2016 Community Health Needs Assessment

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COMMUNITY BENEFIT
CHNA REPORT FOR KAISER FOUNDATION HOSPITAL HONOLULU

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I. EXECUTIVE SUMMARY

A. Community Health Needs Assessment (CHNA) Background

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf).

While Kaiser Permanente has conducted CHNAs for many years to identify needs and resources in our communities and to guide our Community Benefit plans, these new requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhancing compliance and transparency and leveraging emerging technologies. The CHNA process undertaken in 2016 and described in this report was conducted in compliance with current federal requirements.

B. Summary of Prioritized Needs

This report provides an overview of the significant health needs in the Kaiser Foundation Hospital (KFH) Honolulu's service area. Through a prioritization process with Kaiser Permanente leadership that was informed by secondary data, key informant interviews, and a statewide ranking process, eleven identified health needs were prioritized into low, medium and high priority:

High priority

- **Exercise, Nutrition, Weight/Diabetes**: Honolulu County benchmarks poorly compared to the State on many contributing factors to overweight and diabetes, including fruit and vegetable consumption and access to grocery stores. Obesity prevalence and death rates due to diabetes are especially high among residents of Pacific Islander or Native Hawaiian descent.
- **Mental Health and Mental Disorders**: Honolulu County as a whole benchmarks well compared to the State on all mental health indicators but certain population subgroups benchmark poorly when compared to the County; residents of Native Hawaiian and Pacific Islander descent had a suicide death rate nearly three times higher than the overall population in Honolulu County in 2013.
- **Access to care:** While many residents have health insurance coverage in Honolulu County, there is a shortage of mental health and oral health care providers. There is a need for culturally competent care and more translation and interpretation services.

Medium priority

- **Cardiovascular Disease/Stroke:** High blood pressure and high cholesterol in Honolulu County fail to meet Healthy People 2020 targets; Native Hawaiians and Other Pacific Islanders have the highest death rates due to stroke and heart disease among County residents.
- **Substance Abuse, including Tobacco:** Honolulu County benchmarks well on substance abuse/tobacco core and related indicators, however, Native Hawaiian Pacific Islander populations benchmark poorly compared to the County on many of the substance abuse indicators, including drug-induced deaths and mothers who smoke during pregnancy.
- **Oral Health**: A greater percentage of the Honolulu County population lives in a dental health professional shortage area when compared to the State.

Low priority

- **Prevention and Safety, including Violence/Injury Prevention:** Honolulu County benchmarks well on all violence/injury prevention core indicators with the exception of robbery when

compared to the State. In 2011, Honolulu County had the highest rate of all Hawaii counties for hospitalizations due to injuries.

- **Maternal, Fetal and Infant Health:** Honolulu County benchmarks well compared to the State on all maternal and infant health core indicators. However, births to teen mothers of Native Hawaiian and Other Pacific Islander descent occurred at nearly five times the average County rate.
- **Respiratory Diseases, including Asthma:** Asthma prevalence in Honolulu County is very similar to the State, yet the death rate due to asthma among adults ages 35-64 in Honolulu County is significantly greater than the Healthy People 2020 target.
- **Cancers:** Honolulu County benchmarks poorly compared to the State on breast and lung cancer incidence and Native Hawaiian and Other Pacific Islander groups experience a breast, cervical and prostate cancer mortality rate four times higher than the County rate.
- **Immunizations & Infectious Diseases, including HIV/AIDS/STDs:** Honolulu County's influenza vaccination rates were low among adults ages 65 and older and younger adults. Honolulu County benchmarks poorly against the State for Chlamydia incidence and low condom usage rates.

C. Summary of Needs Assessment Methodology and Process

KFH Honolulu was a part of the Healthcare Association of Hawaii's (HAH) collaboration to conduct state- and county-wide assessments for its members. Fifteen hospitals across the State participated in the CHNA process. HAH contracted with Healthy Communities Institute (HCI) to conduct foundational community health needs assessments for HAH's member hospitals. Findings from the HCI report were incorporated into the KFH Honolulu CHNA.

Secondary data cited in the KFH Honolulu CHNA report comes from the Hawaii Health Matters and Kaiser Permanente (KP) CHNA data platforms, both data platforms that contain indicators that relate to a variety of potential health needs. For each indicator in the Hawaii Health Matters data platform, the online platform includes several ways to assess Honolulu County's status, including comparing to other Hawaii counties, all U.S. counties, the Hawaii State value, the U.S. value, trends over time, and Healthy People 2020 targets. Indicator scores were calculated by averaging all comparison scores and topic scores were calculated as an average of all relevant indicator scores. The KP CHNA data platform was used to supplement data from Hawaii Health Matters.

Key informant interviews with those having special knowledge of health needs, health disparities, and vulnerable populations provided information that enhanced understanding of the health needs in Honolulu County.

Once secondary and primary data were collected and analyzed, a prioritization process involving Kaiser Permanente leadership ranked the health needs. The prioritization process was informed by the secondary and primary data as well community stakeholder input. The next step in this process will be to develop an implementation strategy for addressing selected health needs, which will build on Kaiser Permanente's assets and resources, as well as evidence based strategies.

II. INTRODUCTION/BACKGROUND

A. About Kaiser Permanente

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of health care. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 10 million members in nine states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

B. About Kaiser Permanente Community Benefit

For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. These are the vital signs of healthy communities. Good health for the entire community, which we call Total Community Health, requires equity and social and economic well-being.

Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grantmaking to pair financial resources with medical research, physician expertise, and clinical practices. Historically, we've focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

C. Purpose of the Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, included new requirements for nonprofit hospitals in order to maintain their tax exempt status. The provision was the subject of final regulations providing guidance on the requirements of section 501(r) of the Internal Revenue Code. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) every three years (http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf). The required written IS plan is set forth in a separate written document. Both the CHNA Report and the IS for each Kaiser Foundation Hospital facility are available publicly at kp.org/chna.

D. Kaiser Permanente's Approach to Community Health Needs Assessment

Kaiser Permanente has conducted CHNAs for many years, often as part of long standing community collaboratives. The new federal CHNA requirements have provided an opportunity to revisit our needs assessment and strategic planning processes with an eye toward enhanced compliance and transparency and leveraging emerging technologies. Our intention is to develop and implement a transparent, rigorous, and whenever possible, collaborative approach to understanding the needs and assets in our communities. From data collection and analysis to the identification of prioritized needs and the development of an implementation strategy, the intent was to develop a rigorous process that would yield meaningful results.

Kaiser Permanente's innovative approach to CHNAs includes the development of a free, web-based CHNA data platform that is available to the public. The data platform provides access to a core set of approximately 150 publicly available indicators to understand health through a framework that includes social and economic factors; health behaviors; physical environment; clinical care; and health outcomes.

In addition to reviewing the secondary data available through the CHNA data platform, and in some cases other local sources, each KFH facility, individually or with a collaborative, collected primary data through key informant interviews, focus groups, and surveys. Primary data collection consisted of reaching out to local public health experts, community leaders, and residents to identify issues that most impacted the health of the community. The CHNA process also included an identification of existing community assets and resources to address the health needs.

Each hospital/collaborative developed a set of criteria to determine what constituted a health need in their community. Once all of the community health needs were identified, they were all prioritized, based on identified criteria. This process resulted in a complete list of prioritized community health needs. The process and the outcome of the CHNA are described in this report.

In conjunction with this report, KFH Honolulu will develop an implementation strategy for the priority health needs the hospital will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The Implementation Strategy will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the Implementation Strategy, once they are finalized, will be posted publicly on our website, www.kp.org/chna.

III. COMMUNITY SERVED

A. Kaiser Permanente's Definition of Community Served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. A hospital service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations.

B. Map and Description of Community Served

i. Map

ii. Geographic description of the community served (towns, counties, and/or zip codes)

Kaiser Foundation Hospital Honolulu is located at 3288 Moanalua Road Honolulu, HI 96819. Honolulu County is a city–county located in the U.S. State of Hawaii. The City and County include both the urban district of Honolulu (the State's capital) and the rest of the island of Oahu. The total island area is 600 square miles. Honolulu County has 71 zip codes.

iii. Demographic profile of community served

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 in the Demographic and Socio-economic data tables below are

sourced from the U.S. Census Bureau's American Community Survey 2010-2014 for Honolulu County, the KFH Honolulu service area.

Demographic Data	
Total Population	975, 690
White	21.51%
Black	2.48%
Asian	43.17%
Native American/ Alaskan Native	0.18%
Pacific Islander/ Native Hawaiian	9.38%
Some Other Race	0.94%
Multiple Races	22.34%
Hispanic/Latino	8.91%

Socio-economic Data	
Living in Poverty (<200% FPL)	23.3%
Children in Poverty	12.95%
Unemployed	4.1
Uninsured	5.62%
No High School Diploma	9.33%

The demographic data presented in the sections below are from the 2013 U.S. Census and may vary slightly from the data in the tables above.

Population

In 2013, Honolulu County had a population of 983,429. As measured by the decennial Census, the population density in the county is much higher than both Hawaii and the U.S. overall. Between 2010 and 2013, Honolulu County's population grew more quickly than the national average.

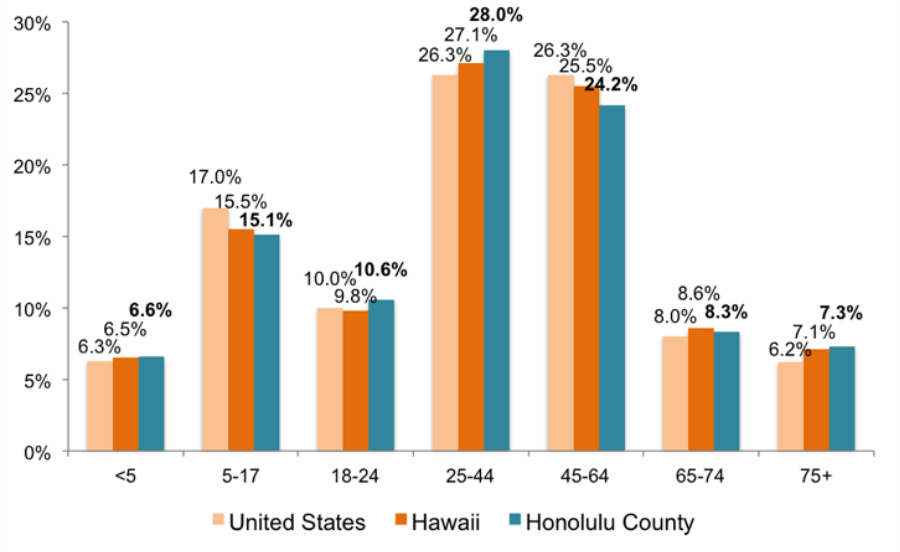
Table A: Population Density and Change

	U.S.	Hawaii	Honolulu County
Population, 2013	316,128,839	1,404,054	983,429
Pop. density, persons/sq mi, 2010*	87	212	1,587
Population change, 2010-2013	2.4%	3.2%	3.2%

Age

Honolulu County's population is slightly younger than the rest of the State and the country, with a median age of 37.0 in 2013, compared to 38.1 and 37.5, respectively. Children under 18 made up only 21.7% of the County's population (compared to 22.0% in the State and 23.3% in the U.S.), and adults over 65 made up 15.6% of the population (compared to 15.7% in Hawaii and 14.2% in the U.S.)

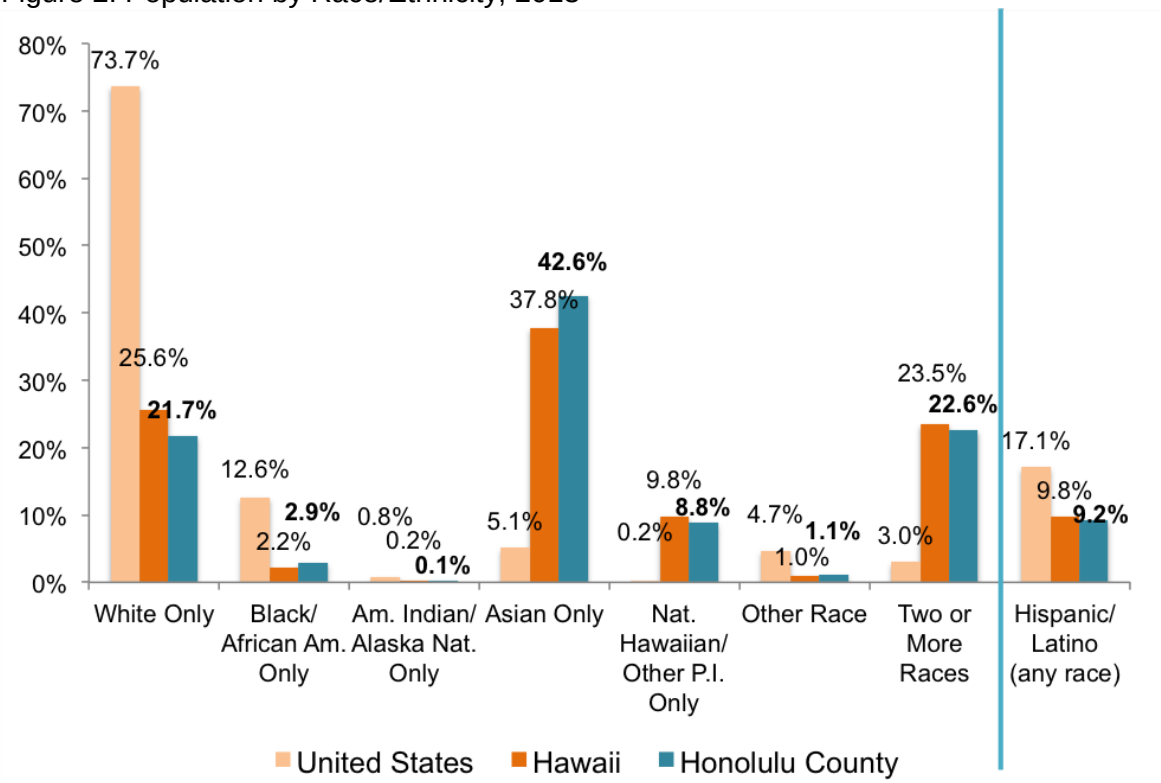
Figure 1: Population by Age, 2013



Racial/Ethnic Diversity

A higher percentage of the County's population is foreign-born compared to the State overall; the difference is even greater when comparing to the nation. In 2009-2013, 19.6% of Honolulu County was foreign-born, compared to 17.9% of the State and 12.9% of the U.S. In addition, more residents in the County speak a foreign language: in 2009-2013, 27.8% of Honolulu County's population aged 5 and older spoke a language other than English at home, compared to 25.4% of Hawaii residents and 20.7% of U.S. residents.

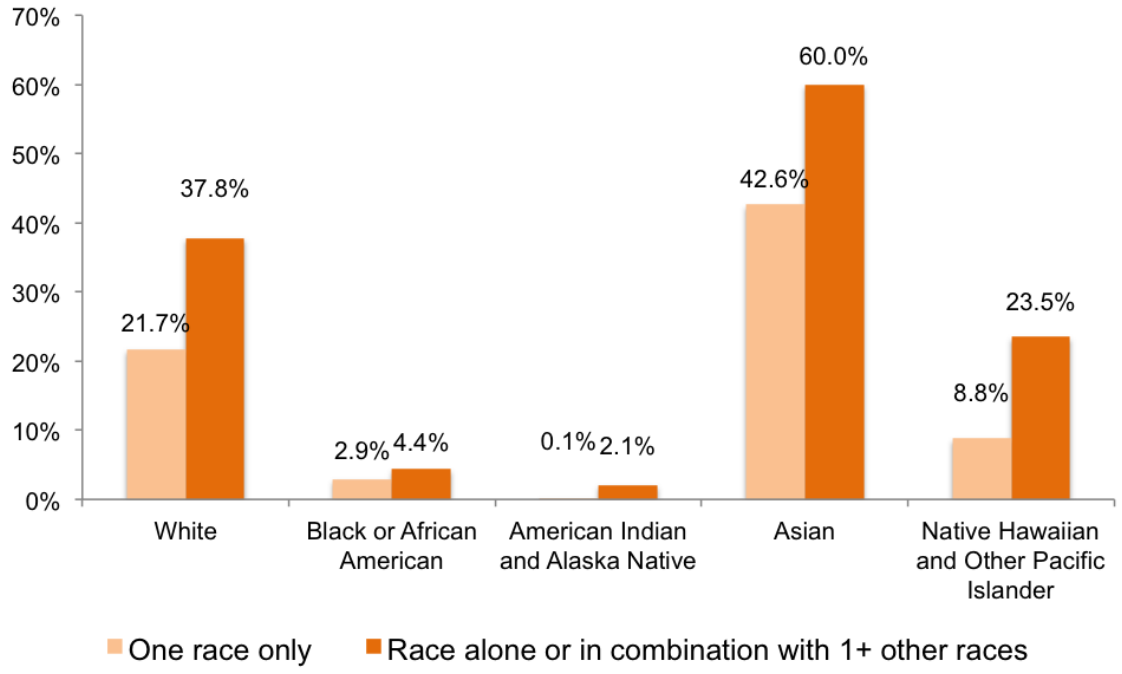
Figure 2: Population by Race/Ethnicity, 2013



The race/ethnicity breakdown of Honolulu County is significantly different from the rest of the country. In Figure 2, racial identity is displayed to the left of the line, while Hispanic/Latino ethnicity (of any race) is shown to the right. Only 21.7% of County residents identified as White only, compared to 25.6% of the State and 73.7% of the nation. Similar to Hawaii overall, Black/African American, Hispanic/Latino, and Other race/ethnicity groups are much smaller than in the rest of the U.S.

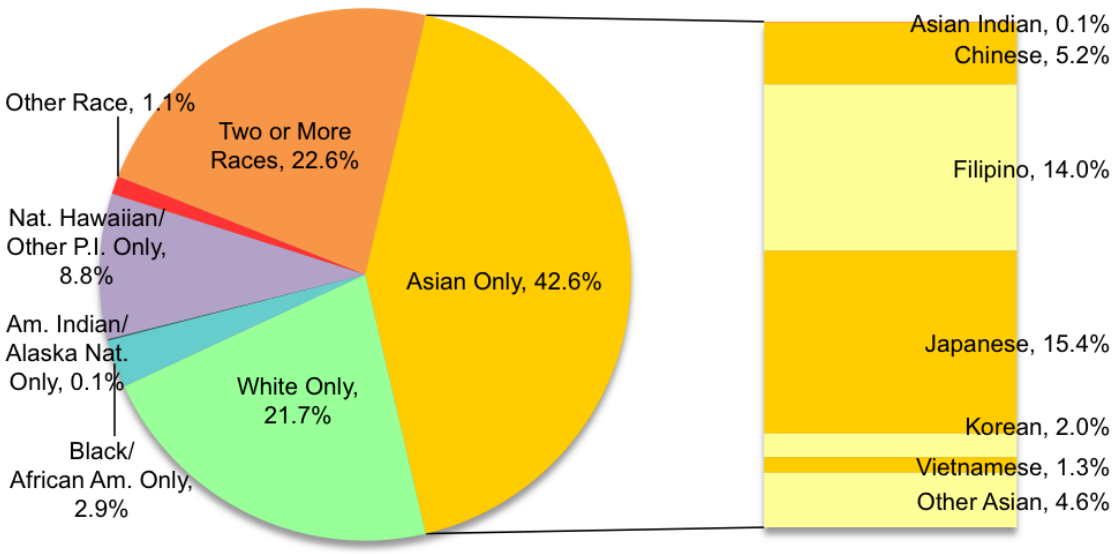
Almost one in four residents identifies as two or more races, a proportion similar to Hawaii overall but much higher than in the rest of the U.S. A closer examination of the multiracial population, in addition to the single-race populations, sheds more light on the diversity of the County. Within Honolulu County in 2013, 23.5% of the population identified as any part Native Hawaiian or Pacific Islander, 60.0% as any part Asian, and 37.8% as any part White.

