-1360 KARAYAN ST
Honolulu	Skilled Nursing/Nursing Facility	15 CRAIGSIDE	HONOLULU	15 CRAIGSIDE PLACE

Honolulu	Skilled Nursing/Nursing Facility	ARCADIA SKILLED NURSING FACILITY	HONOLULU	1434 PUNAHOU
Honolulu	Skilled Nursing/Nursing Facility	AVALON CARE CENTER HONOLULU LLC	HONOLULU	1930 KAM IV ROAD
Honolulu	Skilled Nursing/Nursing Facility	CARE CENTER OF HONOLULU, THE	HONOLULU	1900 BACHELOT STREET
Honolulu	Skilled Nursing/Nursing Facility	HALE HO ALOHA, SNF/ICF	HONOLULU	2670 PACIFIC HEIGHTS RD
Honolulu	Skilled Nursing/Nursing Facility	HALE MALAMALAMA	HONOLULU	6163 SUMMER ST
Honolulu	Skilled Nursing/Nursing Facility	HALE NANI REHABILITATION & NURSING CTR	HONOLULU	1677 PENSACOLA STREET
Honolulu	Skilled Nursing/Nursing Facility	HALE OLA KINO	HONOLULU	1314 KALAKAUA AVE 2ND FLOOR
Honolulu	Skilled Nursing/Nursing Facility	HAWAII KAI RETIREMENT	HONOLULU	428 KAWAIHAE ST
Honolulu	Skilled Nursing/Nursing Facility	HI'OLANI CARE CENTER AT KAHALA NUI	HONOLULU	4389 MALIA STREET
Honolulu	Skilled Nursing/Nursing Facility	ISLAND NURSING HOME	HONOLULU	1205 ALEXANDER ST
Honolulu	Skilled Nursing/Nursing Facility	LILIHA KUPUNA SNF LLC	HONOLULU	2230 LILIHA ST
Honolulu	Skilled Nursing/Nursing Facility	MALUHIA	HONOLULU	1027 HALA DRIVE

Honolulu	Skilled Nursing/Nursing Facility	MALUHIA LTC LABORATORY	HONOLULU	1027 HALA DR
Honolulu	Skilled Nursing/Nursing Facility	MAUNALANI NURSING & REHABILITATION CTR	HONOLULU	5113 MAUNALANI CIRCLE
Honolulu	Skilled Nursing/Nursing Facility	NUUANU HALE	HONOLULU	2900 PALI HIGHWAY
Honolulu	Skilled Nursing/Nursing Facility	OAHU CARE FACILITY	HONOLULU	1808 S BERETANIA ST
Honolulu	Skilled Nursing/Nursing Facility	PALOLO CHINESE HOME	HONOLULU	2459 10TH AVENUE
Honolulu	Skilled Nursing/Nursing Facility	ALOHA NURSING & REHAB CENTRE	KANEOHE	45-545 KAMEHAMEHA HWY
Honolulu	Skilled Nursing/Nursing Facility	ANN PEARL NURSING FACILITY	KANEOHE	45-181 WAIKALUA RD
Honolulu	Skilled Nursing/Nursing Facility	HARRY & JEANETTE WEINBERG CARE CNTR AT POHAI NANI	KANEOHE	45-090 NAMOKU STREET
Honolulu	Skilled Nursing/Nursing Facility	KANEOHE SRSP	KANEOHE	45-710 KEAAHALA RD
Honolulu	Skilled Nursing/Nursing Facility	KA PUNA WAI OLA	KAPOLEI	91-575 FARRINGTON HWY
Honolulu	Skilled Nursing/Nursing Facility	PEARL CITY NURSING HOME	PEARL CITY	919 LEHUA AVE
Honolulu	Skilled Nursing/Nursing Facility	PEARL CITY SRSP	PEARL CITY	1668 HO'OHULU ST

