

Kapi'olani Medical Center for Women & Children Community Health Improvement Plan

— October 2016 —

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1 Introduction

Kapi'olani Medical Center for Women & Children is pleased to share its Community Health Improvement Plan, which follows the development of the March 2016 Community Health Needs Assessment. In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this Plan was approved by the Board of Directors for Kapi'olani Medical Center for Women & Children on October 19, 2016.





2 Community Served by Kapi'olani Medical Center for Women and Children

Kapi'olani Medical Center for Women & Children serves the health needs of women and children living in the state of Hawai'i and the Pacific Basin.

In 2013, Hawai'i's population included 307,226 children under age 18 and 544,644 women over age 18.¹ Between 2010 and 2013, the population of children grew across all counties in Hawai'i except Maui County, while the population of women over age 18 in Hawai'i grew at a slower rate than the nation overall.² The share of the state's population under 18 (22.0%) was smaller than the U.S. overall (23.3%) as of 2013, despite the group's growth in size. 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.

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. 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. 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.¹

The overall income in Hawai'i is high compared to the nation. However, women in Hawai'i earned substantially less than men in the state at \$39,217, compared to \$46,929 in 2011-2013.³ 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. Among both women and children in Hawai'i, certain race/ethnic groups are more affected by poverty. Poverty rates are much higher among women and children identifying as Native Hawaiian, Other Pacific Islander, or Hispanic/Latino.⁴

Women in Hawai'i are well educated compared to the rest of the nation, as measured by proportions of female residents ages 25 and over with at least a high school degree or at least a Bachelor's degree.³

⁴ U.S. Census Bureau, American Community Survey, 2009-2013 Estimates





¹ U.S. Census Bureau, American Community Survey, 2013 Estimates

² U.S. Census Bureau, 2010 Census

³ U.S. Census Bureau, American Community Survey, 2011-2013 Estimates

Health Resources and Services Administration (HRSA), a federal agency of the U.S. Department of Health and Human Services, has designated the majority of the State of Hawai'i as being a Health Professional Shortage Area. Such designations indicate that many Hawai'i residents encounter provider shortages and/or economic, cultural, and linguistic barriers when trying to access primary, mental health, or oral health care services.





3 Community Benefit Planning Process

3.1 HAH Advisory Committee and Development of CHNA

Fifteen Hawai'i hospitals across the state, including Kapi'olani, jointly conducted a Community Health Needs Assessment (CHNA) to fulfill 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 led this collaboration to conduct state- and county-wide assessments. Following development of the joint state-wide CHNA, Kapi'olani further contracted with Healthy Communities Institute to conduct a needs assessment focused on the women and children of Hawai'i to better understand the needs of the population the hospital serves.

3.2 Areas of Need

The CHNA looked at health broadly and considered a wide array of health and quality of life data. These seven topic areas were identified as being the highest areas of need for women and children in Hawai'i.

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

3.3 Priorities

In January 2016, Kapi'olani's Community Benefit team came together to prioritize the significant community health needs of the State of 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 from stakeholder interviews

A Prioritization Matrix methodology was used to select the priority topic areas to be addressed in the hospital's Community Health Improvement 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 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 Health Services
- Diabetes





3.4 CHNA Areas of Need not Addressed

The following areas of need identified from the CHNA will not be addressed in this Community Health Improvement Plan.

Cancer Mental Health & Mental Disorders

Disabilities Older Adults & Aging

Immunizations & Infectious Diseases Oral Health

Environmental & Occupational Health Respiratory Diseases
Heart Disease & Stroke Substance Abuse

These needs were not selected because they are beyond Kapi'olani's current community benefit resources and/or areas of expertise.

It is expected that the priority areas that were selected will include activities that have impact on multiple topic areas where there is a need for services.





4 Community Health Improvement Strategy

Priority Area 1: Access to Health Services

Strategy 1.1: Provide and subsidize access to health services for medically-underserved communities and vulnerable populations

Activities	Hospital Resources	Partners
Medical Transport Services: Provide inter-hospital transport from neighbor islands to Oʻahu and to the mainland for critical neonatal and pediatric patients requiring access to specialty care not available in their areas.	Subsidize program costs Provide medical staff	Emergency Airlift Premiere Jets Airmed International Hawai'i Life Flight AMR
Breast and Cervical Cancer Control Program: Provide free breast and cervical cancer screening, including outreach, education, tracking, and follow-up to uninsured and under-insured women.	Subsidize program costs Provide medical staff	Department of Health
Hawai'i Community Genetics Program: Provide the only program in the state dedicated to caring for individuals affected by birth defects, developmental concerns and genetic conditions. Include monthly neighbor island outreach clinics and telemedicine services. Specialty clinics include: Hemoglobinopathy, Cleft and Craniofacial, Fetal Alcohol Spectrum Disorders, and Metabolic Genetics.	Subsidize program costs Provide medical staff	Kapiʻolani Medical Specialists Department of Health University of Hawaiʻi John A. Burns School of Medicine





Strategy 1.2: Support development of Hawai'i's health care workforce

Activities	Hospital Resources	Partners
Physician Medical Residencies and Medical Student Training	Provide teaching staff and training site	University of Hawai'i, John A. Burns School of Medicine
		Tripler Army Medical Center
		University Clinical, Education & Research Associates (UCERA)
Nursing Student Training	Provide teaching staff and training	University of Hawai'i School of Nursing
	site	Kapiʻolani Community College
		Hawai'i Pacific University
Allied Health Professionals Training	Provide teaching staff and training	University of Hawai'i Community Colleges
	site	Hawai'i Pacific University
		Hawai'i technical schools

Priority Area 2: Diabetes

Strategy 2.1: Prevent diabetes by reducing obesity and promoting healthy lifestyles

Activities	Hospital Resources	Partners
NEW Keiki : Expand implementation of this validated, family-based intensive lifestyle	Contribute program funding	YMCA of Honolulu
intervention for high BMI youth ages 7-18.	, and the second	Pali Momi Medical Center
Program conducted in partnership with the YMCA of Honolulu and HPH affiliated	Provide administrative	Wilcox Medical Center
hospitals. Enrollment efforts will target youth from high need geographies, and	staffing to coordinate across	Straub Medical Center
populations with health disparities.	partners and track program outcomes	
	program outcomes	





Strategy 2.2: Improve diabetes prevention and management among high-risk pregnant women

Activities	Hospital	Partners
	Resources	
Sweeter Choice Diabetes Intervention Program: This Kapi'olani-developed program provides comprehensive education, counseling and support for diabetes prevention and management to high-risk pregnant women. Kapi'olani will	Subsidize program Provide program administration Provide diabetes	Kokua Kalhi Valley Health Center Kalihi Palama Health Center
offer the program on-site at Federally Qualified Health Centers to make it available to community health center patients, many of whom are low-income and under- or uninsured.	education staff to conduct the program	