Figure 3: Population by One Race Alone or in Combination with Other Races



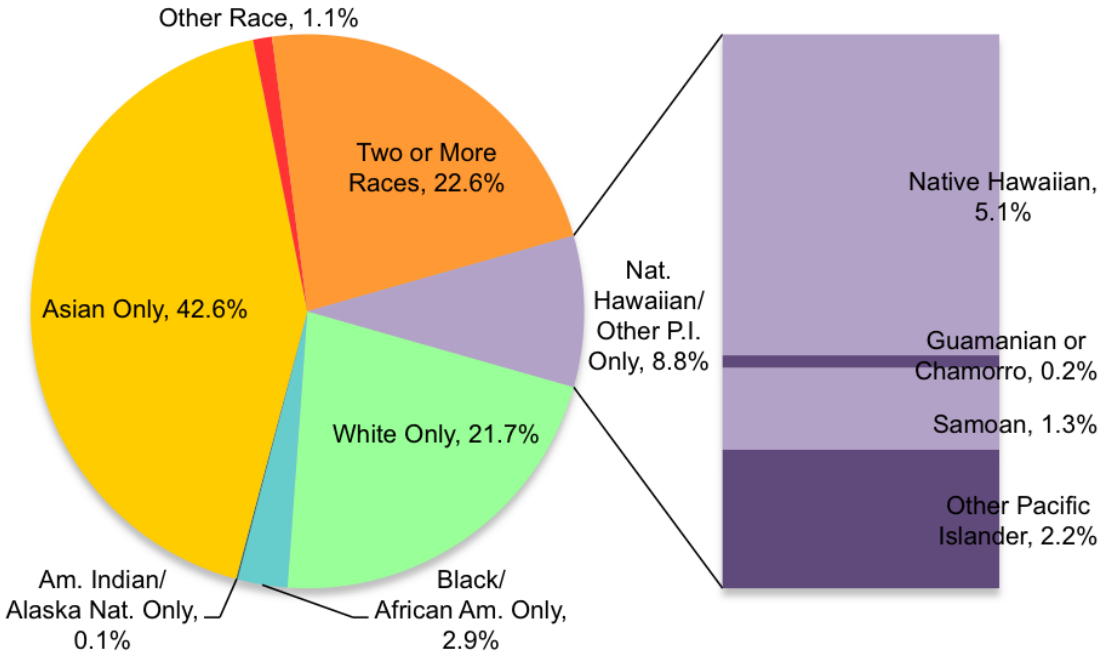
The largest single race group in Honolulu County is Asian, of which the majority comprises Japanese (15.4%), Filipino (14.0%), and Chinese (5.2%) populations (Figure 4)

Figure 4: Population by Race: Breakdown of Asian Population, 2013



Among the Native Hawaiian and Other Pacific Islander group, the majority identify as Native Hawaiian (Figure 5).

Figure 5: Population by Race: Breakdown of Native Hawaiian and Other Pacific Islander Population, 2013



<u>Key Drivers of Health</u>

Three indicators were determined to be the most powerful predictors of population health and facilitate identifying communities with the most significant health needs: poverty rate, percent of

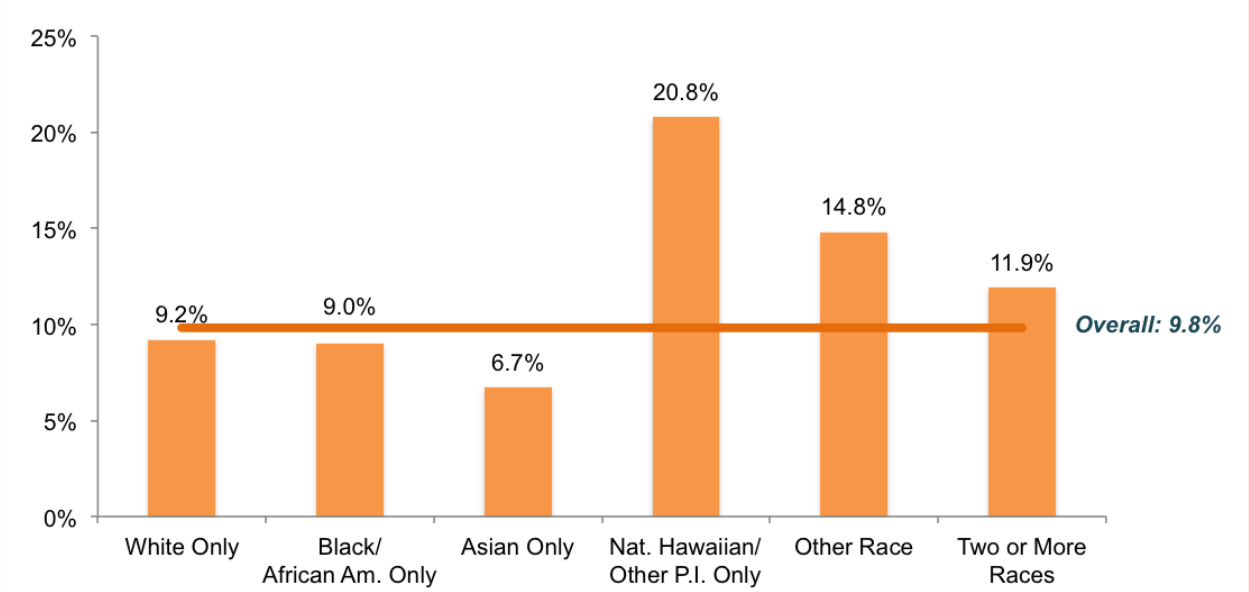
population uninsured, and proportion of adults without a high school diploma. Low-income, uninsured, and undereducated people have been found to be most at risk for poor health status. These key drivers are important to identifying areas likely to have the greatest health disparities.

Income/Poverty

The overall income in Honolulu County is high relative to both the State and nation. The County's median household income in 2009-2013 was $72,764, compared to $67,402 in the State and $53,046 in the nation. At $30,361, per capita income was also higher in Honolulu County than in Hawaii ($29,305) and the U.S. ($28,155) overall.

Certain race/ethnic groups are more affected by poverty, as seen in Figure 6, 9.8% of Honolulu County's population lived below poverty level in 2009-2013, a smaller proportion than in both Hawaii overall (11.2%) and in the U.S. (15.4%). 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 Honolulu County residents who struggle to provide for themselves, due to the high cost of living throughout the State of Hawaii. For instance, the 2013 median gross monthly rent was $905 in the U.S. but $1,414 in the State of Hawaii.

Figure 6: Persons Below Poverty Level by Race/Ethnicity, 2009-2013



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

Education

Honolulu County residents have higher levels of educational attainment than the rest of the nation. In 2009-2013, 90.3% of the County's residents aged 25 and older had at least a high school degree, compared to 90.4% in Hawaii and 86.0% in the U.S. In the same period, 32.1% of Honolulu County residents aged 25 and older had at least a bachelor's degree, compared to 30.1% in the State and 28.8% in the nation.

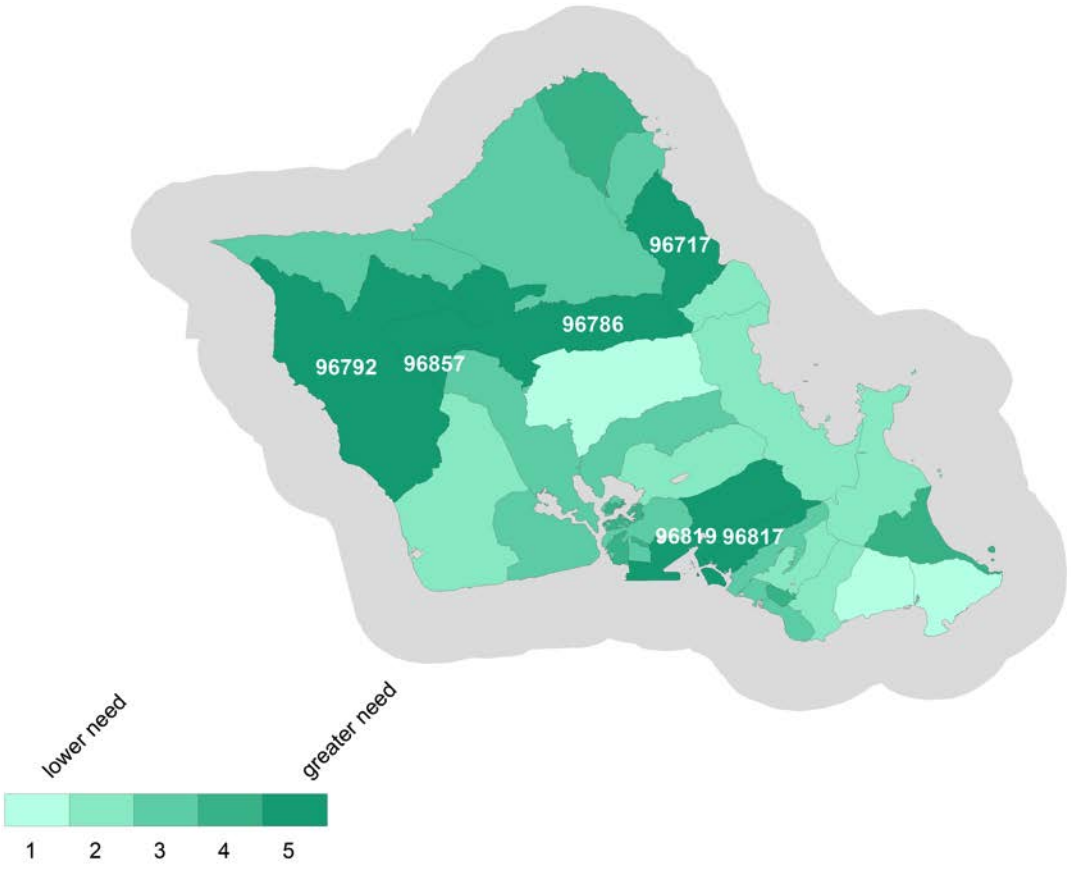
Uninsured

Honolulu County residents are less likely to be uninsured compared to residents in Hawaii and the rest of the nation. A smaller percent of the population in Honolulu are uninsured (5.9%) compared to Hawaii (7.05%) and the United States (14.87%).

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 Honolulu County, zip codes are ranked based on their index value to identify the relative level of need within the County, as illustrated by the map in Figure 7.

Figure 7: SocioNeeds Index® for Honolulu County



The zip codes with the highest levels of socioeconomic need are found on the Leeward Coast, on the Windward Coast, in Central Oahu, and in some parts of Honolulu, as seen in Figure 7. These areas are more likely to experience poor health outcomes.

IV. WHO WAS INVOLVED IN THE ASSESSMENT

A. Identity of hospitals that collaborated on the assessment

In 2013, Hawaii community hospitals and hospital systems joined efforts to fulfill the new requirements of the Affordable Care Act, with guidelines from the IRS. Three years later, the group came together to repeat this process, in accordance with the final IRS regulations issued December 31, 2014, and re-assess the needs of their communities. HAH led both of these collaborations to conduct state- and county-wide assessments for its members.

HAH is the unifying voice of Hawaii's healthcare providers and an authoritative and respected leader in shaping Hawaii's healthcare policy. Founded in 1939, HAH represents the State's hospitals, nursing facilities, home health agencies, hospices, durable medical equipment suppliers, and other healthcare providers who employ about 20,000 people in Hawaii. 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.

<u>Member Hospitals</u>

Fifteen Hawaii hospitals,[1] located across the State, participated in the CHNA project. The following hospitals are located in and serve Honolulu County:
Castle Medical Center
Kahi Mohala Behavioral Health
Kaiser Permanente Medical Center
Kapiolani Medical Center for Women & Children
Kuakini Medical Center
Pali Momi Medical Center
Rehabilitation Hospital of the Pacific
Shriners Hospitals for Children - Honolulu
Straub Clinic & Hospital
The Queen's Medical Center
The Queen's Medical Center – West Oahu
Wahiawa General Hospital

B. Other partner organizations that collaborated on the assessment

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

Kurt Akamine, Garden Isle Rehabilitation & Healthcare Center
Marc Alexander, Hawaii Community Foundation
Gino Amar, Kohala Hospital
Maile Ballesteros, Stay At Home Healthcare Services
Joy Barua, Kaiser Permanente Hawaii
Dan Brinkman, Hawaii Health System Corporation, East Hawaii Region
Rose Choy, Sutter Health Kahi Mohala Behavioral Health
Kathy Clark, Wilcox Memorial Hospital
R. Scott Daniels, State Department of Health
Thomas Driskill, Spark M. Matsunaga VA Medical Center
Tom Duran, CMS
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 Hawaii
Beth Giesting, State of Hawai, Office of the Governor
Kenneth Graham, North Hawaii Community Hospital
George Greene, Healthcare Association of Hawaii
Robert Hirokawa, Hawaii 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 Memorial Hospital

[1]Tripler 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.

Greg LaGoy, Hospice Maui, Inc.
Leonard Licina, Sutter Health Kahi Mohala Behavioral Health
Wesley Lo, Hawaii Health Systems Corporation, Maui Region
Lorraine Lunow-Luke, Hawaii Pacific Health
Sherry Menor-McNamara, Chamber of Commerce of Hawaii
Lori Miller, Kauai 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, State Health Planning and Development Agency
Michael Robinson, Hawaii Pacific Health
Linda Rosen, MD, Hawaii Health Systems Corporation
Nadine Smith, Ohana Pacific Management Company
Corinne Suzuka, CareResource Hawaii
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, Hawaii Primary Care Association
John White, Shriners Hospitals for Children – Honolulu
Rachael Wong, State Department of Human Services
Betty J. Wood, Department of Health
Barbara Yamashita, City and County of Honolulu, Department of Community Services
Ken Zeri, Hospice Hawaii

C. Identity and qualifications of consultants used to conduct the assessment

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. The Institute, now part of Midas+, a Xerox Company, also created the community health needs assessments for HAH member hospitals in 2013, to support hospitals in meeting the first cycle of IRS 990 CHNA reports.

The organization provides customizable, web-based information systems that offer a full range of tools and content to improve community health, and developed www.HawaiiHealthMatters.org in partnership with the Hawaii Department of Health. The organization is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals. To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

Storyline Consulting
Dedicated to serving and enhancing Hawaii's nonprofit and public sectors, Storyline Consulting assisted with collecting community input in the form of key informant interviews. Storyline is based in Hawaii 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.

Ad Lucem Consulting
KFH Honolulu contracted with Ad Lucem Consulting, a public health consulting firm, to develop the KFH Honolulu CHNA integrating the report developed by HCI. Ad Lucem Consulting specializes in initiative design, strategic planning, grants management and program evaluation, tailoring methods and strategies to each project and adapting to client needs and priorities, positioning clients for success. Ad Lucem Consulting works in close collaboration with clients, synthesizing complex information into easy-to-understand, usable formats, bringing a hands-on, down to earth approach to each project. Ad Lucem Consulting supports clients through a variety of services that can be applied to a range of issues.

Ad Lucem Consulting has developed CHNA reports and Implementation Plans including synthesis of secondary and primary data, needs prioritization, and identification of assets and implementation strategies.

To learn more about Ad Lucem Consulting please visit www.adlucemconsulting.com.

V. PROCESS AND METHODS USED TO CONDUCT THE CHNA

A. Secondary data

i. Sources and dates of secondary data used in the assessment

Hawaii Health Matters
KFH Honolulu used Hawaii Health Matters,[2] a publicly available data platform that is maintained by the Hawaii Department of Health, the Hawaii Health Data Warehouse, and Healthy Communities Institute. As of March 31, 2015, when the data were queried, there were 336 health and health-related indicators on the Hawaii Health Matters dashboard for which the analysis outlined below could be conducted. For details on specific sources of data used, please see Appendix A. For a comprehensive list of the indicators that comprise each health topic see Appendix B.

Kaiser Permanente CHNA Data Platform
KFH Honolulu also used the KP CHNA data platform (www.chna.org/kp) to review over 150 indicators from publically available data sources. Data on gender and race/ethnicity breakdowns were analyzed when available. For details on specific sources and dates of the data used, please see Appendix C.

Preventable Hospitalization Rates
Indicators of preventable hospitalization rates were provided by Hawaii Health Information Corporation (HHIC). These Prevention Quality Indicators (PQI),[3] defined by the Agency for Healthcare Research and Quality (AHRQ) to assess the quality of outpatient care, were included in secondary data scoring. Unadjusted rates of admission due to any mental health condition are also presented as an assessment of the relative utilization of services among subpopulations due to mental health conditions.

Shortage Area Maps
Access to care findings were informed by maps illustrating the following types of federally-designated shortage areas and medically underserved populations:[4]

- Mental health professional shortage areas

[2] http://www.hawaiihealthmatters.org
[3] For more about PQIs, see http://qualityindicators.ahrq.gov/Modules/pqi_resources.aspx
[4] 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.

- Dental health professional shortage populations

External Data Reports
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.

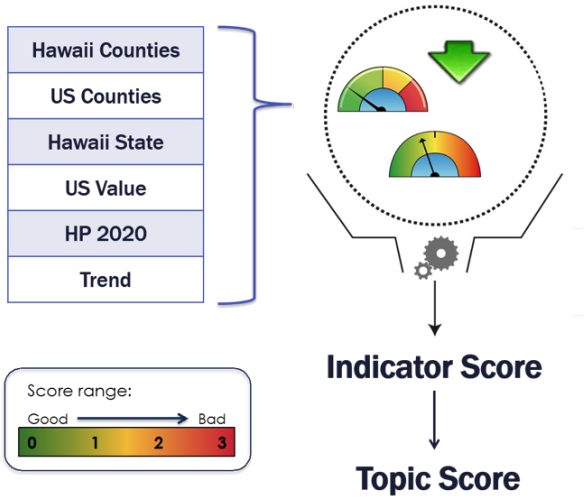
ii. Methodology for collection, interpretation and analysis of secondary data

Hawaii Health Matters
All quantitative data used for this needs assessment are secondary data, or data that have previously been collected. For each indicator, the online platform includes several ways (or comparisons) by which to assess Honolulu County's status, including comparing to other Hawaii counties, all U.S. counties, the Hawaii State value, the U.S. value, the trend over time, and Healthy People 2020 targets.

For this analysis, we have summarized the many types of comparisons with a secondary data score for each indicator. The indicator scores are then averaged for broader health topics. The score ranges from 0 to 3, with 0 meaning the best possible score and 3 the worst possible score, and summarizes how Honolulu County compares to the other counties in Hawaii and in the U.S., the State value and the U.S. value, Healthy People 2020 targets, and the trend over the four most recent time periods of measure.

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

Figure 8: Secondary Data Methods



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. The health needs disparity by race/ethnicity was quantified by calculating the Index of Disparity[5] 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

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

population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity.

Kaiser Permanente CHNA data platform

In addition to Hawaii Health Matters, Kaiser Permanente's CHNA data platform was utilized to identify health needs that benchmarked poorly to the State or nation and to identify disparities among certain racial/ethnic groups. Kaiser Permanente's National Program Office identified 14 major health needs in the KP CHNA data platform. For each need, the data platform includes core and related indicators. Core indicators are a direct measure of the health need. Related indicators are upstream "drivers" that influence the potential health need. For example, in the Obesity/HEAL/Diabetes health need, overweight and obesity are core indicators and fruit and vegetable consumption and physical inactivity are related indicators.

Using a scoring rubric developed by Kaiser Permanente, core and related indicators were assigned a score of 0-2 depending on how the indicator benchmarked to the State average, with 0 meaning benchmarks favorably and 2 meaning benchmarks poorly. A potential health need score was then calculated as the average of all point values assigned to both core and related indicators within the health need. The 14 potential health needs were ranked according to health need score.

Race and ethnicity data were reviewed for all health needs and indicators (when available). The number of groups experiencing disparities for each indicator was noted in the secondary data review process.

Identifying health needs

To identify the greatest health needs for Honolulu County, the scoring rubric based on the Hawaii Health Matters platform was used, as shown in Figure 8. To develop the secondary data score by health need, the Hawaii Health Matters data platform was used because it includes local data sources which were unavailable in the KP CHNA data platform. The local data sets often provided a more robust picture of the health needs in Honolulu County. Data for each health need were reviewed in both the KP CHNA and Hawaii Health Matters data platforms. Data from the KP CHNA data platform were incorporated into the health need profiles when the data provided additional insight.

B. Community input

i. Description of the community input process

Community input was provided by a broad range of community members through the use of key informant interviews. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. For a complete list of individuals who provided input, see Appendix E. In addition, a set of key stakeholders representing health care and public health programs was engaged in validating the health needs prioritized by the Kaiser Permanente leadership. (See Appendix F.)

ii. Methodology for collection and interpretation

The qualitative data used in this assessment consist 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, and were nominated and selected by the HAH Advisory

Committee in September 2014. Sixteen key informants were interviewed 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.

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 G for a list of interview questions.

C. Written comments

Kaiser Permanente provided the public an opportunity to submit written comments on the facility's previous CHNA Report through *CHNA-communications@kp.org.* This website will continue to allow for written community input on the facility's most recently conducted CHNA Report.

As of the time of this CHNA report development, KFH Honolulu had not received written comments about previous CHNA Reports. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Facility staff.

D. Data limitations and information gaps

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 the scope and depth of quantitative data indicators and qualitative findings varies. 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.