Honolulu	Skilled Nursing/Nursing Facility	PUUWAI O MAKAHA	WAIANAE	84-390 JADE
Kauai	Community Clinic	EAST KAUAI WALK-IN CLINIC	KAPAA	4800-D KAWAIHAU RD
Kauai	Community Clinic	KAUAI DISTRICT HEALTH OFFICE STD/AIDS PREV PRGM	KAPAA	3040 UMI STREET
Kauai	Community Clinic	CONSTANTE J FLORA, MD	LIHUE	4366 KUKUI GROVE ST #202
Kauai	Community Clinic	KAUAI CBOC	LIHUE	4485 PAHEE STREET #150
Kauai	Community Clinic	HOOLA LAHUI HAWAII WEST	WAIMEA	4643-B WAIMEA CANYON DR
Kauai	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	LIHUE	3224 ELUA ST
Kauai	End Stage Renal Disease Dialysis	ST FRANCIS MEDICAL CENTERS	LIHUE	3224 A ELUA STREET
Kauai	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	WAIMEA	4643A WAIMEA CANYON RD
Kauai	Federally Qualified Health Center	KAUAI COMMUNITY HLTH CNTR/ HO'OLA LAHUI HAWAII	KAPAA	4800 D KAWAIHAU ROAD
Kauai	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	LIHUE	3083 AKAHI ST SUITE 101
Kauai	Home Health Agency	HAWAII HEALTHCARE PROFESSIONALS	LIHUE	4370 KUKUI GROVE ST, #202
Kauai	Home Health Agency	INTERIM HEALTHCARE / KAUAI	LIHUE	4370 KUKAI GROVE STREET SUITE 202
Kauai	Home Health Agency	STAY AT HOME HEALTHCARE SERVICES LLC	LIHUE	3-3367 KUHIO HIGHWAY SUITE 1
Kauai	Hospital	MAHELONA MEDICAL CENTER	KAPAA	4800 KAWAIHAU RD
Kauai	Hospital	CLINICAL LABS OF HAWAII-WILCOX HOSP	LIHUE	3-3420 KUHIO HWY
Kauai	Hospital	KAUAI VETERANS MEMORIAL HOSPITAL	WAIMEA	4643 WAIMEA CANYON DRIVE
Kauai	School/Student Health Service	KAUAI COMMUNITY COLLEGE	LIHUE	3-1901 KAUMUALII HWY

Kauai	Skilled Nursing/Nursing Facility	HALE KUPUNA HERITAGE HOME	KOLOA	4297A OMAO RD
Kauai	Skilled Nursing/Nursing Facility	GARDEN ISLE HEALTHCARE, LLC	LIHUE	3-3420 KUHIO HWY, SUITE 300
Kauai	Skilled Nursing/Nursing Facility	KAUAI CARE CENTER	WAIMEA	9611 WAENA RD
Maui	Ambulatory Surgery Center	ALOHA SURGICAL CENTER, LP	KAHULUI	239 HOOHANA ST
Maui	Ambulatory Surgery Center	KAISER PERMANENTE WAILUKU MED OFFICE ASC	WAILUKU	80 MAHALANI ST
Maui	Community Clinic	HUI NO KE OLA PONO, INC	HANA	PO BOX 189, OLD HANA SCHOOL
Maui	Community Clinic	MAUI CBOC	KAHULUI	203 HO OHANA ST STE303
Maui	Community Clinic	PLANNED PARENTHOOD OF HAWAII	KAHULUI	140 HOOHANA ST, STE 303
Maui	Community Clinic	MOLOKAI GENERAL HOSPITAL RURAL HLTH CLINIC	KAUNAKAKAI	280 HOME OLU PLACE
Maui	Community Clinic	NA PUUWAI, INC	KAUNAKAKAI	604 MAUNA LOA HWY #C
Maui	Community Clinic	KE OLA HOU O LANAI /NA PUUWAI	LANAI CITY	730 LANAI AVE SUITE 122
Maui	Community Clinic	MALAMA I KE OLA HEALTH CENTER	WAILUKU	1881 NANI ST.
Maui	Community Clinic	MALAMA NA MAKUAHINE / IMUA REHAB	WAILUKU	1063 LOWER MAIN STREET #C212
Maui	Community Clinic	PACIFIC RENAL CARE FOUNDATION	WAILUKU	105 MAUI LANI PARKWAY #100
Maui	Community Clinic	WAILUKU HEALTH CENTER STD/AIDS PREVENTION PRGM	WAILUKU	121 MAHALANI ST STE 104
Maui	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	KAUNAKAKAI	28 KAMOI ST SUITE 400
Maui	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	LAHAINA	10 HOOHUI RD SUITE 100
Maui	End Stage Renal Disease Dialysis	RAINBOW DIALYSIS LAHAINA	LAHAINA	315 KEAWE ST SUITE 503