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 Hawaii 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.

The Kaiser Permanente CHNA data platform includes approximately 150 secondary indicators that provide timely, comprehensive data to identify the broad health needs faced by a community. However, there are some limitations with regard to these data, as is true with any secondary data. Some data were only available at a county level, making an assessment of health needs at a

[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).

neighborhood level challenging. Furthermore, disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health within the community. Lastly, data are not always collected on a yearly basis, meaning that some data are several years old.

VI. IDENTIFICATION AND PRIORITIZATION OF COMMUNITY'S HEALTH NEEDS

A. Identifying community health needs

i. Definition of "health need"

For the purposes of the CHNA, Kaiser Permanente defines a "health need" as a health outcome and/or the related conditions that contribute to a defined health need. Health needs are identified by the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data.

ii. Criteria and analytical methods used to identify the community health needs

The following criteria were used to identify the community health needs for the KFH Honolulu service area:

- The health need fits the Kaiser Permanente definition of a "health need" as described above.
- Health topic (from the HCI report) aligns with the health need categories identified by Kaiser Permanente (e.g. Respiratory Diseases, includes Asthma).
- Health needs were limited to health topics that received a score in the HCI analysis.
- Indicator(s) related to the health need performed poorly against a defined benchmark (e.g. state average, U.S. average).
- The community identified and prioritized the health need as a concern for the community and vulnerable and underserved populations during the stakeholder interviews.

The following methods were used to identify the community health needs for the KFH Honolulu service area:

- The HCI report included a list of 23 health topics. Health topics that did not meet Kaiser Permanente's definition of a health need (e.g. Teen and Adolescent Health) are not included in this report. Additionally, some health topics were combined to reflect the health need categories identified in the KP CHNA data platform. For example, Exercise, Nutrition and Weight was listed as a separate health topic from Diabetes in the HCI list of health topics. Because the KP CHNA data platform combined the health needs into HEAL/Obesity/Diabetes, they are combined in this report. Additionally, some of the health needs are more broadly defined in the HCI report. For example, the HCI report includes Respiratory Diseases as a health topic whereas; the KP CHNA data platform includes Asthma as a health need. When the health topics from the HCI report are different from the KP CHNA data platform health need, the HCI topic is used and the KP CHNA data platform health need category is added (e.g. Respiratory diseases, including Asthma).

Eleven health needs met the above criteria:

- Exercise, Nutrition and Weight/Diabetes
- Mental Health and Mental Disorders
- Access to Care
- Cardiovascular Disease and Stroke
- Substance Abuse, including Tobacco
- Oral Health
- Prevention and Safety, including Violence/Injury Prevention
- Maternal, Infant and Fetal Health
- Respiratory Diseases, including Asthma
- Cancers
- Immunizations and Infectious Diseases, including HIV/AIDS/STDs

The frequency with which a health topic was mentioned in both primary and secondary data was also considered. Figure 9 shows where there is strong evidence of need in qualitative data collected in the stakeholder interviews (in the upper half or the graph); in quantitative data (towards the right side of the graph); or in both qualitative and quantitative data (in the upper right quadrant). Similarly, Figure 10 shows where there is strong evidence of need in qualitative data, quantitative data or both. Figures 9 and 10 are taken from the HCI report and include health topics that do not meet Kaiser Permanente's definition of a health need.

Figure 9: Strength of Evidence of Need

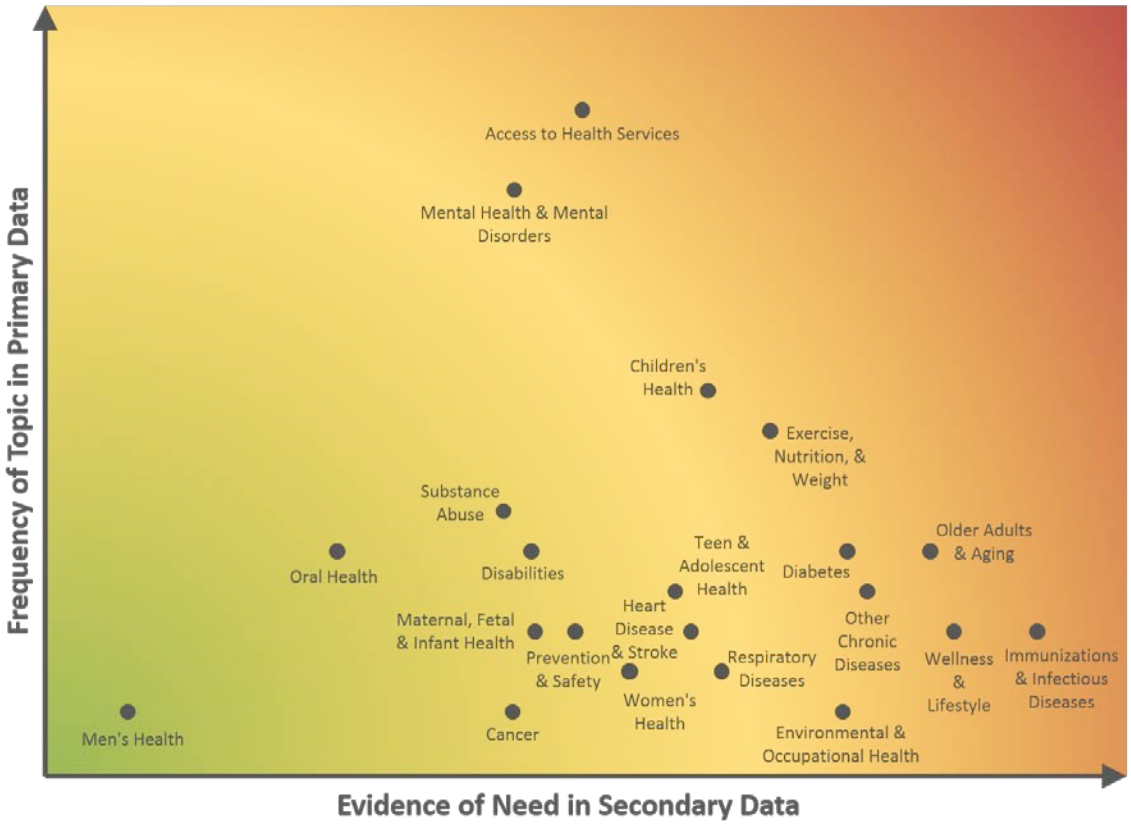
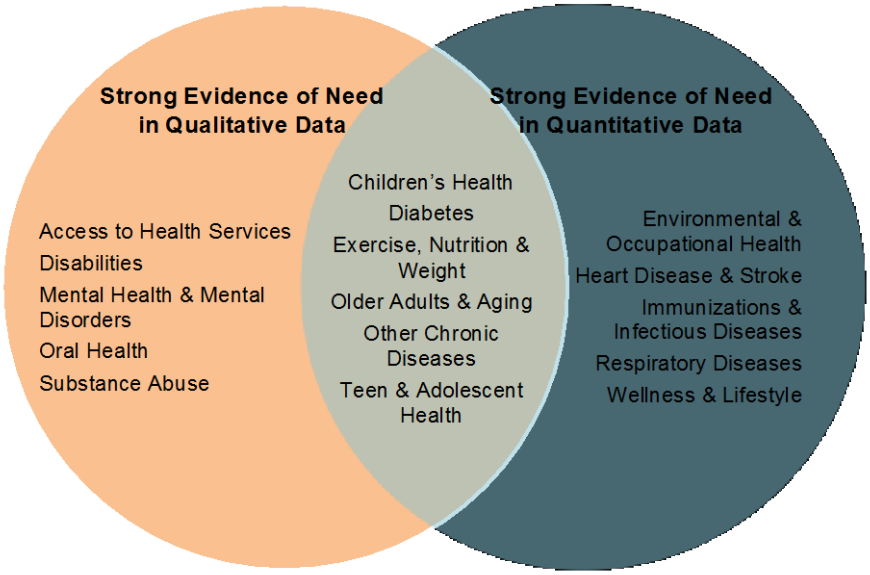


Figure 10: Strength of Evidence of Need



In qualitative data, topic areas demonstrating "strong evidence of need" were those discussed in at least three 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.

The areas for which there was strong evidence of need across both data types include Diabetes and Exercise, Nutrition & Weight. Access to Health Services and Mental Health were frequently mentioned by key informants, despite the moderate evidence of need in quantitative data. The high priority given these health needs through the community input process informed the prioritization of these health needs. Other topics that came up frequently in qualitative data but not quantitative data include Oral Health and Substance Abuse. Several of the areas that scored high in secondary data did not appear frequently in the primary data, including Heart Disease & Stroke, Immunizations & Infectious Diseases, and Respiratory Diseases.

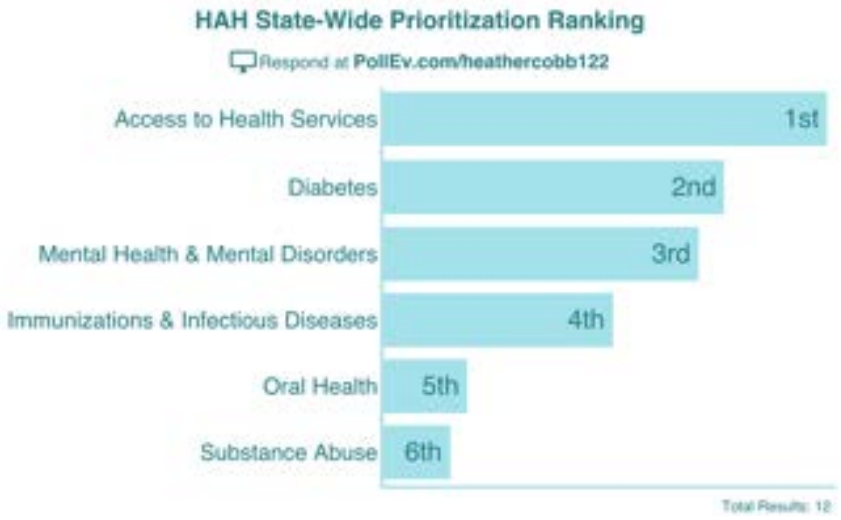
B. Process and criteria used for prioritization of the health needs

A multi-voting method was used to prioritize the eleven identified health needs as high, medium or low priorities. The prioritization process was informed by the secondary data health need scores for Honolulu County (Table B), data from the KP data platform, information from the community input process, and HAH's statewide ranking (Figure 11). With the exception of Exercise, Nutrition, Weight/Diabetes all health needs scores were taken directly from the HCI report. Because Exercise, Nutrition, Weight and Diabetes were listed as separate health needs with different health need scores, the scores for both needs were averaged to get a combined score, which is reflected in Table B.

Table B: Preliminary Health Needs

Health Needs	Secondary Data Score
Immunizations & Infectious Diseases	1.70
Exercise, Nutrition, Weight/Diabetes	1.49
Respiratory Diseases	1.41
Heart Disease & Stroke	1.38
Prevention & Safety	1.27
Access to Health Services	1.26
Maternal, Fetal & Infant Health	1.23
Mental Health & Mental Disorders	1.21
Cancer	1.21
Substance Abuse	1.20
Oral Health	1.05

Figure 11: HAH Statewide Prioritization Ranking



Kaiser Permanente leadership participating in the health need prioritization were asked to consider the following additional criteria when prioritizing health needs:

- Severity of the issue
- Opportunity to intervene at the prevention level
- Existing resources dedicated to the issue
- Effective and feasible interventions exist

Participants in the prioritization process included: Associate Medical Director, Sales, Marketing, Service Delivery, Planning, and Community Benefit; Associate Medical Director, Primary Care Operations & Innovations; Internist; Vice President & Regional Counsel; Hospital Administrator; Vice President, Clinical Operations, Contracting, and Community Benefit; Strategic Programs Manager; and Director, Community Benefit & Health Policy.

Participants took part in two rounds of voting to prioritize the eleven health needs. For the first round, participants voted for their top three priority health needs. The three needs that received the most votes were identified as high priority health needs. The same voting process was used for

round two: participants voted for their top three priority health needs among the remaining eight health needs. The three health needs that received the most votes were identified as medium priority health needs. The remaining five needs were identified as low priority health needs.

In addition to Kaiser Permanente leadership, community stakeholders were invited to provide input on the priority health needs. Community stakeholders included: Pediatrician and Director of Hawaii Initiative for Childhood Obesity Research; Coordinator, Hawaii Child Nutrition Program; and the Chief Executive Officer, Hawaii Primary Care Association. (See Appendix F) In general, the community stakeholders agreed with the rankings. There was some feeling that Maternal, Fetal and Infant Health, Oral Health and Substance Abuse Including Tobacco were also high priorities.

C. Prioritized description of community health needs identified through the CHNA

As a result of this prioritization process, the health needs were grouped into high, medium, and low priority. (Detailed profiles of each health need are found in Appendix H)

High priority

- **Exercise, Nutrition, Weight/Diabetes**: A lifestyle that includes healthy eating and physical activity improves overall health, mental health, and cardiovascular health, thus reducing costly and life-threatening health outcomes such as obesity, diabetes, cardiovascular disease, and strokes. Honolulu County benchmarks poorly compared to the State on many contributing factors to diabetes, including fruit and vegetable consumption and number of grocery stores. Obesity prevalence and death rates due to diabetes are especially high among residents of Pacific Islander or Native Hawaiian descent. Multiple key informants identified Native Hawaiians and Pacific Islanders as disproportionately impacted by diabetes and other preventable chronic diseases.
- **Mental Health and Mental Disorders**: Mental health and well-being is essential to living a meaningful and productive life. Mental health and well-being provides people with the necessary skills to cope with and move on from daily stressors and life's difficulties allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. Honolulu County as a whole benchmarks well compared to the State on all mental health indicators. Certain population subgroups benchmark poorly when compared to the County as a whole: residents of Native Hawaiian and Pacific Islander descent had a suicide death rate nearly three times higher than the overall population in Honolulu County in 2013. Key informants identified a lack of psychiatric care and preventive services and inadequate integration of mental health into overall health care as key issues that need to be addressed.
- **Access to care:** Access to high quality, culturally competent, affordable healthcare and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. While many residents have health insurance coverage in Honolulu County, there is a shortage of mental health and oral health care providers, especially those who accept Medicaid. Native Hawaiian and Pacific Islanders are less likely to have health insurance. Key informants identified the need for more culturally competent care, as well as the need for more translation and interpretation services.

Medium priority

- **Cardiovascular Disease/Stroke:** In the United States, cardiovascular disease is the leading cause of death and strokes are the third leading cause of death. These diseases can be prevented and managed through early adoption of preventive measures and a lifestyle that includes physical activity, not smoking, and healthy eating. Honolulu benchmarks well compared to the State on Cardiovascular Disease and Stroke core and related indicators, although high blood pressure and high cholesterol in Honolulu County fail to meet Healthy People 2020

targets. Native Hawaiians and Other Pacific Islanders have the highest death rates due to stroke and heart disease.

- **Substance Abuse, including Tobacco:** Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Tobacco use is the most preventable cause of death, with second hand smoke exposure putting people around smokers at risk for the same respiratory diseases as smokers. Honolulu County benchmarks well on substance abuse/tobacco core and related indicators, however, Native Hawaiian Pacific Islander populations benchmark poorly compared to the County on many of the substance abuse indicators, including drug-induced deaths and mothers who smoke during pregnancy.
- **Oral Health**: Oral health contributes to a person's overall well-being and self-esteem. Oral diseases contribute to the high costs of care and cause pain and disability for those who do not have access to proper oral health services. Although Honolulu County benchmarks well compared to the State on most oral health indicators, a greater percentage of the population lives in a dental health professional shortage area when compared to the State. Key informants suggested that access to oral health services in Honolulu County could be improved, particularly in rural communities.

Low priority

- **Prevention and Safety, including Violence/Injury Prevention:** Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries. Honolulu County benchmarks well on all violence/injury prevention core indicators with the exception of robbery where Honolulu benchmarks poorly compared to the State. In 2011, Honolulu County had the highest rate of all counties in Hawaii for hospitalizations due to injuries. The rate of mortality due to injury is highest among the Native Hawaiian and Other Pacific Islander group.
- **Maternal, Fetal and Infant Health:** Maternal and infant health is important for the health of future generations. Proper pre- and perinatal care improves health outcomes for both the mom and the baby. Honolulu County benchmarks well compared to the State on all maternal and infant health core indicators. Non-Hispanic Blacks are disproportionately impacted by low birth weight when compared to the County. While the overall teen birth rate in Honolulu County in 2013 was lower than the national average, births to teen mothers of Native Hawaiian and Other Pacific Islander descent occurred at nearly five times the average County rate.
- **Respiratory Diseases, including Asthma:** Prevention and management of asthma by reducing exposures to triggers and other risk factors that increase the severity of asthma, such as tobacco smoke and poor air quality, improves quality of life and productivity as well as reduces the cost of care. Asthma prevalence in Honolulu County is very similar to the State. The death rate due to asthma among adults ages 35-64 in Honolulu County is significantly greater than the Healthy People 2020 target. Death rates due to asthma and COPD are higher among those of Native Hawaiian and Other Pacific Islander descent.
- **Cancers:** Screening and early treatment of cancers saves and prolongs lives. Reducing behavioral risk factors (e.g., obesity, physical inactivity, smoking, and UV light exposure) can contribute to reducing the incidence of cancer. Honolulu County benchmarks poorly compared to the State on breast and lung cancer incidence. Whites and Native American/Alaska Natives are disproportionately impacted by breast, prostate and lung cancers when compared to the rest of the County. The Native Hawaiian and Other Pacific Islander group experiences the highest mortality from breast, cervical and prostate cancers, with rates around four times higher than the County rate.
- **Immunizations & Infectious Diseases, including HIV/AIDS/STDs:** Preventing or reducing the transmission of HIV/AIDS and STDs leads to healthier, longer lives. HIV/AIDS/STDs are costly to treat and have long-term health consequences, especially on reproductive health. Honolulu County benchmarks poorly against the State for incidence of Chlamydia and low condom usage

rates may contribute. Among adolescent males in public school grades 9-12 who had sex in the past month, only 51.3% (vs. 65.8% nationally) used a condom; among females, the value is even lower: 42.3% (vs. 53.1% nationally). Influenza vaccination rates were low among adults ages 65 and older and younger adults.

D. Community resources potentially available to respond to the identified health needs

i. See Appendix I.

VII. KFH HONOLULU 2013 IMPLEMENTATION STRATEGY EVALUATION OF IMPACT

A. Purpose of 2013 Implementation Strategy Evaluation of Impact

KFH Honolulu's 2013 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2013 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH Honolulu's Strategy Report, including the health needs identified in the facility's 2013 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit http://share.kaiserpermanente.org/wp-content/uploads/2013/10/IS-Report-Honolulu.pdf. For reference, the list below includes the 2013 CHNA health needs that were prioritized to be addressed by KFH Honolulu in the 2013 Implementation Strategy Report.

1. Equitable Access to Health Services
2. Exercise, Nutrition, Weight and Diabetes

KFH Honolulu is monitoring and evaluating progress to date on their 2013 Implementation Strategies for the purpose of tracking the implementation of those strategies as well as to document the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and KFH in-kind resources. In addition, KFH Honolulu tracks outcomes, including behavior and health outcomes, as appropriate and where available.

As of the documentation of this CHNA Report in March 2016, KFH Honolulu had evaluation of impact information on activities from 2014 and 2015. While not reflected in this report, KFH Honolulu will continue to monitor impact for strategies implemented in 2016.

To further inform the 2013 Implementation Strategy Evaluation of Impact, Ad Lucem Consulting conducted telephone interviews with four community health leaders to explore the impact of Kaiser Permanente community benefit activities and the added value Kaiser Permanente brings as a funder/partner. (See Appendix J.) Interviewees discussed the following benefits:

- Expansion of services due to Kaiser Permanente grants and mentoring
- Relationship facilitation
- Strategic connections to community partners to advance big picture goals
- Infusion of resources where needs are highest
- Creating increased awareness of health priorities among leaders and community members

B. 2013 Implementation Strategy Evaluation Of Impact Overview

In the 2013 IS process, all KFH hospital facilities planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations, such as grantmaking, in-kind resources, collaborations and partnerships, as well as several internal KFH programs including, charitable health coverage programs, future health professional training programs, and research. Based on years 2014 and 2015, an overall summary of these strategies is below, followed by tables highlighting a subset of activities used to address each prioritized health need.

- **KFH Programs:** From 2014-2015, KFH supported several health care and coverage, workforce training, and research programs to increase access to appropriate and effective health care services and address a wide range of specific community health needs, particularly impacting vulnerable populations. These programs included:

    - Medicaid: Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.

    - Medical Financial Assistance: The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.

    - Charitable Health Coverage: Charitable Health Coverage (CHC) programs provide health care coverage to low-income individuals and families who have no access to public or private health coverage programs.

    - Workforce Training: Supporting a well-trained, culturally competent, and diverse health care workforce helps ensure access to high-quality care. This activity is also essential to making progress in the reduction of health care disparities that persist in most of our communities.

    - Research: Deploying a wide range of research methods contributes to building general knowledge for improving health and health care services, including clinical research, health care services research, and epidemiological and translational studies on health care that are generalizable and broadly shared. Conducting high-quality health research and disseminating its findings increases awareness of the changing health needs of diverse communities, addresses health disparities, and improves effective health care delivery and health outcomes.

- **Grantmaking:** For 70 years, Kaiser Permanente has shown its commitment to improving Total Community Health through a variety of grants for charitable and community-based organizations. Successful grant applicants fit within funding priorities with work that examines social determinants of health and/or addresses the elimination of health disparities and inequities. From 2014-2015, KFH Honolulu awarded 64 grants amounting to a total of $1,678,802 in service of 2013 health needs.

- **In-Kind Resources:** Kaiser Permanente's commitment to Total Community Health means reaching out far beyond our membership to improve the health of our communities. Volunteerism, community

service, and providing technical assistance and expertise to community partners are critical components of Kaiser Permanente's approach to improving the health of all of our communities. From 2014-2015, KFH Honolulu donated several in-kind resources in service of 2013 Implementation Strategies and health needs, including furnishings and equipment, printed materials, reusable water bottles, and translation services.

- **Collaborations and Partnerships:** Kaiser Permanente has a long legacy of sharing its most valuable resources: its knowledge and talented professionals. By working together with partners (including nonprofit organizations, government entities, and academic institutions), these collaborations and partnerships can make a difference in promoting thriving communities that produce healthier, happier, more productive people. From 2014-2015, KFH Honolulu engaged in the following partnerships and collaborations in service of 2013 Implementation Strategies and health needs: Hawaii Primary Care Association, Hawaii 5210 & HICORE, and Project Vision (*Equitable Access to Health Services*); Pioneering Healthy Communities, HICORE, and the Hawaii Physical Activity & Nutrition Plan Advisory Group (*Exercise, Nutrition, Weight and Diabetes*).

C. 2013 Implementation Strategy Evaluation of Impact by Health Need

Kaiser Foundation Hospital Honolulu Priority Health Need: Equitable Access to Health Services

Long Term Goal: Increase access to quality, community-based, preventive health services for low-income communities (highest need group: Native Hawaiians/Pacific Islanders) suffering from disparities in Honolulu County.

Intermediate Goal:

- Increase the health care workforce capacity to address health care inequities.
- Develop systems that increase access to and utilization of available health care services.

Equitable Access to Health Services KFH Administered Program Highlights		
KFH Program Name	**KFH Program Description**	**Results to Date**
Medicaid/CHIP	Medicaid is a federal and state health coverage program for families and individuals with low incomes and limited financial resources. KFH provided services for Medicaid beneficiaries, both members and non-members.	Total Membership: 2014: 24,303 2015: 29,669 Total Losses: 2014: $27,526,343 2015: $29,819,256
MFA	The Medical Financial Assistance (MFA) program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need. Eligibility is based on prescribed levels of income and expenses.	Total Spend: 2014: $9,914,246 2015: $12,397,360 Unique Patients Served: 2014: 13,335 2015: 27,300

Summary of Impact: During 2014-2015, there were 19 active KFH Honolulu grants totaling $574,120 addressing Equitable Access to Health Services in the KFH Honolulu service area.[7]

Grantee	Grant Amount	Project Description	Results to Date
Hawaii Primary Care Association (HPCA)	**33,581 (2014)**	**Oral Health Initiative (OHI)** – collaboration between HPCA and Hawaii	Current efforts (ongoing):

[7] This total grant amount may include grant dollars that were accrued (i.e. awarded) in a year prior to 2014, though the grant dollars were paid in years 2014 and 2015.

		Department of Health (DOH) to address Hawaii's poor oral health.	• Improved HPCA capacity to develop programs, collect data, leverage funding and collaborate with Community Health Centers (CHCs) and DOH to address the State's growing oral health needs. o Implement the Basic Screening Surveillance (BSS) project with DOH and other partners. o Develop a model dental sealant program for Hawaii's school-aged children in partnership with CHCs and DOH. • Enhanced collaboration between HPCA and DOH supported systems to reach up to 40,000 CHC patients statewide.
Hawaii Pediatric Association Research and Education Foundation	**43,000 (2014)**	**Breathe Easy at School** – a safety net effort focused on reducing chronic absenteeism in schools tied to breathing.	• Targeted outreach efforts (including parent/family-member involvement) in partnership with pediatricians, schools and community organizations • Reaches 1500 students covering three schools.
University of Hawaii (UH) School of Nursing/ University Clinical, Education and Research Associates (UCERA)	**50,000 (2014)**	**Hawaii Keiki: Healthy & Ready to Learn** - promotes access to health services in schools through deployment of nurses and support staff. KP funding and thought leadership in conjunction with other funding fostered inter-agency collaboration between Hawaii Department of Education (DOE) and the UH School of Nursing.	• Supported coalition-building and outreach efforts, and education around the importance of deploying nurses in schools. • In early 2015, Hawaii's Governor signed the "Hawaii Keiki" Bill [HB 1440, Act 139 (15)] • Over $1 million in State funds appropriated to assign at least one nurse to each school complex for a total of 15-17 nurses. • The enhanced collaboration between DOE, UH School of Nursing and UCERA helped create a funding stream that supported programmatic and systems changes to reach up to 185,000 students
Project Vision Hawaii	**40,000 (2015)**	**Better Vision for Keiki -** Expansion of Project Vision's statewide vision, hearing,	

		and BMI screening programs in Maui and Kauai targeting pre-schools, elementary schools and community partners. Screening data will support and expand Hawai'i's public policy on school-based vision, hearing screenings and eventually BMI screenings.	• Over 1,000 children have benefited from outreach/screening efforts to-date.
Hawaii Primary Care Association	**60,000 (2015)**	**Primary Care Integration Initiative -** Implement second phase of the Primary Care Integration (PCI) initiative – a project between Hawaii's Child and Adolescent Mental Health Division (CAMHD) and Hawaii Primary Care Association (HPCA). The purpose of the PCI Initiative is to support primary care/behavioral health integration for children and youth in Community Health Centers.	• Six (6) of the 15 community health centers in the State have implemented behavioral health screening as part of primary care.

Equitable Access to Health Services Collaboration/Partnership Highlights		
Organization/ Collaborative Name	**Collaborative/ Partnership Goal**	**Results to Date**
Hawaii Primary Care Association	KFH Honolulu strategically partners with the Hawaii Primary Care Association to identify and address health disparities, and to provide CHCs leadership training to incorporate non-medical needs into service provision for more comprehensive care delivery.	• Increased capacity of safety net providers/CHCs to provide oral health services to target populations. • Increased capacity to provide behavioral health services for children and adolescents in schools. • 14 CHCs benefited from the training.
Hawaii 5210 & HICORE's safety net efforts	KFH Honolulu partners with CHCs to support various safety net efforts tied to addressing health disparities particularly in the most needy areas (e.g. Leeward Oahu).	• Three CHCs serving the highest number of Native Hawaiian children were trained to use health information technology to inform/improve service delivery for childhood obesity prevention and care.
Project Vision	KFH Honolulu partners with Project Vision to promote efforts to implement vision and hearing screening in underserved locations and to underserved population.	• Engaged key stakeholders on funding personnel within DOH to implement statewide vision and hearing screening particularly targeting the underserved.

Equitable Access to Health Services In-Kind Resources Highlights		
Recipient	**Description of Contribution and Purpose/Goals**	
Mental Health Kokua	Furnishings, equipment, supplies	• These items were used to furnish and supply Mental Health Kokua's homeless shelters, clinics and residential facilities that house Hawaii residents living with chronic and persistent mental illness.
Kula No Na Poe Hawaii	Printing of health education materials and training curricula	• Copies of the facilitator manual, PILI weight loss maintenance lessons, and Partners in Care (PIC) Diabetes self-management lessons aided community workers in implementing the program(s) in their communities.
UH Maui College	Printing of Keep Your Smile! brochure for seniors	• Printing of 4,000 Keep Your Smile! Brochures for seniors to educate Maui's seniors on proper oral care practices. The materials are distributed through geriatric clinics and community health offices on Maui with the goal of increasing access to oral health information and improving oral care.
Project Vision Hawaii	Furnishings (desks, filing cabinets, office furniture)	• The in-kind donation helped furnish Project Vision's new office location, allowing a faster set up while also providing a cost savings.
Bay Clinic, Inc.	Office furnishings and file cabinets	• The items were used throughout the organization to improve facility functionality and day-to-day operation of patient services.

Kaiser Foundation Hospital Honolulu Priority Health Need: Exercise, Nutrition, Weight and Diabetes

Long Term Goal: Increase access to quality, community-based, preventive health services for low-income communities (highest need group: Native Hawaiians/Pacific Islanders) suffering disparities in Honolulu County.
Intermediate Goal: • Increase food security and access to healthy food for keiki (children) in K-12 schools in Honolulu County

- Increase access to healthy food and food purchases among low-income populations in schools and communities suffering disparities in Honolulu County
- Increase access to safe physical activity opportunities for low-income keiki (children)/families suffering disparities in Honolulu County

Exercise, Nutrition, Weight and Diabetes Grantmaking Highlights

Summary of Impact: During 2014-2015, there were 45 active KFH Honolulu grants, totaling $1,104,682 addressing Exercise, Nutrition, Weight and Diabetes in the Kaiser Foundation Hospital Honolulu service area.[8]

Grantee	Grant Amount	Project Description	Results to Date
UH Foundation / Hawaii Initiative for Childhood Obesity Research and Education (HICORE)	**92,000 (2014)**	**Hawaii 5-2-1-0 Let's Go! – Be Well @ School** – an effort to promote healthy beverages and decrease sugary beverage consumption in schools by providing refillable water bottle filling stations on campus and revising school wellness policies to support these changes.	• Reaches 25 schools and 16,000 students in Windward and Leeward Oahu (Honolulu County) • 25 schools have changed school wellness policies to limit/ban sugary beverages from schools. Additionally, schools have installed refillable water stations to promote healthy beverage consumption. During the 2nd year of the program, 25 additional schools are expected to participate in institutionalizing healthy school policy change efforts.
Hawaii Department of Education – Windward School Complex, Playworks	**22,000 (2014)**	**Playworks** – an evidence-informed approach to adopting daily physical activity during recess as part of school wellness.	• Launched in 9 schools in Honolulu County in collaboration with Hawaii DOE, DOH, Complex Area Superintendent and school principals. o Nine school principals trained to adopt school-tailored physical activity programs. o Thirty teachers received direct training on school-based physical activity implementation.

[8] This total grant amount may include grant dollars that were accrued (i.e. awarded) in a year prior to 2014, though the grant dollars were paid in years 2014 and 2015.

Office of Child Nutrition Programs (OCNP) - Hawaii Department of Education	**25,000 (2014)**	Hawaii OCNP is preparing a plan to increase USDA school meal reimbursement rates for Hawaii schools in order to overcome challenges such as high food costs.	• A Hawaii State plan was submitted to the USDA Secretary of Agriculture. The plan included a request for an increase in school meal reimbursements above the National Average Payment (NAP). • An assessment of food costs, procurement and challenges was conducted and included in the request for reimbursement rate increase. • Over 100,000 Hawaii school children expected to benefit from an increase in reimbursement.
Hawaii Public Health Institute (HIPHI)	**50,000.00 (2015)**	HIPHI advances the State PAN (Physical Activity and Nutrition) Plan including best practices and innovative health policy strategies. Research, evaluation and planning will focus on developing recommendations involving the State Obesity Prevention Task Force (OPTF), statewide Nutrition & Physical Activity Coalition (NPAC) and policymakers.	• HIPHI is working on mapping and prioritizing health policies. Input is being gathered from a broad range of stakeholders from the public and private sectors to formulate and subsequently inform recommendations.

Exercise, Nutrition, Weight and Diabetes Collaboration/Partnership Highlights		
Organization/ Collaborative Name	**Collaborative/ Partnership Goal**	**Results to Date**
Pioneering Healthy Communities (PHC)	Promoting community health via diverse and broad partnerships as part of the national Partnership for a Healthier America (PHA) effort. There is a primary focus on promoting nutrition and physical activity in schools and communities. KFH Honolulu serves on the Hawaii Leadership Team and represents the coalition nationally.	• Informed efforts to address sugary beverage consumption through legislation. • Supported efforts to appropriate State funds to hire a farm to school coordinator and conduct related programming. o KFH Honolulu serves on the Governor's Farm to School Taskforce
HICORE (Hawaii Initiative for Childhood Obesity	Statewide initiative on childhood obesity related planning and interventions (represents public and private sectors). HICORE has strategically unified otherwise isolated efforts to promote	• City and County of Honolulu passed Resolution13-1 that appropriates funding and support for EBT terminals in 25 farmers markets

Research & Education)	evidence-informed obesity prevention programming and practices.	• EBT availability at markets incentivizes healthy food purchases and consumption by low-income families.
Hawaii Physical Activity & Nutrition (PAN) Plan– Advisory Group	The PAN Advisory group provides feedback to inform State PAN Plan development. The PAN Plan incorporates nutrition and physical activity as core components of school health.	• KFH Honolulu serves in an advisory capacity to the PAN Plan as well as on various workgroups. • Informed efforts to establish a permanent Hawaii Safe Routes to School (SRTS) fund: o The fund supports SRTS implementation from revenue generated from traffic violations and surcharges. • Keiki Run: 1600 participants representing over 160 schools participated. o Raised over $31,000 to support school wellness. o Contributed to norms change around physical activity.
Exercise, Nutrition, Weight and Diabetes In-Kind Resources Highlights		
Recipient	**Description of Contribution**	**Results to Date**
Hawaii Department of Education	**Translation of DOE free/reduced lunch application into 5 languages**	• Translation into five languages (Hawaiian, Ilokano, Tongan, Chuukese and Marshallese) helped the Department of Education comply with Federal and State regulations and facilitated achieving the goal of increasing applications from eligible students/families. • The translated packets make it easier for the families of these ethnic groups to understand and apply for the free/reduced price meal program.
Kaho'omiki	**Printing of Keiki Great Aloha Run information packets**	• Printing of Keiki Great Aloha Run recruitment and registration information for schools to help promote and recruit students and families to participate in the run which raises funds for the participating schools. • Printing of registered participant information packets.
Kokua Hawaii Foundation	**Reusable Water bottles for students and staff at 25 schools**	• Donation of reusable water bottles to students and staff at 25 schools participating in the Hawaii 5-2-1-0 Let's Go! Be Well @ School project. The water bottles help promote drinking water and using newly installed water filling stations.

VIII. APPENDICES

A. Secondary Data Sources and Dates, Hawaii Health Matters data platform

B. Secondary Data Indicators, Hawaii Health Matters data platform

C. Secondary Data Sources and Dates, KP CHNA data platform

D. Quantitative Data Scoring Methodology

E. Community Input Tracking Form

F. Community Representatives Validating Health Needs Prioritization

G. Key Informant Interview Questions

H. Health Need Profiles

I. Community Resources

J. 2013 Implementation Strategy Evaluation Interviewees

A. APPENDIX A: Secondary Data Sources, Hawaii Health Matters data platform

Key	Source
1	American Community Survey
2	American Lung Association
3	Area Health Resources Files
4	BEACH Program, Environmental Protection Agency
5	Behavioral Risk Factor Surveillance System
6	CDC Diabetes Data & Trends
7	Centers for Medicare & Medicaid Services
8	County Health Rankings
9	Fatality Analysis Reporting System
10	Feeding America
11	Hawai'i State Department of Health
12	Hawaii Child Restraint Use Survey
13	Hawaii Health Data Warehouse
14	Hawaii Health Information Corporation
15	Hawaii Health Survey
16	Hawaii Helmet Use Survey
17	Hawaii State Department of Health, State Laboratories Division, Air Surveillance and Analysis
18	Hawaii State Department of Human Services, SNAP Program
19	Institute for Health Metrics and Evaluation
20	National Cancer Institute
21	National Center for Education Statistics
22	Natural Resources Defense Council
23	Pregnancy Risk Assessment Monitoring System
24	U.S. Bureau of Labor Statistics
25	U.S. Census - County Business Patterns
26	U.S. Census Bureau
27	U.S. Department of Agriculture
28	U.S. Department of Agriculture - Food Environment Atlas
29	U.S. Environmental Protection Agency
30	Uniform Crime Reports
31	Youth Risk Behavior Surveillance System

B. APPENDIX B: Secondary Data Indicators, Hawaii Health Matters data platform

The following tables present the data used in the quantitative data analysis. The tables 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 Appendix A.

HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

CHILDREN'S HEALTH	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Hospitalizations for Asthma Among Children <5 yrs old	13	22.2	19.7		18.2	2012	per 10,000 children under 5	2.35	
ED Visits for Asthma Among Children <5 yrs old	13	110.2	119.4		95.7	2011	per 10,000 children under 5	1.65	
Children with Current Asthma	5	11.9	12.8	9.2		2013	percent	1.58	
Children with Low Access to a Grocery Store	28	5				2010	percent	1.50	
Deaths Among Children Aged 0-4 Years	17	135.3	148.7*	139.1		2011-2013	deaths/100,000 population 0-4	1.48	Black (414.6) NHPI (586.7)
Child Safety Seat Usage 0-12 Months	12	93.9	93	90	95	2005	percent	1.38	
Child Safety Seat Usage 1-3 yrs	12	78.9	73.5	73	79	2005	percent	1.28	
Children without Health Insurance	14	3.4	3.8			2012	percent	1.05	
Child Food Insecurity Rate	10	21.1	23.9	21.6		2012	percent	0.90	
Deaths Among Children Aged 5-9 Years	17	8.9	9.8*	11.7	12.4	2009-2013	deaths/100,000 population 5-9	0.53	NHPI (38.9)
DIABETES									
Rate of Lower-Extremity Amputation	13	18.7	17.4	15.1		2011	hospitalizations/100,000	2.03	
Diabetics who Receive Formal Diabetes Education	5	46.7	46.9		62.5	2013	percent	1.95	
Diabetics who Test Their Blood Glucose Daily	5	47.2	50.7		70.4	2013	percent	1.95	
Diabetes: Medicare Population	7	28.5	27.2	27		2012	percent	1.85	
Diabetics who have a Biannual HbA1c Check	5	66.2	67.7		71.1	2013	percent	1.75	
New Cases of Diabetes	6	7	5.9*		7.2	2011	new cases/1,000 population	1.70	
Diabetes Long-Term Complication	13	89.7	82.8	111.8		2011	hospitalizations/100,000	1.58	
Diabetics Who Have Their Feet Checked	5	73.8	71.6		74.8	2013	percent	1.45	
Adults with Diabetes	5	8.6	8.4	9.7		2013	percent	1.43	
Diabetes Short-Term Complication	13	43.5	43.1	59.8		2011	hospitalizations/100,000	1.43	
Adults with Prediabetes	5	12.7	12.9			2013	percent	1.35	
Uncontrolled Diabetes	13	6.8	6.8	18.1		2011	hospitalizations/100,000	1.28	
Diabetics who have an Annual Eye Exam	5	77.9	77.9		58.7	2013	percent	1.05	
Diabetes Death Rate	17	15	15.4*	21.2	66.6	2011-2013	deaths/100,000 population	0.53	Black (38.8) NHPI (82.7)
DISABILITIES									
Adults Who Use Special Equipment for Daily Living	5	6.3	6	8.1		2013	percent	1.58	
Social Limitations due to Arthritis	5	35.3	35.3			2013	percent	1.50	
Adults with a Disability	5	17.6	18.4	10.8		2013	percent	1.43	
Adults with an Ambulatory Disability	5	10.4	10.1	13		2013	percent	1.43	
Adults with a Self-Care Disability	5	2	2.1	3.4		2013	percent	1.28	
Activity Limitations due to Arthritis	5	37.6	37.8	43	35.5	2013	percent	1.23	
Work Limitations due to Arthritis	5	29.7	31.1			2013	percent	1.20	
Activity Limitations due to Health	5	14.3	15.2	19.7		2013	percent	1.13	
Adults with an Independent Living Disability	5	5.2	5.4	6.4		2013	percent	1.13	
Adults with a Cognitive Disability	5	6.7	7.8	10.1		2013	percent	0.83	
Adults with a Vision Disability	5	3.4	3.8	4.4		2013	percent	0.83	
ECONOMY									
Renters Spending 30% or More of Household Income on Rent	1	57.2	56.3	52.3		2009-2013	percent	2.20	
Homeownership	1	50.9	49.7	56.9		2009-2013	percent	2.10	
Farmers Markets that Accept SNAP EBT Transactions	18	9.8	27			2012	farmers markets	1.95	
SNAP Certified Stores	28	0.6				2012	stores/1,000 population	1.90	
Households with Cash Public Assistance Income	1	3.4	3.8	2.8		2009-2013	percent	1.75	

* The measurement period for this comparison value differs slightly from the given measurement period for the county value. For more details, please consult page A-1 of the appendix.