Maui	End Stage Renal Disease Dialysis	FMC-LANAI COMMUNITY DIALYSIS	LANAI CITY	628 7TH ST
Maui	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	WAILUKU	105 MAUI LANI PARKWAY
Maui	End Stage Renal Disease Dialysis	RAINBOW DIALYSIS WAILUKU	WAILUKU	80 MAHALANI ST STE 100
Maui	End Stage Renal Disease Dialysis	MAUI MEMORIAL MEDICAL CENTER DIALYSIS UNIT	WAILUKU	221 MAHALANI STREET
Maui	Federally Qualified Health Center	HANA COMMUNITY HEALTH CENTER	HANA	4590 HANA HWY
Maui	Federally Qualified Health Center	MOLOKAI OHANA HEALTH CARE INC	KAUNAKAKAI	30 OKI PLACE
Maui	Federally Qualified Health Center	LANAI COMMUNITY HEALTH CENTER	LANAI CITY	478 LAUHALA PL
Maui	Home Health Agency	INTERIM HEALTHCARE / MAUI	KIHEI	380 HUKU LII PLACE SUITE 102
Maui	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE	WAILUKU	2200 MAIN ST SUITE 650
Maui	Home Health Agency	HALE MAKUA HOME HEALTH CARE AGENCY	WAILUKU	1520 E MAIN ST
Maui	Home Health Agency	KAISER PERMANENTE HHA - MAUI	WAILUKU	55 MAUI LANI PARKWAY
Maui	Hospital	DIAGNOSTIC LABORATORY SERVICES - MOLOKAI	KAUNAKAKAI	280 HOMEOLU
Maui	Hospital	LANAI COMMUNITY HOSPITAL LAB	LANAI CITY	728 7TH STREET
Maui	Hospital	CLINICAL LABS OF HAWAII-MAUI MEM HOSP	WAILUKU	221 MAHALANI STREET
Maui	Hospital	MMMC DECENTRALIZED POCT	WAILUKU	221 MAHALANI ST
Maui	School/Student Health Service	MAUI COMMUNITY COLLEGE	KAHULUI	310 KAAHUMANU AVE
Maui	School/Student Health Service	UNIV OF HAWAII MAUI COLLEGE CAMPUS HEALTH CNTR	KAHULUI	310 KAAHUMANU AVE #202
Maui	School/Student Health Service	HAWAII JOB CORPS CENTER - MAUI	MAKAWAO	500 IKE DR
Maui	School/Student Health Service	KAMEHAMEHA SCHOOLS MAUI CAMPUS	MAKAWAO	270 'A'APUEO PARKWAY

Maui	Skilled Nursing/Nursing Facility	HALE MAKUA SNF ICF	KAHULUI	472 KAULANA STREET
Maui	Skilled Nursing/Nursing Facility	KULA HOSPITAL - NURSING	KULA	100 KEOKEA PL
Maui	Skilled Nursing/Nursing Facility	HALE MAKUA ICF	WAILUKU	1540 LOWER MAIN STREET

Additional Community Resources

To find more community resources, please visit the Aloha United Way 211 site: <http://www.auw211.org/>