** 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

HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

ECONOMY (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Students Eligible for the Free Lunch Program	21	36.2	40.1			2012-2013	percent	1.65	
Severe Housing Problems	8	26.5	27.3			2006-2010	percent	1.58	
Low-Income and Low Access to a Grocery Store	28	4				2010	percent	1.35	
People 65+ Living Below Poverty Level	1	7.2	7.4	9.4		2009-2013	percent	1.15	
Families Living Below Poverty Level	1	6.9	7.9	11.3		2009-2013	percent	1.05	AIAK (12.4) NHPI (17.6) Mult (10.1) Other (12.4) Hisp (11.1)
Households Earning Below a Livable Wage	14	19.6	22.3			2008	percent	1.05	Black (29.8) NH (23.8) PI (45.3) FIL (37.1) Other (38.4)
Income Inequality	1	0.4	0.4	0.5		2009-2013		0.95	
Child Food Insecurity Rate	10	21.1	23.9	21.6		2012	percent	0.90	
Food Insecurity Rate	10	12.9	14.2	15.9		2012	percent	0.90	
Children Living Below Poverty Level	1	13.4	15.4	21.6		2009-2013	percent	0.90	AIAK (61.8) NHPI (27.5) Mult (14) Other (23.3) Hisp (15.9)
People Living Below Poverty Level	1	9.8	11.2	15.4		2009-2013	percent	0.90	AIAK (23.3) NHPI (20.8) Mult (11.9) Other (14.8) Hisp (13.6)
Per Capita Income	1	30361	29305	28155		2009-2013	dollars	0.75	
Unemployed Workers in Civilian Labor Force	24	3.8	4	5.5		Sep 2014	percent	0.65	
Median Household Income	1	72764	67402	53046		2009-2013	dollars	0.45	
EDUCATION									
Student-to-Teacher Ratio	21	16.3	16.1			2012-2013	students/teacher	1.80	
People 18+ without a High School Degree	5	7.8	9.8	14.4	2.1	2013	percent	1.13	NH (11.2) PI (18) FIL (13.5)
Infants Born to Mothers with <12 Yrs Education	17	5.3	6.6	17		2013	percent	0.73	NH (9.1) PI (17.5)
People 25+ with a Bachelor's Degree or Higher	1	32.1	30.1	28.8		2009-2013	percent	0.60	
ENVIRONMENT									
SNAP Certified Stores	28	0.6				2012	stores/1,000 population	1.90	
PBT Released	29	125511				2013	pounds	1.80	
Annual Particle Pollution	2	2				2010-2012		1.75	
Recreation and Fitness Facilities	28	0.1		0.1		2011	facilities/1,000 population	1.68	
Adults Exposed to SHS in the Home	5	11.9	11.8			2012	percent	1.65	
Grocery Store Density	28	0.2				2011	stores/1,000 population	1.60	
Severe Housing Problems	8	26.5	27.3			2006-2010	percent	1.58	
Children with Low Access to a Grocery Store	28	5				2010	percent	1.50	
Farmers Market Density	28	0		0		2013	markets/1,000 population	1.50	
Recognized Carcinogens Released into Air	29	48412				2013	pounds	1.50	
Liquor Store Density	25	4.4	3.8	10.3		2012	stores/100,000 population	1.40	
Safe Beaches for Swimming	4	98.4	98.6	95.5	96	2012	percent	1.40	
Low-Income and Low Access to a Grocery Store	28	4				2010	percent	1.35	
People 65+ with Low Access to a Grocery Store	28	2.7				2010	percent	1.35	
Annual Ozone Air Quality	2	1				2010-2012		1.28	
Beach Water Quality	22	5	7			2013	percent	1.20	
Households with No Car and Low Access to a Grocery Store	28	1.1				2010	percent	1.20	
Access to Exercise Opportunities	8	92.8	87.6			2014	percent	1.13	
Food Environment Index	8	8	8			2014		0.98	
Days with Unsatisfactory Air Quality	16	0	254		227	2013	days	0.95	
Adults Exposed to Secondhand Smoke	5	13.4	13.8		33.8	2012	percent	0.90	

* The measurement period for this comparison value differs slightly from the given measurement period for the county value. For more details, please consult page A-1 of the appendix.

** 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

HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

ENVIRONMENTAL & OCCUPATIONAL HEALTH	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Hospitalizations for Asthma Among Children <5 yrs old	13	22.2	19.7		18.2	2012	per 10,000 children under 5	2.35	
Asthma Death Rate 35-64 Yrs	17	16.2	14.3*	11.4	4.9	2004-2013	deaths/1,000,000 population 35-64	2.23	NHPI (84.3)
Asthma: Medicare Population	7	5.3	5.2	4.9		2012	percent	2.20	
Smoke-Free Homes	5	80.2	80.6		87	2012	percent	1.90	
Hospitalizations for Asthma 65+	13	21	18.7	25.5	20.1	2012	per 10,000 people 65 yrs and older	1.83	
Adults Exposed to SHS in the Home	5	11.9	11.8			2012	percent	1.65	
ED Visits for Asthma 65+	13	27.5	30		13.7	2011	per 10,000 people 65 yrs and older	1.65	
ED Visits for Asthma Among Children <5 yrs old	13	110.2	119.4		95.7	2011	per 10,000 children under 5	1.65	
Children with Current Asthma	5	11.9	12.8	9.2		2013	percent	1.58	
Adults with Asthma	5	9.3	9.4	9		2013	percent	1.43	
Safe Beaches for Swimming	4	98.4	98.6	95.5	96	2012	percent	1.40	
Asthma Death Rate	17	1.2	1.4*	1.1		2011-2013	deaths/1,000,000 population	1.33	White (1.3) NHPI (4.3)
Asthma Death Rate <35 Yrs	17	2.5	2.9	3.5		2004-2013	deaths/1,000,000 population <35	0.95	
Adults Exposed to Secondhand Smoke	5	13.4	13.8		33.8	2012	percent	0.90	
Hospitalizations for Asthma 5-64 yrs	13	5.5	5.8	10.5	8.7	2012	per 10,000 people 5-64 yrs old	0.73	
ED Visits for Asthma 5-64 yrs	13	38.2	44.6	61.8	49.6	2011	per 10,000 people 5-64 yrs old	0.53	
EXERCISE, NUTRITION, & WEIGHT									
Teens who Meet Aerobic Physical Activity Guidelines	31	20.8	22	27.1	31.6	2013	percent	2.18	
Young Teens with 2 Hours or Less of Computer and Video Game Time	31	57.7	58.8		100	2013	percent	2.10	
Teens Who Meet Muscle-Strengthening Guidelines	31	44.3	46.3	51.7		2013	percent	2.03	
Farmers Markets that Accept SNAP EBT Transactions	18	9.8	27			2012	farmers markets	1.95	
SNAP Certified Stores	28	0.6				2012	stores/1,000 population	1.90	
Adults with Low Fruit Consumption	5	40.8	39.2	39.2		2013	percent	1.88	
Adults with Low Vegetable Consumption	5	24.6	23.1	22.9		2013	percent	1.88	
Teen Fruit and Vegetable Consumption	31	15.1	15.6	22.3		2013	percent	1.88	
Teens Who Attend Daily Physical Education	31	7.3	7.3	29.4	36.6	2013	percent	1.88	
Teens who Engage in Regular Physical Activity	31	38.3	40.2	41.9		2013	percent	1.88	
Adult Fruit and Vegetable Consumption	5	16.4	18.1			2013	percent	1.80	
Young Teens who Meet Aerobic and Muscle-Strengthening Guidelines	31	22.7	24			2013	percent	1.80	
Young Teens Who Meet Muscle-Strengthening Guidelines	31	50	52.2			2013	percent	1.80	
Young Teens with More Than 3 Hours of Computer/Video Game Time	31	40.4	37.5			2011	percent	1.80	
Recreation and Fitness Facilities	28	0.1		0.1		2011	facilities/1,000 population	1.68	
Teens who Meet Aerobic and Muscle-Strengthening Guidelines	31	17.1	18.1			2013	percent	1.65	
Young Teens who Meet Aerobic Physical Activity Guidelines	31	31.6	32			2013	percent	1.65	
Young Teens with 2 Hours or Less of TV Time	31	67.3	66.8		86.8	2013	percent	1.65	
Adults Engaging in Regular Physical Activity	5	52.1	53.2	51		2009	percent	1.63	
Grocery Store Density	28	0.2				2011	stores/1,000 population	1.60	

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

EXERCISE, NUTRITION, & WEIGHT (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	31	16.7	15.8	27		2013	percent	1.58	
Children with Low Access to a Grocery Store	28	5				2010	percent	1.50	
Farmers Market Density	28	0		0		2013	markets/1,000 population	1.50	
Young Teens who Engage in Regular Physical Activity	31	52.6	52.6			2013	percent	1.50	
Adults who Participate in Physical Activity Outside of Work	5	77.9	77.9	74.7		2013	percent	1.43	
Low-Income and Low Access to a Grocery Store	28	4				2010	percent	1.35	
People 65+ with Low Access to a Grocery Store	28	2.7				2010	percent	1.35	
Young Teens with More Than 3 Hours of TV Time	31	32.7	33.2			2013	percent	1.35	
Adults who are Overweight	5	33.5	33.6	35.4		2013	percent	1.28	
Adults who Meet Aerobic Physical Activity Guidelines	5	59	60.2	50.8	47.9	2013	percent	1.28	
Adults who Meet High Aerobic Physical Activity Guidelines	5	37.9	39.5	31.6	31.3	2013	percent	1.28	
Households with No Car and Low Access to a Grocery Store	28	1.1				2010	percent	1.20	
Teens with a Healthy Body Weight	31	72.4	71.8			2013	percent	1.20	
Access to Exercise Opportunities	8	92.8	87.6			2014	percent	1.13	
Adults who Meet Aerobic and Strengthening Activity Guidelines	5	26.3	26.5	20.5	20.1	2013	percent	1.13	
Food Environment Index	8	8	8			2014		0.98	
Teens who are Overweight	31	14.3	14.9	16.6		2013	percent	0.98	
Adults Not Engaging in Physical Activity	5	22.1	22.1	25.3	32.6	2013	percent	0.98	
Child Food Insecurity Rate	10	21.1	23.9	21.6		2012	percent	0.90	
Food Insecurity Rate	10	12.9	14.2	15.9		2012	percent	0.90	
Adults who are Obese	5	21.6	21.8	29.4	30.5	2013	percent	0.83	Black (31.4) White (22.3) NH (40.7) PI (56) Other (26.8)
Adults who Meet Muscle Strengthening Guidelines	5	35.2	35	29.8	24.1	2013	percent	0.83	
Adults with a Healthy Body Weight	5	42.7	42.3	33.4	33.9	2013	percent	0.83	
Teens who are Obese	31	13.3	13.4	13.7	16.1	2013	percent	0.83	
Workers who Walk to Work	1	5.3	4.7	2.8	3.1	2009-2013	percent	0.55	Asian (4.1) NHPI (4.2) Mult (4)
FAMILY PLANNING									
Condom Use Among Teen Boys	31	51.3	53.5	65.8	81.5	2013	percent	2.10	
Condom Use Among Teen Girls	31	42.3	41.5	53.1	55.6	2013	percent	1.88	
Pregnancies that are Intended	23	54.8	54.8		56	2011	percent	1.70	
Abstain From Sex- Young Teen Girls	31	92.4	92.3		93.9	2013	percent	1.60	
Abstain From Sex- Teen Boys	31	68.5	66.1		79.2	2013	percent	1.50	
Abstain From Sex- Teen Girls	31	63.3	62.3		80.2	2013	percent	1.50	
Abstain From Sex- Young Teen Boys	31	91.1	90.5		92.7	2013	percent	1.30	
Pregnancies Among Females Aged 15-17 Years	17	18.5	18	30.1	36.2	2012	pregnancies/1,000 females aged 15-17	1.03	
Teen Birth Rate	17	23.9	25	26.5		2013	births/1,000 women aged 15-19 years	0.83	Black (27.7) NHPI (112.9)
Infants Born to Mothers with <12 Yrs Education	17	5.3	6.6	17		2013	percent	0.73	NH (9.1) PI (17.5)
Pregnancies Among Females Aged 18-19 Years	17	68.4	72.1	96.2	105.9	2012	pregnancies/1,000 females aged 18-19	0.38	

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

HEART DISEASE & STROKE	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Hyperlipidemia: Medicare Population	7	57	54	44.8		2012	percent	2.55	
Stroke Survivors Referred to Outpatient Rehabilitation	5	21.9	23.5	30.7		2013	percent	1.88	
Hypertension: Medicare Population	7	57.7	55.8	55.5		2012	percent	1.85	
Stroke: Medicare Population	7	3.9	3.7	3.8		2012	percent	1.85	
Stroke Prevalence	5	2.8	2.7	2.8		2013	percent	1.73	
High Blood Pressure Prevalence	5	28.8	28.5	31.4	26.9	2013	percent	1.68	
Angina Without Procedure	13	17.7	16.7	18.22		2011	hospitalizations/100,000	1.58	
Heart Failure	13	285.8	267.4	329.8		2011	hospitalizations/100,000	1.58	
Awareness of Early Symptoms of a Stroke	5	42.9	41.8	43.6	59.3	2009	percent	1.58	
Congestive Heart Failure Death Rate	17	11.1				2011-2013	deaths/100,000 population	1.53	
Awareness of Early Symptoms of a Heart Attack	5	31.3	30.4	30.6	43.6	2009	percent	1.43	
Awareness of Early Symptoms of a Heart Attack and Importance of Calling 911	5	28.4	27.7	26.9	40.9	2009	percent	1.43	
Awareness of Early Symptoms of a Stroke and Importance of Calling 911	5	38.4	37.5	38.1	56.4	2009	percent	1.43	
High Cholesterol Prevalence	5	34.4	34.9	38.4	13.5	2013	percent	1.43	
Awareness of Importance of Calling 911 for Heart Attack or Stroke	5	90.1	90	85.9		2009	percent	1.28	
Coronary Heart Disease Prevalence	5	2.5	2.7	4.1		2013	percent	1.28	
Heart Attack Survivors Referred to Outpatient Rehabilitation	5	22.3	19.1	34.7		2013	percent	1.28	
Cholesterol Tested in Past 5 Years	5	76.7	75.8	76.4	82.1	2013	percent	1.23	
Heart Attack Prevalence	5	3.1	3.2	4.3		2013	percent	1.13	
Hypertension	13	25.2	26.7	57.0		2011	hospitalizations/100,000	1.13	
Stroke Death Rate	17	34.1	33.6*	36.2	34.8	2011-2013	deaths/100,000 population	1.03	NHPI (105.7)
Hypertension Medication Compliance	5	79.4	78.8	77.3	69.5	2013	percent	0.98	
Ischemic Heart Disease: Medicare Population	7	20.6	20.5	28.6		2012	percent	0.90	
Atrial Fibrillation: Medicare Population	7	5.5	5.7	7.8		2012	percent	0.85	
Heart Failure: Medicare Population	7	9.4	9.8	14.6		2012	percent	0.60	
Heart Disease Death Rate	17	62.3	68.9	105.4	103.4	2013	deaths/100,000 population	0.38	White (65.2) NHPI (232)
IMMUNIZATIONS & INFECTIOUS DISEASES									
Tuberculosis Incidence Rate	11	10.1	8.6	3.2	1	2012	cases/100,000 population	2.58	
Chlamydia Incidence Rate	11	521.9	455.4	456.7		2012	cases/100,000 population	2.18	
Condom Use Among Teen Boys	31	51.3	53.5	65.8	81.5	2013	percent	2.10	
HIV Testing Among Young Adults	5	42.7	43.3	50	73.6	2013	percent	2.03	
Condom Use Among Teen Girls	31	42.3	41.5	53.1	55.6	2013	percent	1.88	
Pneumonia Vaccination Rate 65+	5	68.4	68.2	69.5	90	2013	percent	1.88	
AIDS Diagnosis Rate	11	7.1	6.3			2012	cases/100,000 population	1.85	
Gonorrhea Incidence Rate	11	74.6	58.5	107.5		2012	cases/100,000 population	1.83	
Syphilis Incidence Rate	11	2.6	2	4.6		2008-2012	cases/100,000 population	1.83	
HIV Testing Among Adults	5	35.4	36.6	35.2		2013	percent	1.73	
Hepatitis C Death Rate	17	1.5				2009-2013	deaths/100,000 population	1.58	
Bacterial Pneumonia	13	210.7	205.1	284.9		2011	hospitalizations/100,000	1.43	
Hepatitis B Death Rate	17	0.5				2009-2013	deaths/100,000 population	1.43	
Influenza Vaccination Rate 18-64 yrs	5	44	40.3	33.1	80	2013	percent	1.28	
Influenza Vaccination Rate 65+	5	73	69.9	62.8	90	2013	percent	1.28	
Acute Hepatitis B Incidence Rate	11	0.5	0.5			2008-2012	cases/100,000 population	1.20	
HPV Vaccination	5	13.4	11.9	10.6		2013	percent	0.83	

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

MATERNAL, FETAL & INFANT HEALTH	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Babies with Low Birth Weight	17	9.3	8.3*	8	7.8	2011-2013	percent	2.38	
Babies with Very Low Birth Weight	17	1.6	1.4*	1.42	1.4	2011-2013	percent	2.38	
Very Early Preterm Births	17	2.1	2.3*	1.9	1.8	2011-2013	percent	2.13	
Women who Abstained from Alcohol in Their Third Trimester	23	93	93.1			2011	percent	1.80	
Early Preterm Births	17	1.4	1.2*	1.5	1.4	2011-2013	percent	1.78	
Low Birth Weight	13	6.2	6	6.249		2011	per 100 discharges	1.73	
Mothers who Ever Breastfed	23	95.4	95.6			2011	percent	1.70	
Pregnancies that are Intended	23	54.8	54.8		56	2011	percent	1.70	
Women who Binge Drink Prior to Pregnancy (2004-2008)	23	19.2	19.5			2008	percent	1.65	
Infant Mortality Rate	17	5.6	6.2*	6.1	6	2011-2013	deaths/1,000 live births	1.48	
Mothers who Smoked During Pregnancy	17	4	4.3	9	1.4	2013	percent	1.33	NH (10.3) PI (4.8)
Neonatal Mortality Rate	17	4	4.4*	4	4.1	2011-2013	deaths/1,000 live births	1.33	
Infants Still Breastfeeding at 8 Weeks	23	78.7	78.2			2011	percent	1.25	
Late Preterm Births	17	6.9	6.9*	8	8.1	2011-2013	percent	1.23	
Women who Binge Drink Prior to Pregnancy (2009+)	23	21.8	24			2011	percent	1.20	
Post Neonatal Mortality Rate	17	1.7	1.8*	1.9	2	2011-2013	deaths/1,000 live births	1.13	
Pregnancies Among Females Aged 15-17 Years	17	18.5	18	30.1	36.2	2012	pregnancies/1,000 females aged 15-17	1.03	
Births Delivered by Cesarean Section	17	23.5	25.6	26.9		2013	percent	0.88	
Infant Deaths Due to All Birth Defects	17	0.7	0.7*	1.2	1.3	2009-2013	deaths/1,000 live births	0.83	Black (1.6) White (0.9) FIL (0.9)
Teen Birth Rate	17	23.9	25	26.5		2013	births/1,000 women aged 15-19 years	0.83	Black (27.7) NHPI (112.9)
Infant Deaths Due to Sudden Infant Death Syndrome (SIDS)	17	0.2	0.2	0.47	0.5	2009-2013	deaths/1,000 live births	0.80	
Infant Deaths Due to Sudden Unexpected Infant Deaths	17	0.5	0.5	0.87	0.84	2011-2013	deaths/1,000 live births	0.80	
Births Delivered by Primary Cesarean Section	17	13.4	13.7		23.9	2013	percent	0.75	
Infant Deaths Due to Congenital Heart Defects	17	0.1	0.2	0.36	0.34	2004-2013	deaths/1,000 live births	0.75	
Infants Born to Mothers with <12 Yrs Education	17	5.3	6.6	17		2013	percent	0.73	NH (9.1) PI (17.5)
Preterm Births	17	10	10.1*	46.6	11.4	2011-2013	percent	0.68	
Women Who Quit Smoking During Pregnancy	23	77.3	73.9		30	2011	percent	0.60	
Mothers who Received Late or No Prenatal Care	17	12.1	14.1	26.3	22.1	2013	percent	0.58	
Pregnancies Among Females Aged 18-19 Years	17	68.4	72.1	96.2	105.9	2012	pregnancies/1,000 females aged 18-19	0.38	
MEN'S HEALTH									
Prostate Cancer Incidence Rate	20	122.6	113.9	142.3		2007-2011	cases/100,000 males	1.05	
PSA Test- Discussed With Doctor	5	20.3	19.7		15.9	2013	percent	1.05	
Life Expectancy for Males	19	78.1	77.9	76.1		2010	years	0.80	
Prostate Cancer Death Rate	17	11.9	12*	19.2	21.8	2011-2013	deaths/100,000 males	0.53	White (13) NHPI (44)
MENTAL HEALTH & MENTAL DISORDERS									
Teens With Disordered Eating	31	20	20		12.9	2013	percent	1.80	
Teens who are Cyberbullied	31	15.8	15.6	14.8		2013	percent	1.73	
Teens Who Attempted Suicide	31	2.9	3.2	2.7	1.7	2013	percent	1.73	
Alzheimer's Disease or Dementia: Medicare Population	7	9.8	9.2	9.8		2012	percent	1.50	

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

MENTAL HEALTH & MENTAL DISORDERS (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Young Teens who are Bullied	31	42.7	44.6			2013	percent	1.20	
Young Teens who are Cyberbullied	31	22.5	23.7			2013	percent	1.20	
Self-Reported Good Physical and Mental Health	5	56.4	55.6	49.6		2013	percent	1.13	
Teens who are Bullied	31	17.7	18.7	19.6	17.9	2013	percent	1.03	
Suicide Death Rate	17	10	10.9*	12.6	10.2	2011-2013	deaths/100,000 population	0.88	Black (15.6) White (14.4) NHPI (29.2)
Nonfatal Injuries due to Intentional Self-harm	13	37	44.3*	153	112.4	2007-2011	ED visits per 100,000	0.68	
Depression: Medicare Population	7	6.6	7.4	15.4		2012	percent	0.50	
MORTALITY DATA									
Fall-Related Death Rate 65+	17	52.2	40.1*	56.7	47	2011-2013	deaths/100,000 population 65+ years	2.48	Asian (61) NHPI (109.3)
Fall-Related Death Rate	17	7.8	6.4*	8.5	7.2	2011-2013	deaths/100,000 population	2.28	NHPI (21.9)
Asthma Death Rate 35-64 Yrs	17	16.2	14.3*	11.4	4.9	2004-2013	deaths/1,000,000 population 35-64	2.23	NHPI (84.3)
Unintentional Suffocation Death Rate 65+ Yrs	17	12.8	10.1*	8	7.5	2009-2013	deaths/100,000 population 65+ years	2.15	
Drowning Death Rate	17	2.2	2*	1.2	1.1	2009-2013	deaths/100,000 population	1.98	White (2.5) NHPI (7)
Asthma Death Rate 65+ Yrs	17	54.4	49.1*	36.7	21.5	2004-2013	deaths/1,000,000 population 65+	1.88	NHPI (201.2)
Cervical Cancer Death Rate	17	2.1	2.3*	2.3	2.2	2009-2013	deaths/100,000 females	1.55	NHPI (8.7)
Deaths Among Children Aged 0-4 Years	17	135.3	148.7*	139.1		2011-2013	deaths/100,000 population 0-4	1.48	Black (414.6) NHPI (586.7)
Infant Mortality Rate	17	5.6	6.2*	6.1	6	2011-2013	deaths/1,000 live births	1.48	
Death Rate due to Drug Poisoning	8	9.4	9.3			2004-2010	deaths/100,000 population	1.43	
Asthma Death Rate	17	1.2	1.4*	1.1		2011-2013	deaths/1,000,000 population	1.33	White (1.3) NHPI (4.3)
Drug-Induced Deaths	17	11	10.6*	14.7	11.3	2011-2013	deaths/100,000 population	1.33	Black (13.8) White (18.9) NHPI (30.1)
Neonatal Mortality Rate	17	4	4.4*	4	4.1	2011-2013	deaths/1,000 live births	1.33	
Colon Cancer Death Rate	17	13.7	14*	14.6	14.5	2011-2013	deaths/100,000 population	1.28	
Pedestrian Death Rate	9	1.6	1.9			2009-2012	deaths/100,000 population	1.25	
All-Cause Mortality Rate	17	564.1	572			2013	deaths/100,000 population	1.20	
Alcohol-Impaired Driving Deaths	8	33.1	41.6			2008-2012	percent	1.13	
Cirrhosis Death Rate	17	6.4	6.7*	10.2	8.2	2011-2013	deaths/100,000 population	1.13	
COPD Death Rate 45+ Yrs	17	43.5	42.1	114.8	102.6	2013	deaths/100,000 population 45+ years	1.13	White (68.6) NHPI (117.1)
Post Neonatal Mortality Rate	17	1.7	1.8*	1.9	2	2011-2013	deaths/1,000 live births	1.13	
Stroke Death Rate	17	34.1	33.6*	36.2	34.8	2011-2013	deaths/100,000 population	1.03	NHPI (105.7)
Asthma Death Rate <35 Yrs	17	2.5	2.9	3.5		2004-2013	deaths/1,000,000 population <35	0.95	
Poisoning Death Rate	17	11	10.8*	15.2	13.2	2011-2013	deaths/100,000 population	0.88	Black (13.8) White (19.7) NHPI (29.9)
Poisoning Death Rate (Unintentional)	17	9.3	9.2*	13.2	11.1	2011-2013	deaths/100,000 population	0.88	White (16.1) NHPI (27.3)
Poisoning Death Rate 35-54 yrs	17	22.4	20.6*	27.6	25.6	2011-2013	deaths/100,000 population	0.88	White (36.5) NHPI (64.8)
Suicide Death Rate	17	10	10.9*	12.6	10.2	2011-2013	deaths/100,000 population	0.88	Black (15.6) White (14.4) NHPI (29.2)
Infant Deaths Due to All Birth Defects	17	0.7	0.7*	1.2	1.3	2009-2013	deaths/1,000 live births	0.83	Black (1.6) White (0.9) FIL (0.9)
Infant Deaths Due to Sudden Infant Death Syndrome (SIDS)	17	0.2	0.2	0.47	0.5	2009-2013	deaths/1,000 live births	0.80	
Infant Deaths Due to Sudden Unexpected Infant Deaths	17	0.5	0.5	0.87	0.84	2011-2013	deaths/1,000 live births	0.80	
Infant Deaths Due to Congenital Heart Defects	17	0.1	0.2	0.36	0.34	2004-2013	deaths/1,000 live births	0.75	
Homicide Death Rate	17	1.6	1.7*	5.3	5.5	2009-2013	per 100,000 population	0.73	White (1.7) NHPI (8)

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

MORTALITY DATA (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Injury Death Rate	17	41.2	42.4*	58.8	53.7	2011-2013	deaths/100,000 population	0.68	White (50.6) AIAK (76) NHPI (128.2)
Unintentional Injury Death Rate	17	27.4	27.5*	39.4	36.4	2011-2013	deaths/100,000 population	0.68	White (30.7) NHPI (85.1)
Lung Cancer Death Rate	17	31.1	31.8*	43.4	45.5	2011-2013	deaths/100,000 population	0.68	
Poisoning Death Rate (Unintentional) 35-54 yrs	17	19.3	17.7*	24	21.6	2011-2013	deaths/100,000 population	0.68	White (29.7) NHPI (62)
Melanoma Cancer Death Rate	17	1.3	1.5	2.7	2.4	2009-2013	deaths/100,000 population	0.63	White (4.3) NHPI (3.8)
Oropharyngeal Cancer Death Rate	17	2.2	2.6	2.5	2.3	2011-2013	deaths/100,000 population	0.63	
Deaths Among Adolescents Aged 10-14 Years	17	8.7	13.5*	14.1	14.8	2009-2013	deaths/100,000 population 10-14	0.58	
Deaths Among Children Aged 5-9 Years	17	8.9	9.8*	11.7	12.4	2009-2013	deaths/100,000 population 5-9	0.53	NHPI (38.9)
Deaths Among Young Adults Aged 20-24 Years	17	51.9	62*	83.4	88.3	2011-2013	deaths/100,000 population 20-24	0.53	Black (58.4) Asian (55.4) NHPI (161.2)
Diabetes Death Rate	17	15	15.4*	21.2	66.6	2011-2013	deaths/100,000 population	0.53	Black (38.8) NHPI (82.7)
Prostate Cancer Death Rate	17	11.9	12*	19.2	21.8	2011-2013	deaths/100,000 males	0.53	White (13) NHPI (44)
Firearm-Related Death Rate	17	2.1	2.4*	10.4	9.3	2011-2013	deaths/100,000 population	0.43	White (4.1) NHPI (7.7)
Motor Vehicle Collision Death Rate	17	5.6	8.6*	10.9	12.4	2010-2012	deaths/100,000 population	0.43	Black (6) NHPI (20.2)
Cancer Death Rate	17	127.8	132	163.2	161.4	2013	deaths/100,000 population	0.38	
Deaths Among Adolescents Aged 15-19 Years	17	34	39.8*	44.8	54.3	2011-2013	deaths/100,000 population 15-19	0.38	NHPI (130.6)
Heart Disease Death Rate	17	62.3	68.9	105.4	103.4	2013	deaths/100,000 population	0.38	White (65.2) NHPI (232)
Breast Cancer Death Rate	17	13.2	15.1*	20.8	20.7	2011-2013	deaths/100,000 females	0.23	Black (48.1) White (13.4) NHPI (54.5)
OLDER ADULTS & AGING									
Chronic Kidney Disease: Medicare Population	7	18	16.6	15.5		2012	percent	2.55	
Hyperlipidemia: Medicare Population	7	57	54	44.8		2012	percent	2.55	
Fall-Related Death Rate 65+	17	52.2	40.1*	56.7	47	2011-2013	deaths/100,000 population 65+ years	2.48	Asian (61) NHPI (109.3)
Osteoporosis: Medicare Population	7	9.6	8.4	6.4		2012	percent	2.40	
Asthma: Medicare Population	7	5.3	5.2	4.9		2012	percent	2.20	
Cancer: Medicare Population	7	8	7.5	7.9		2012	percent	2.20	
Preventive Services for Older Women	5	39.1	40.2	39.2	46.8	2013	percent	2.18	
Unintentional Suffocation Death Rate 65+ Yrs	17	12.8	10.1*	8	7.5	2009-2013	deaths/100,000 population 65+ years	2.15	
Preventive Services for Older Men	5	40	40.5	41.8	44.6	2013	percent	2.03	
Asthma Death Rate 65+ Yrs	17	54.4	49.1*	36.7	21.5	2004-2013	deaths/1,000,000 population 65+	1.88	NHPI (201.2)
Pneumonia Vaccination Rate 65+	5	68.4	68.2	69.5	90	2013	percent	1.88	
Diabetes: Medicare Population	7	28.5	27.2	27		2012	percent	1.85	
Hypertension: Medicare Population	7	57.7	55.8	55.5		2012	percent	1.85	
Stroke: Medicare Population	7	3.9	3.7	3.8		2012	percent	1.85	
Hospitalizations for Asthma 65+	13	21	18.7	25.5	20.1	2012	per 10,000 people 65 yrs and older	1.83	
Hospitalization Rate due to Falls Among Seniors	13	927	920			2009	hospitalizations/100,000 population 65+	1.75	
ED Visits for Asthma 65+	13	27.5	30		13.7	2011	per 10,000 people 65 yrs and older	1.65	
Alzheimer's Disease or Dementia: Medicare Population	7	9.8	9.2	9.8		2012	percent	1.50	
Social Limitations due to Arthritis	5	35.3	35.3			2013	percent	1.50	
People 65+ with Low Access to a Grocery Store	28	2.7				2010	percent	1.35	
Influenza Vaccination Rate 65+	5	73	69.9	62.8	90	2013	percent	1.28	
Activity Limitations due to Arthritis	5	37.6	37.8	43	35.5	2013	percent	1.23	

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

OLDER ADULTS & AGING (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	7	16.9	17.3	29		2012	percent	1.20	
People 65+ Living Below Poverty Level	1	7.2	7.4	9.4		2009-2013	percent	1.15	
Adults with Arthritis	5	19.4	19.9	25.3		2013	percent	0.98	
Ischemic Heart Disease: Medicare Population	7	20.6	20.5	28.6		2012	percent	0.90	
Atrial Fibrillation: Medicare Population	7	5.5	5.7	7.8		2012	percent	0.85	
Adults 65+ with Total Tooth Loss	5	6.1	7	16.1	21.6	2012	percent	0.68	NH (21.3) FIL (12.1)
COPD: Medicare Population	7	5.8	6	11.3		2012	percent	0.60	
Heart Failure: Medicare Population	7	9.4	9.8	14.6		2012	percent	0.60	
Depression: Medicare Population	7	6.6	7.4	15.4		2012	percent	0.50	
ORAL HEALTH									
Young Teens Who Saw a Dentist in the Past Year	31	61.2	61.5		49	2013	percent	1.35	
Adults 45-64 with One or More Tooth Extractions	5	44.5	45.3	30.2	68.8	2012	percent	1.13	
Adults who Visited a Dentist	5	71.6	70.4	67.2		2012	percent	1.13	
Adults with One or More Tooth Extractions	5	39.6	41.4	43.6		2012	percent	1.13	
Teens Who Saw a Dentist in the Past Year	31	71.6	70.3		49	2013	percent	0.90	
Adults 65+ with Total Tooth Loss	5	6.1	7	16.1	21.6	2012	percent	0.68	NH (21.3) FIL (12.1)
OTHER CHRONIC DISEASES									
Chronic Kidney Disease: Medicare Population	7	18	16.6	15.5		2012	percent	2.55	
Osteoporosis: Medicare Population	7	9.6	8.4	6.4		2012	percent	2.40	
Kidney Disease Prevalence	5	3.2	3.2	2.5		2013	percent	1.73	
Hepatitis C Death Rate	17	1.5				2009-2013	deaths/100,000 population	1.58	
Hepatitis B Death Rate	17	0.5				2009-2013	deaths/100,000 population	1.43	
Activity Limitations due to Arthritis	5	37.6	37.8	43	35.5	2013	percent	1.23	
Work Limitations due to Arthritis	5	29.7	31.1			2013	percent	1.20	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	7	16.9	17.3	29		2012	percent	1.20	
Cirrhosis Death Rate	17	6.4	6.7*	10.2	8.2	2011-2013	deaths/100,000 population	1.13	
Adults with Arthritis	5	19.4	19.9	25.3		2013	percent	0.98	
OTHER CONDITIONS									
Dehydration	13	74.2	65.9	116.5		2011	hospitalizations/100,000	1.73	
Perforated Appendix	13	24.2	23.7	29.7		2011	per 100 discharges	1.43	
Urinary Tract Infection	13	98.3	102.7	182.0		2011	hospitalizations/100,000	0.98	
PREVENTION & SAFETY									
Fall-Related Death Rate 65+	17	52.2	40.1*	56.7	47	2011-2013	deaths/100,000 population 65+ years	2.48	Asian (61) NHPI (109.3)
Nonfatal Injuries to Pedestrians	13	47.5	37.3*	24.3	20.3	2007-2011	injuries/100,000 population	2.48	
Fall-Related Death Rate	17	7.8	6.4*	8.5	7.2	2011-2013	deaths/100,000 population	2.28	NHPI (21.9)
Unintentional Suffocation Death Rate	17	2	1.6*	1.9	1.8	2009-2013	deaths/100,000 population	2.23	NHPI (5.4)
Unintentional Suffocation Death Rate 65+ Yrs	17	12.8	10.1*	8	7.5	2009-2013	deaths/100,000 population 65+ years	2.15	
Drowning Death Rate	17	2.2	2*	1.2	1.1	2009-2013	deaths/100,000 population	1.98	White (2.5) NHPI (7)
Hospitalization Rate due to Falls Among Seniors	13	927	920			2009	hospitalizations/100,000 population 65+	1.75	
Motorcycle Helmet Usage	15	48.6	44.5	60	74	1999	percent	1.73	
Safety Belt Usage- Reported	5	93.6	94	86.9		2013	percent	1.58	
Severe Housing Problems	8	26.5	27.3			2006-2010	percent	1.58	

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

PREVENTION & SAFETY (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Hospitalization Rate due to Injuries	13	500	439	598.6	556	2011	hospitalizations/100,000 population	1.53	
Death Rate due to Drug Poisoning	8	9.4	9.3			2004-2010	deaths/100,000 population	1.43	
Child Safety Seat Usage 0-12 Months	12	93.9	93	90	95	2005	percent	1.38	
Child Safety Seat Usage 1-3 yrs	12	78.9	73.5	73	79	2005	percent	1.28	
Intimate Partner Violence- Sexual	5	3	3.6	1.8		2013	percent	1.28	
Teens Who Texted or Emailed While Driving	31	41.7	43.3	41.4		2013	percent	1.28	
Pedestrian Death Rate	9	1.6	1.9			2009-2012	deaths/100,000 population	1.25	
ED Visits due to Unintentional Injuries	13	5680	5043*	9558	8310	2007-2011	visits/100,000 population	1.13	
Teens Who Carried a Weapon at School	31	3.9	4.2	5.4	4.6	2011	percent	1.13	
Intimate Partner Violence- Physical	5	8.3	9.5			2013	percent	1.05	
Nonfatal Injuries due to Motor Vehicle Collisions	13	489	433*	752.5	694	2007-2011	injuries/100,000 population	0.98	
Hospitalization Rate due to Unintentional Injuries	13	299	323			2009	hospitalizations/100,000 population	0.90	
Residential Fire Death Rate	17	0.2	0.2*	0.64	0.86	2004-2013	deaths/100,000 population	0.90	Asian (0.3) NHPI (0.8)
Poisoning Death Rate	17	11	10.8*	15.2	13.2	2011-2013	deaths/100,000 population	0.88	Black (13.8) White (19.7) NHPI (29.9)
Poisoning Death Rate (Unintentional)	17	9.3	9.2*	13.2	11.1	2011-2013	deaths/100,000 population	0.88	White (16.1) NHPI (27.3)
Poisoning Death Rate 35-54 yrs	17	22.4	20.6*	27.6	25.6	2011-2013	deaths/100,000 population	0.88	White (36.5) NHPI (64.8)
Hospitalization Rate due to Motor Vehicle Collisions	13	50.9	63.6			2009	hospitalizations/100,000 population	0.75	
ED Visits due to Injuries	13	5502	6002	10164	7453	2011	visits/100,000 population	0.73	
Injury Death Rate	17	41.2	42.4*	58.8	53.7	2011-2013	deaths/100,000 population	0.68	White (50.6) AIAK (76) NHPI (128.2)
Unintentional Injury Death Rate	17	27.4	27.5*	39.4	36.4	2011-2013	deaths/100,000 population	0.68	White (30.7) NHPI (85.1)
Poisoning Death Rate (Unintentional) 35-54 yrs	17	19.3	17.7*	24	21.6	2011-2013	deaths/100,000 population	0.68	White (29.7) NHPI (62)
Nonfatal Poisoning	13	55.1	63.2*	355.5	304.8	2007-2011	ED visits per 100,000	0.53	
Firearm-Related Death Rate	17	2.1	2.4*	10.4	9.3	2011-2013	deaths/100,000 population	0.43	White (4.1) NHPI (7.7)
Motor Vehicle Collision Death Rate	17	5.6	8.6*	10.9	12.4	2010-2012	deaths/100,000 population	0.43	Black (6) NHPI (20.2)
PUBLIC SAFETY									
Nonfatal Injuries to Pedestrians	13	47.5	37.3*	24.3	20.3	2007-2011	injuries/100,000 population	2.48	
Drinking and Driving	5	6	5.9	1.8		2012	percent	1.88	
Intimate Partner Violence Among Teens	31	11.3	11.1	10.3		2013	percent	1.88	
Hospitalization Rate due to Assault	13	24.4	24			2009	hospitalizations/100,000 population	1.75	
Motorcycle Helmet Usage	15	48.6	44.5	60	74	1999	percent	1.73	
Safety Belt Usage- Reported	5	93.6	94	86.9		2013	percent	1.58	
Child Safety Seat Usage 0-12 Months	12	93.9	93	90	95	2005	percent	1.38	
Adults Who Have Experienced Non-Contact Sexual Abuse	5	0.9	1			2013	percent	1.35	
Child Safety Seat Usage 1-3 yrs	12	78.9	73.5	73	79	2005	percent	1.28	
Intimate Partner Violence- Sexual	5	3	3.6	1.8		2013	percent	1.28	
Teens Who Texted or Emailed While Driving	31	41.7	43.3	41.4		2013	percent	1.28	
Pedestrian Death Rate	9	1.6	1.9			2009-2012	deaths/100,000 population	1.25	
Adults Who Have Experienced Rape	5	2.8	3.1			2013	percent	1.20	
Intimate Partner Violence Among Young Teens	31	6.8	7.3			2013	percent	1.20	Black (20.7) Asian (7.2) AIAK (43.8) NH (8) PI (10.1) Other (7.2)
Alcohol-Impaired Driving Deaths	8	33.1	41.6			2008-2012	percent	1.13	
Adults Who Have Experienced Rape or Attempted Rape	5	5.2	5.8			2013	percent	1.05	White (9.1) NH (8.2)

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

PUBLIC SAFETY (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Adults Who Have Experienced Sexual Abuse Other Than Rape	5	0.8	1			2013	percent	1.05	
Intimate Partner Violence- Physical	5	8.3	9.5			2013	percent	1.05	
Nonfatal Injuries due to Motor Vehicle Collisions	13	489	433*	752.5	694	2007-2011	injuries/100,000 population	0.98	
Hospitalization Rate due to Motor Vehicle Collisions	13	50.9	63.6			2009	hospitalizations/100,000 population	0.75	
Homicide Death Rate	17	1.6	1.7*	5.3	5.5	2009-2013	per 100,000 population	0.73	White (1.7) NHPI (8)
Nonfatal Injuries due to Assault	13	278	298*	564.9	461.2	2007-2011	ED visits per 100,000	0.68	
Violent Crime Perpetrated by Adolescents and Young Adults	30	218	238	344.5	399.6	2012	arrests per 100,000 people aged 10-24 years	0.53	
Firearm-Related Death Rate	17	2.1	2.4*	10.4	9.3	2011-2013	deaths/100,000 population	0.43	White (4.1) NHPI (7.7)
Motor Vehicle Collision Death Rate	17	5.6	8.6*	10.9	12.4	2010-2012	deaths/100,000 population	0.43	Black (6) NHPI (20.2)
RESPIRATORY DISEASES									
Tuberculosis Incidence Rate	11	10.1	8.6	3.2	1	2012	cases/100,000 population	2.58	
Hospitalizations for Asthma Among Children <5 yrs old	13	22.2	19.7		18.2	2012	per 10,000 children under 5	2.35	
Asthma Death Rate 35-64 Yrs	17	16.2	14.3*	11.4	4.9	2004-2013	deaths/1,000,000 population 35-64	2.23	NHPI (84.3)
Asthma: Medicare Population	7	5.3	5.2	4.9		2012	percent	2.20	
Asthma Death Rate 65+ Yrs	17	54.4	49.1*	36.7	21.5	2004-2013	deaths/1,000,000 population 65+	1.88	NHPI (201.2)
Pneumonia Vaccination Rate 65+	5	68.4	68.2	69.5	90	2013	percent	1.88	
Hospitalizations for Asthma 65+	13	21	18.7	25.5	20.1	2012	per 10,000 people 65 yrs and older	1.83	
COPD Prevalence 45+ Yrs	5	6.6	6.3	6.5		2013	percent	1.73	
Adults Exposed to SHS in the Home	5	11.9	11.8			2012	percent	1.65	
ED Visits for Asthma 65+	13	27.5	30		13.7	2011	per 10,000 people 65 yrs and older	1.65	
ED Visits for Asthma Among Children <5 yrs old	13	110.2	119.4		95.7	2011	per 10,000 children under 5	1.65	
Children with Current Asthma	5	11.9	12.8	9.2		2013	percent	1.58	
Adults with Asthma	5	9.3	9.4	9		2013	percent	1.43	
Bacterial Pneumonia	13	210.7	205.1	284.9		2011	hospitalizations/100,000	1.43	
Asthma Death Rate	17	1.2	1.4*	1.1		2011-2013	deaths/1,000,000 population	1.33	White (1.3) NHPI (4.3)
Influenza Vaccination Rate 18-64 yrs	5	44	40.3	33.1	80	2013	percent	1.28	
Influenza Vaccination Rate 65+	5	73	69.9	62.8	90	2013	percent	1.28	
COPD Death Rate 45+ Yrs	17	43.5	42.1	114.8	102.6	2013	deaths/100,000 population 45+ years	1.13	White (68.6) NHPI (117.1)
Lung and Bronchus Cancer Incidence Rate	20	50.1	49.1	64.9		2007-2011	cases/100,000 population	1.05	
Asthma in Younger Adults (Ages 18-39)	13	23.5	25.9	50.7		2011	hospitalizations/100,000	0.98	
COPD in Older Adults (Ages 40+)	13	290	293.4	477.3		2011	hospitalizations/100,000	0.98	
Asthma Death Rate <35 Yrs	17	2.5	2.9	3.5		2004-2013	deaths/1,000,000 population <35	0.95	
Days with Unsatisfactory Air Quality	16	0	254		227	2013	days	0.95	
Adults Exposed to Secondhand Smoke	5	13.4	13.8		33.8	2012	percent	0.90	
Hospitalizations for Asthma 5-64 yrs	13	5.5	5.8	10.5	8.7	2012	per 10,000 people 5-64 yrs old	0.73	
Lung Cancer Death Rate	17	31.1	31.8*	43.4	45.5	2011-2013	deaths/100,000 population	0.68	
COPD: Medicare Population	7	5.8	6	11.3		2012	percent	0.60	
ED Visits for Asthma 5-64 yrs	13	38.2	44.6	61.8	49.6	2011	per 10,000 people 5-64 yrs old	0.53	

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Data Scoring Appendix: Indicator Scores by Topic

SOCIAL ENVIRONMENT	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Teens with 2 Hours or Less of Computer and Video Game Time	31	56.5	57.9	58.7	82.6	2013	percent	2.18	
Young Teens with 2 Hours or Less of Computer and Video Game Time	31	57.7	58.8		100	2013	percent	2.10	
Young Teens with an Adult They Can Talk To	31	73.2	73.4		83.2	2013	percent	1.95	
Teens with More Than 3 Hours of Computer/Video Game Time	31	43.5	42.1	41.3		2013	percent	1.88	
Teens with 2 Hours or Less of TV Time	31	69.7	70.7	67.5	73.9	2013	percent	1.83	
Young Teens with More Than 3 Hours of Computer/Video Game Time	31	40.4	37.5			2011	percent	1.80	
Teens with an Adult They Can Talk To	31	80.7	80.8		83.2	2013	percent	1.75	
Teens who Watch 3+ Hours of Television	31	30.3	29.3	32.5		2013	percent	1.73	
Young Teens with 2 Hours or Less of TV Time	31	67.3	66.8		86.8	2013	percent	1.65	
Young Teens with More Than 3 Hours of TV Time	31	32.7	33.2			2013	percent	1.35	
Physical Fighting Among Teens	31	17.1	16.7	24.7	28.4	2013	percent	1.28	
Single-Parent Households	1	27.5	29.9	33.3		2009-2013	percent	1.15	
Children Living Below Poverty Level	1	13.4	15.4	21.6		2009-2013	percent	0.90	AIAK (61.8) NHPI (27.5) Mult (14) Other (23.3) Hisp (15.9)
SUBSTANCE ABUSE									
Illegal Drugs on School Property	31	31.7	31.2	22.1	20.4	2013	percent	2.33	
Smoke-Free Homes	5	80.2	80.6		87	2012	percent	1.90	
Drinking and Driving	5	6	5.9	1.8		2012	percent	1.88	
Women who Abstained from Alcohol in Their Third Trimester	23	93	93.1			2011	percent	1.80	
Women who Binge Drink Prior to Pregnancy (2004-2008)	23	19.2	19.5			2008	percent	1.65	
Adults who use Smokeless Tobacco	5	1.5	1.6	4.2	0.3	2013	percent	1.50	
Young Teens Who Smoke Cigarettes	31	5	5.2			2013	percent	1.50	
Death Rate due to Drug Poisoning	8	9.4	9.3			2004-2010	deaths/100,000 population	1.43	
Heavy Drinking	5	7.2	7.6	6.2		2013	percent	1.43	
Liquor Store Density	25	4.4	3.8	10.3		2012	stores/100,000 population	1.40	
Mothers who Smoked During Pregnancy	17	4	4.3	9	1.4	2013	percent	1.33	NH (10.3) PI (4.8)
Drug-Induced Deaths	17	11	10.6*	14.7	11.3	2011-2013	deaths/100,000 population	1.33	Black (13.8) White (18.9) NHPI (30.1)
Adults Who Attempted to Quit Smoking	5	63.6	61.6	51.8	80	2013	percent	1.28	
Adults who Binge Drink	5	18.7	18.3	26.9	24.4	2013	percent	1.28	
Binge Drinking Among Teen Boys	31	9.9	10.6	22	8.6	2013	percent	1.28	
Binge Drinking Among Teen Girls	31	11.9	12.9	19.6	8.6	2013	percent	1.28	NH (21.7) Other (12)
Adults who Smoke Cigarettes	5	12.1	13.3	19	12	2013	percent	1.23	
Women who Binge Drink Prior to Pregnancy (2009+)	23	21.8	24			2011	percent	1.20	
Alcohol-Impaired Driving Deaths	8	33.1	41.6			2008-2012	percent	1.13	
Cirrhosis Death Rate	17	6.4	6.7*	10.2	8.2	2011-2013	deaths/100,000 population	1.13	
Teens who have Used Methamphetamines	31	4.2	4.3	10.6		2013	percent	1.13	
Teens who Use Marijuana	31	16.5	18.9	23.4	6	2013	percent	1.13	
Teens Who Tried to Quit Smoking	31	67.8	64.8	49.9	64	2011	percent	1.03	
Excessive Drinking	5	19.8	19.7	28	25.4	2013	percent	0.98	
Young Teens who Use Marijuana	31	6	7.5		6	2013	percent	0.95	
Teens Who Never Used Illicit Drugs	31	59.1	56.4	50.1	58.6	2013	percent	0.88	
Adults Who Recently Quit Smoking	5	17	15.3	6.3	8	2013	percent	0.83	

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HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

SUBSTANCE ABUSE (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Teens who Use Alcohol	31	22.6	25.2	34.9		2013	percent	0.83	
Teens Who Never Drank Alcohol	31	50.7	47.5	33.8	30.5	2013	percent	0.68	
Teens Who Smoke Cigarettes	31	10.1	10.4	15.7	16	2013	percent	0.68	
Teens who Smoke Cigars	31	5.9	6.8	13.1	8	2011	percent	0.68	
Teens who Use Smokeless Tobacco	31	2.9	3.5	7.7	6.9	2011	percent	0.68	
Teens who Use Tobacco	31	13	14.5	23.4	21	2011	percent	0.68	
Women Who Quit Smoking During Pregnancy	23	77.3	73.9		30	2011	percent	0.60	
TEEN & ADOLESCENT HEALTH									
Teens Who Get Sufficient Sleep	31	23.6	26.8	31.7	33.1	2013	percent	2.48	
Illegal Drugs on School Property	31	31.7	31.2	22.1	20.4	2013	percent	2.33	
Teens who Meet Aerobic Physical Activity Guidelines	31	20.8	22	27.1	31.6	2013	percent	2.18	
Teens with 2 Hours or Less of Computer and Video Game Time	31	56.5	57.9	58.7	82.6	2013	percent	2.18	
Condom Use Among Teen Boys	31	51.3	53.5	65.8	81.5	2013	percent	2.10	
Teens Who Meet Muscle-Strengthening Guidelines	31	44.3	46.3	51.7		2013	percent	2.03	
Condom Use Among Teen Girls	31	42.3	41.5	53.1	55.6	2013	percent	1.88	
Intimate Partner Violence Among Teens	31	11.3	11.1	10.3		2013	percent	1.88	
Teen Fruit and Vegetable Consumption	31	15.1	15.6	22.3		2013	percent	1.88	
Teens Who Attend Daily Physical Education	31	7.3	7.3	29.4	36.6	2013	percent	1.88	
Teens who Engage in Regular Physical Activity	31	38.3	40.2	41.9		2013	percent	1.88	
Teens with More Than 3 Hours of Computer/Video Game Time	31	43.5	42.1	41.3		2013	percent	1.88	
Teens with 2 Hours or Less of TV Time	31	69.7	70.7	67.5	73.9	2013	percent	1.83	
Young Teens who Meet Aerobic and Muscle-Strengthening Guidelines	31	22.7	24			2013	percent	1.80	
Young Teens Who Meet Muscle-Strengthening Guidelines	31	50	52.2			2013	percent	1.80	
Teens With Disordered Eating	31	20	20		12.9	2013	percent	1.80	
Teens who are Cyberbullied	31	15.8	15.6	14.8		2013	percent	1.73	
Teens Who Attempted Suicide	31	2.9	3.2	2.7	1.7	2013	percent	1.73	
Teens who Watch 3+ Hours of Television	31	30.3	29.3	32.5		2013	percent	1.73	
Teens who Meet Aerobic and Muscle-Strengthening Guidelines	31	17.1	18.1			2013	percent	1.65	
Young Teens who Meet Aerobic Physical Activity Guidelines	31	31.6	32			2013	percent	1.65	
Teens Who Had a Physical in the Past Year	31	62.8	62.2		75.6	2013	percent	1.65	
Young Teens Who Had a Physical in the Past Year	31	46.7	46		75.6	2013	percent	1.65	
Abstain From Sex- Young Teen Girls	31	92.4	92.3		93.9	2013	percent	1.60	
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	31	16.7	15.8	27		2013	percent	1.58	
Abstain From Sex- Teen Boys	31	68.5	66.1		79.2	2013	percent	1.50	
Abstain From Sex- Teen Girls	31	63.3	62.3		80.2	2013	percent	1.50	
Young Teens who Engage in Regular Physical Activity	31	52.6	52.6			2013	percent	1.50	
Young Teens Who Smoke Cigarettes	31	5	5.2			2013	percent	1.50	
Teens Who Use Sunscreen	31	10.8	10.7	10.1	11.2	2013	percent	1.38	
Young Teens Who Saw a Dentist in the Past Year	31	61.2	61.5		49	2013	percent	1.35	
Abstain From Sex- Young Teen Boys	31	91.1	90.5		92.7	2013	percent	1.30	

* The measurement period for this comparison value differs slightly from the given measurement period for the county value. For more details, please consult page A-1 of the appendix.

** 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

HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

TEEN & ADOLESCENT HEALTH (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Binge Drinking Among Teen Boys	31	9.9	10.6	22	8.6	2013	percent	1.28	
Binge Drinking Among Teen Girls	31	11.9	12.9	19.6	8.6	2013	percent	1.28	NH (21.7) Other (12)
Physical Fighting Among Teens	31	17.1	16.7	24.7	28.4	2013	percent	1.28	
Teens Who Texted or Emailed While Driving	31	41.7	43.3	41.4		2013	percent	1.28	
Intimate Partner Violence Among Young Teens	31	6.8	7.3			2013	percent	1.20	Black (20.7) Asian (7.2) AIAK (43.8) NH (8) PI (10.1) Other (7.2)
Teens with a Healthy Body Weight	31	72.4	71.8			2013	percent	1.20	
Young Teens who are Bullied	31	42.7	44.6			2013	percent	1.20	
Young Teens who are Cyberbullied	31	22.5	23.7			2013	percent	1.20	
Teens Who Carried a Weapon at School	31	3.9	4.2	5.4	4.6	2011	percent	1.13	
Teens who have Used Methamphetamines	31	4.2	4.3	10.6		2013	percent	1.13	
Teens who Use Marijuana	31	16.5	18.9	23.4	6	2013	percent	1.13	
Pregnancies Among Females Aged 15-17 Years	17	18.5	18	30.1	36.2	2012	pregnancies/1,000 females aged 15-17	1.03	
Teens who are Bullied	31	17.7	18.7	19.6	17.9	2013	percent	1.03	
Teens Who Tried to Quit Smoking	31	67.8	64.8	49.9	64	2011	percent	1.03	
Teens who are Overweight	31	14.3	14.9	16.6		2013	percent	0.98	
Young Teens who Use Marijuana	31	6	7.5		6	2013	percent	0.95	
Teens Who Saw a Dentist in the Past Year	31	71.6	70.3		49	2013	percent	0.90	
Teens Who Never Used Illicit Drugs	31	59.1	56.4	50.1	58.6	2013	percent	0.88	
Teen Birth Rate	17	23.9	25	26.5		2013	births/1,000 women aged 15-19 years	0.83	Black (27.7) NHPI (112.9)
Teens who are Obese	31	13.3	13.4	13.7	16.1	2013	percent	0.83	
Teens who Use Alcohol	31	22.6	25.2	34.9		2013	percent	0.83	
Teens Who Never Drank Alcohol	31	50.7	47.5	33.8	30.5	2013	percent	0.68	
Teens Who Smoke Cigarettes	31	10.1	10.4	15.7	16	2013	percent	0.68	
Teens who Smoke Cigars	31	5.9	6.8	13.1	8	2011	percent	0.68	
Teens who Use Smokeless Tobacco	31	2.9	3.5	7.7	6.9	2011	percent	0.68	
Teens who Use Tobacco	31	13	14.5	23.4	21	2011	percent	0.68	
Deaths Among Adolescents Aged 10-14 Years	17	8.7	13.5*	14.1	14.8	2009-2013	deaths/100,000 population 10-14	0.58	
Violent Crime Perpetrated by Adolescents and Young Adults	30	218	238	344.5	399.6	2012	arrests per 100,000 people aged 10-24 years	0.53	
Deaths Among Adolescents Aged 15-19 Years	17	34	39.8*	44.8	54.3	2011-2013	deaths/100,000 population 15-19	0.38	NHPI (130.6)
Pregnancies Among Females Aged 18-19 Years	17	68.4	72.1	96.2	105.9	2012	pregnancies/1,000 females aged 18-19	0.38	
TRANSPORTATION									
Mean Travel Time to Work	1	27.2	26	25.5		2009-2013	minutes	2.20	
Solo Drivers with a Long Commute	8	42.8	38.9			2008-2012	percent	2.18	
Households with No Car and Low Access to a Grocery Store	28	1.1				2010	percent	1.20	
Hospitalization Rate due to Motor Vehicle Collisions	13	50.9	63.6			2009	hospitalizations/100,000 population	0.75	
Workers who Walk to Work	1	5.3	4.7	2.8	3.1	2009-2013	percent	0.55	Asian (4.1) NHPI (4.2) Mult (4)
Workers Commuting by Public Transportation	1	8.1	6.4	5	5.5	2009-2013	percent	0.20	
WELLNESS & LIFESTYLE									
Teens Who Get Sufficient Sleep	31	23.6	26.8	31.7	33.1	2013	percent	2.48	
Adults Who Get Sufficient Sleep	5	56.7	58.5	69.3	70.8	2013	percent	2.33	

* The measurement period for this comparison value differs slightly from the given measurement period for the county value. For more details, please consult page A-1 of the appendix.

** 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

HONOLULU COUNTY

Data Scoring Appendix: Indicator Scores by Topic

WELLNESS & LIFESTYLE (CONTINUED)	Source	Honolulu County	Hawaii State	Nation	HP2020	Measurement Period	Units	Score	High Race Disparity**
Teens with 2 Hours or Less of Computer and Video Game Time	31	56.5	57.9	58.7	82.6	2013	percent	2.18	
Teens with More Than 3 Hours of Computer/Video Game Time	31	43.5	42.1	41.3		2013	percent	1.88	
Teens with 2 Hours or Less of TV Time	31	69.7	70.7	67.5	73.9	2013	percent	1.83	
Teens who Watch 3+ Hours of Television	31	30.3	29.3	32.5		2013	percent	1.73	
Self-Reported Health Status of Good or Better	5	86.5	86.2	83.3		2013	percent	1.28	
Self-Reported Good Physical and Mental Health	5	56.4	55.6	49.6		2013	percent	1.13	
Life Expectancy for Males	19	78.1	77.9	76.1		2010	years	0.80	
Life Expectancy for Females	19	83.7	83.5	80.8		2010	years	0.60	
WOMEN'S HEALTH									
Breast Cancer Incidence Rate	20	131.4	126	122.7		2007-2011	cases/100,000 females	2.20	
Pap Test History	5	77.7	79.1	78	93	2013	percent	2.18	
Preventive Services for Older Women	5	39.1	40.2	39.2	46.8	2013	percent	2.18	
Cervical Cancer Death Rate	17	2.1	2.3*	2.3	2.2	2009-2013	deaths/100,000 females	1.55	NHPI (8.7)
Mammogram History	5	81.4	80.4	74		2013	percent	1.13	
Cervical Cancer Incidence Rate	20	7.1	7.3	7.8	7.1	2007-2011	cases/100,000 females	1.00	
HPV Vaccination	5	13.4	11.9	10.6		2013	percent	0.83	
Life Expectancy for Females	19	83.7	83.5	80.8		2010	years	0.60	
Breast Cancer Death Rate	17	13.2	15.1*	20.8	20.7	2011-2013	deaths/100,000 females	0.23	Black (48.1) White (13.4) NHPI (54.5)

* The measurement period for this comparison value differs slightly from the given measurement period for the county value. For more details, please consult page A-1 of the appendix.

** 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

C. APPENDIX C: Secondary Data Sources and Dates, KP CHNA data platform

1. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010.
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2012.
3. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2011-2012.
4. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
5. Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2008.
6. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012.
7. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2010.
8. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. US Department of Health & Human Services, Health Indicators Warehouse. 2012.
9. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2006-2010.
10. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2010.
11. Centers for Disease Control and Prevention, National Vital Statistics System. Centers for Disease Control and Prevention, Wide Ranging Online Data for Epidemiologic Research. 2007-2011.
12. Centers for Disease Control and Prevention, National Vital Statistics System. University of Wisconsin Population Health Institute, County Health Rankings. 2008-2010.
13. Centers for Disease Control and Prevention, National Vital Statistics System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-2012.
14. Centers for Medicare and Medicaid Services. 2012.
15. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2011-2012.
16. Dartmouth College Institute for Health Policy & Clinical Practice. Dartmouth Atlas of Health Care. 2012.
17. Environmental Protection Agency, EPA Smart Location Database. 2011.
18. Federal Bureau of Investigation, FBI Uniform Crime Reports. 2010-2012.
19. Feeding America. 2012.
20. Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2011.
21. National Center for Education Statistics, NCES – Common Core of Data. 2013-2014.
22. National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS). 2014.
23. National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2007-11.
24. New America Foundation, Federal Education Budget Project. 2011.
25. Nielsen, Nielsen Site Reports. 2014.
26. University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013.
27. University of Wisconsin Population Health Institute, County Health Rankings. 2014.
28. US Census Bureau, American Housing Survey. 2011, 2013.
29. US Census Bureau, County Business Patterns. 2013.
30. US Census Bureau, Decennial Census. 2000-2010.
31. US Census Bureau, Decennial Census, ESRI Map Gallery. 2010.
32. US Census Bureau, Small Area Income & Poverty Estimates. 2011.
33. US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2010.
34. US Department of Agriculture, Economic Research Service, USDA – Food Environment Atlas. 2011.
35. US Department of Agriculture, Economic Research Service, USDA – Child Nutrition Program. 2013.
36. US Department of Education, EDFacts. 2011-2012.
37. US Department of Health & Human Services, Administration for Children and Families. 2014.

38. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. June 2014.
39. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012.
40. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.
41. US Department of Housing and Urban Development. 2013.
42. US Department of Labor, Bureau of Labor Statistics. June 2015.
43. US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2013.
44. US Drought Monitor. 2012-2014
45. Walk Score®, 2012.

D. APPENDIX D: Quantitative Data Scoring Methodology

Secondary Data Scoring

Each indicator from Hawaii Health Matters, as well as the preventable hospitalization rates provided by HHIC, were assessed for Honolulu County using up to six comparisons as possible. Each one is scored from 0-3 depending on how the County value compares to the relevant benchmarks as described below.

Comparison to Other Hawaii Counties

Values for all four Hawaii counties (excluding Kalawao County) are ranked from best to worst and the score is determined by where Honolulu County falls in the ranking.

Comparison to Distribution of U.S. County Values

A distribution is created by taking all County values, ordering them from low to high, and dividing them into four equally sized groups based on their order. The comparison score is determined by which of these four groups (quartiles) Honolulu County falls in.

Comparison to Hawaii value and U.S. value

For the comparisons to a single value, the scoring depends on whether Honolulu County has a better or worse value, and the percent difference between the two values. The same method is used to score the comparison to the value for the State of Hawaii and for the comparison to the U.S. value. Unless otherwise noted, the measurement periods for both the Honolulu County and State of Hawaii values are identical. In the data tables, a State value is marked with an asterisk if (1) its measurement period overlaps with but does not exactly align with the County measurement period, or (2) its measurement period differs by one year at most.

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

The Mann-Kendall statistical test for trend is used to assess whether the indicator value is increasing over time or decreasing over time, and whether the trend is statistically significant.
The trend comparison uses the four most recent comparable values for the County, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

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.

E. APPENDIX E: Community Input Tracking Form

	DATA COLLECTION METHOD	TITLE/NAME	NUMBER	TARGET GROUP(S) REPRESENTED	ROLE IN TARGET GROUP	DATE INPUT WAS GATHERED
	Meeting, focus group, interview, survey, written correspondence, etc.	**Respondent's title/role and organization or focus group name**	**Number of participants**	**List all that apply. (a) health department representative (b) minority, (c) medically underserved, and (d) low-income**	**Leader, representative, member**	**Date of data collection**
1	Key Informant Interview	Aloha United Way	1	Medically underserved, low-income	Leader	11/19/14
2	Key Informant Interview	Chief Medical Officer, AlohaCare	1	Low-income	Leader	1/22/15
3	Key Informant Interview	Executive Director, CareResource Hawaii	1	Low-income	Leader	1/23/15
4	Key Informant Interview	Director of Health, Hawaii State Department of Health	1	Health department representative	Leader	11/17/14
5	Key Informant Interview	Chief Executive Officer, Helping Hands Hawaii	1	Medically underserved, low-income	Leader	1/13/15
6	Key Informant Interview	Project Director, Hilopa'a Family to Family Health Information Center	1	Medically underserved	Leader	1/22/15
7	Key Informant Interview	Director of Emergency Services, Honolulu City & County, Emergency Services Department	1	Health department representative	Leader	1/7/15
8	Key Informant Interview	Executive Director, I.H.S.	1	Medically underserved, low-income	Leader	11/25/14

9	Key Informant Interview	Assistant Director, Pediatrics, John A. Burns School of Medicine, Hawaii Initiative for Childhood Obesity Research and Evaluation	1	Medically underserved, low-income, minority	Leader	1/23/15
10	Key Informant Interview	Department Chair, Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii at Manoa	1	Minority	Leader	1/9/15
11	Key Informant Interview	Department Chair, Pediatrics, John A. Burns School of Medicine, University of Hawaii at Manoa	1	Medically underserved	Leader	1/15/15
12	Key Informant Interview	Executive Director, Mental Health America Hawaii	1	Medically underserved	Leader	11/17/14
13	Key Informant Interview	CEO, Sutter Pacific Health dba Kahi Mohala	1	Medically undeserved, low-income	Leader	12/15/14
14	Key Informant Interview	Dental Director, Waianae Comprehensive Community Health Center	1	Medically underserved, low-income, minority	Leader	1/12/15
15	Key Informant Interview	CEO, Waikiki Health	1	Medically underserved, low-income, minority	Leader	11/13/14
16	Key Informant Interview	CEO, Waimanalo Health Center	1	Medically underserved, low-income, minority	Leader	11/17/14

F. APPENDIX F: Community Representatives Validating Health Needs Prioritization

Interviewee	Title	Organization/Affiliation
Jennifer Dang	FFVP & Special Projects Coordinator	Hawaii Child Nutrition Program
May Okihiro, MD, MS	Director	Hawai'i Initiative for Childhood Obesity Research and Education (HICORE)
Robert Hirokawa	Chief Executive Officer	Hawaii Primary Care Association

G. APPENDIX G: Key Informant Interview Questions

Between October 2014 and February 2015, Storyline Consulting conducted key informant interviews with community health experts in Honolulu County. 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?

H. APPENDIX H: Honolulu County Health Need Profiles

Health Need Profile: Access to Care

Relevant Health Outcome Data
According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on all Access to Care core indicators.

Report Area	Dentists, Rate per 100,000 Pop.	Primary Care Physicians, Rate per 100,000 Pop.	Percent Adults Without Any Regular Doctor	Mental Health Care Provider Rate (Per 100,000 Population)
Honolulu County, HI	90.4	85.9	14.44%	169.6
Hawaii	81.6	83.9	16.19%	162.2

According to the Hawaii Health Matters data platform, in 2012, there were few practicing Doctors of Osteopathic Medicine (DOs) in Honolulu County, at just 3.5 DOs per 100,000 population, compared to the State ratio of 4.2 DOs for every 100,000 population.

Contributing factors related to Access to Care
Access to Dental Care: Despite the fact that there are more dentists per 100,000 population in Honolulu County, a greater percentage of the population in Honolulu live in a dental health professional shortage area (HPSA) according to the KP CHNA data platform.

Report Area	Percentage of Population Living in a dental HPSA
Honolulu County, HI	6.99%
Hawaii	5.81%

Utilization of Preventive Services: Utilization of certain preventive services among older men and women in Honolulu County falls below Hawaii averages and the Healthy People 2020 targets. For adults aged 65 and older, these services include a flu shot in the past year, a pneumonia vaccination, and either a colonoscopy/sigmoidoscopy in the past 10 years or a fecal occult blood test in the past year, plus a mammogram in the past two years for women. 39.1% of women and 40.0% of men aged 65 and older in Honolulu County received these preventive services in 2013, compared to the Healthy People 2020 target of 44.6%.

In 2013, teens and young teens (together representing grades 6-12) in Honolulu County did not meet the Healthy People 2020 targets for the percentage receiving a physical in the past year.

Stakeholder Interview themes
Key informants identified the need for more culturally competent care for residents and migrants of diverse backgrounds. Language translation services especially are in high demand; a key informant shared that over 20 different languages are spoken at her health center.
One key informant attributed the physician shortage to low reimbursement rates and difficulty in claiming Medicaid and Medicare payments. Another discussed how physician shortages particularly

impact indigent patients.
Although Honolulu County performs well on indicators of insurance coverage, key informants identified other significant access and affordability issues, including the high cost of prescription refills and home health coverage gaps on some insurance plans.

The subpopulations experiencing greatest impact
Race/ethnic groups: According to the KP CHNA data platform, Native American/Alaska Native and Native Hawaiian/Pacific Islanders are less likely to have health insurance when compared to other racial/ethnic groups in Honolulu County.

According to the Hawaii Health Matters data platform, residents of Pacific Islander and Native Hawaiian descent face substantially greater challenges in accessing health services, as measured by two indicators: adults without health insurance, and adults who did not see a doctor due to cost in the past year. A high proportion of Filipino residents also reported not being able to see a doctor due to cost.

Highly Impacted Populations, Access to Health Services		
	Honolulu County	Highly impacted groups
No Doctor Visit due to Cost, 2013	7.2%	Pacific Islander: 20.1% Native Hawaiian: 11.5% Filipino: 11.1%
Adults without Health Insurance, 2013	8.8%	Pacific Islander: 24.5% Native Hawaiian: 13.1%

Low-income individuals: A key informant identified a need for more education on the difference between preventive and emergency care, especially for low-income individuals for whom the cost of an Emergency Department (ED) visit is especially burdensome. The informant elaborated that the ED is sometimes used for preventive services that could be accessed through other, less expensive means.

Summary
Access to high quality, culturally competent, affordable healthcare and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable.

According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on all Access to Care core indicators. Many residents have health insurance coverage. However, there is a shortage of mental health and oral health care providers, especially those who accept Medicaid. According to both the KP CHNA data platform and the Hawaii Health Matters data platform, Native Hawaiian and Pacific Islanders are less likely to have health insurance. Key informants identified the need for more culturally competent care, as well as more translation and interpretation services.

Health Need Profile: Mental Health and Mental Disorders

Relevant Health Outcome Data
According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on all mental health indicators.

The Hawaii Health Matters data platform shows that a portion of the North Shore is designated as a Mental Health Professional Shortage Area (HPSA).

In terms of services, there are insufficient levels of care for different populations. Severely mentally ill patients can only access State hospital services if they are in a crisis and commit a crime first. The mentally ill are not receiving the necessary wraparound services. The table below shows the percentages of total hospital admissions due to mental illnesses and disorders.

Percent of Hospital Admissions in 2006-2010 due to:	Honolulu County	Hawaii State
Schizophrenia	2.3%	2.3%
Mood	5.7%	6.1%
Delirium/Dementia	9.0%	8.4%
Anxiety	2.5%	2.6%

Contributing factors related to Mental Health
Honolulu County benchmarks well on "lack of social or emotional support," the only mental health related indicator in the KP CHNA data platform.

Key Informant Interview Themes
Multiple key informants noted a shortage of psychiatrists in Honolulu County, and Medicaid payments are a contributing factor – the reimbursement process has become increasingly bureaucratic and difficult. Multiple key informants expressed concern over insufficient psychiatric beds in public facilities. Another key informant highlighted the need for better population-based mental health data to improve understanding of the disease burden.

A few key informants noted that better coordination and integration of mental health services with other healthcare is needed. In addition, there is a shortage of wraparound services to serve the longer-term needs of the mentally ill homeless population and prevent repeated use of the emergency department.

Multiple key informants noted the need to screen for depression and provide treatment. When it comes to adolescent depression screening, there is no one-stop shop for children with positive diagnoses. According to a key informant, physicians are unsure of how to bill for services, and referral mechanisms for follow-up treatment are nonexistent.

The subpopulations experiencing greatest impact
Race/ethnic groups: Data in both the KP CHNA data platform and Hawaii Health Matters data platform found disparities in suicide rates among ethnic/racial populations.
According to the Hawaii Health Matters data platform, residents of Native Hawaiian and Pacific Islander descent had a suicide death rate nearly three times higher than the overall population in Honolulu County in 2013.

Subpopulations experiencing greatest impact, Suicide rate

	Honolulu County	Black	White	Nat. Hawaiian/ Pac. Islander
Suicide death rate, 2013*	10.0	15.6	14.4	29.2

*per 100,000 population

Children, teens, and adolescents: Concerns for teens include eating disorders, cyber-bullying, and suicide. Honolulu County performs poorly on these indicators when compared to national values or to Healthy People 2020 targets.

Teen Mental Health				
2013 Teens:	Honolulu County	State	US	HP2020
With disordered eating	20.0%	20.0%	-	12.9%
Who are cyber-bullied	15.8%	15.6%	14.8%	-
Who attempted suicide	2.9%	3.2%	2.7%	1.7%

Key informants identified a shortage of child and adolescent psychiatric behavioral health services. One key informant suggested that better care needs to be provided to teens following release from the hospital for suicide attempts, as these vulnerable youth are often sent back to the same situations that contributed to their poor mental health in the first place.

Homeless population: A key informant identified homelessness as a significant barrier to receiving mental health services. Mental illness is a driving factor behind increasing rates of homelessness in Hawaii. This population often utilizes the emergency room for mental health issues that could be treated through regular, preventative mental health care.

Low-income: According to a key informant, low-income children and their families have compounded unmet mental health needs. Maternal stress resulting from relationships, finances, and overwhelming responsibilities may adversely affect children's mental health.

Summary

Mental health and well-being are essential to living a meaningful and productive life. Mental health and well-being provide people with the necessary skills to cope with and move on from daily stressors and life's difficulties allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society.

According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on all mental health indicators. According to the Hawaii Health Matters data platform, certain population subgroups benchmark poorly when compared to the County as a whole: residents of Native Hawaiian and Pacific Islander descent had a suicide death rate nearly three times higher than the overall population in Honolulu County in 2013. Key informants identified a lack of psychiatric care and preventive services and lack of integration of mental health care as key issues that need to be addressed.

Health Need Profile: Prevention and Safety, including Violence/Injury Prevention

Relevant Health Outcome Data
According to the KP CHNA data platform, Honolulu County benchmarks well on all violence/injury prevention core indicators with the exception of robbery where Honolulu benchmarks poorly compared to the State.

Report Area	Assault Rate (Per 100,000 Pop.)	Robbery Rate (Per 100,000 Pop.)
Honolulu County, HI	138.2	90.8
Hawaii	149.8	77.1

According to the Hawaii Health Matters data platform, in 2011, Honolulu County had the highest rate of all counties in Hawaii for hospitalizations due to injuries, at 500 per 100,00 population compared to 439 per 100,000 population for Hawaii overall. The County did not meet the Healthy People 2020 target rate for nonfatal pedestrian injuries, at 47.5 injuries per 100,000 population in 2007-2011, compared to the target of 20.3.

In 2009, the hospitalizations due to falls among seniors was 927 per 100,000 population. Seniors also suffer high death rates due to unintentional suffocation.

Deaths/100,000 population 65+	Honolulu County	Hawaii	HP2020
Fall-related, 2011-2013	52.2	40.1	47.0
Unintentional suffocation, 2009-2013	12.8	10.1	7.5

Contributing factors related to Prevention and Safety
According to the KP CHNA data platform, Honolulu County benchmarks well on all violence/injury prevention related indicators.

Key Informant Interview Themes
A key informant observed that a major challenge is improving public understanding that injuries are preventable, and suggested that existing injury prevention programs and community coalitions could be more fully utilized. A key informant recommended expanding services for older adults to keep the aging population in Honolulu County healthy.

The subpopulations experiencing greatest impact
Race/ethnic groups: According to the KP CHNA data platform, Non-Hispanic Whites are more likely to die by suicide or in a motor vehicle accident compared to other ethnic/racial groups in the County.

According to the Hawaii Health Matters data platform, large disparities are evident for many injury-related indicators. The rate of mortality due to injury is highest among the Native Hawaiian or Other Pacific Islander group. A key informant noted that different approaches are needed to counter cultural beliefs that injury prevention is not possible.

Injury-Related Death Rates*	Honolulu County	Highly Impacted Groups
Drowning Death Rate, 2009-2013	2.2	White (2.5) Native Hawaiian or Other Pacific Islander (7)
Injury Death Rate, 2011-2013	41.2	White (50.6) American Indian or Alaska Native (76) Native Hawaiian or Other Pacific Islander (128.2)
Motor Vehicle Collision Death Rate, 2010-2012	5.6	Black (6) Native Hawaiian or Other Pacific Islander (20.2)
Poisoning Death Rate, 2011-2013	11.0	Black (13.8) White (19.7) Native Hawaiian or Other Pacific Islander (29.9)
Unintentional Injury Death Rate, 2011-2013	27.4	White (30.7) Native Hawaiian or Other Pacific Islander (85.1)
Homicide Death Rate, 2009-2013	1.6	White (1.7) Native Hawaiian or Other Pacific Islander (8.0)
Fall-Related Death Rate, 2011-2013	7.8	Native Hawaiian or Other Pacific Islander (21.9)
Fall-Related Death Rate 65+, 2011-2013	52.2	Asian (61) Native Hawaiian or Other Pacific Islander (109.3)
Poisoning Death Rate 35-54 yrs, 2011-2013	22.4	White (36.5) Native Hawaiian or Other Pacific Islander (64.8)
Poisoning Death Rate (Unintentional) 35-54 yrs, 2011-2013	19.3	White (29.7) Native Hawaiian or Other Pacific Islander (62)
Poisoning Death Rate (Unintentional), 2011-2013	9.3	White (16.1) Native Hawaiian or Other Pacific Islander (27.3)
Firearm-Related Death Rate, 2011-2013	2.1	White (4.1) Native Hawaiian or Other Pacific Islander (7.7)
Unintentional Suffocation Death Rate, 2009-2013	2.0	Native Hawaiian or Other Pacific Islander (5.4)
Residential Fire Death Rate, 2004-2013	0.2	Asian (0.3) Native Hawaiian or Other Pacific Islander (0.8)

Summary

Safe communities contribute to overall health and well-being. Safe communities promote community cohesion and economic development, provide more opportunities to be active and improve mental health while reducing untimely deaths and serious injuries.

According to the KP CHNA data platform, Honolulu County benchmarks well on all violence/injury prevention core indicators with the exception of robbery where Honolulu benchmarks poorly compared to the State. In 2011, Honolulu County had the highest rate of all counties in Hawaii for hospitalizations due to injuries. The rate of mortality due to injury is highest among the Native Hawaiian or Other Pacific Islander group.

Health Need Profile: Oral Health

Relevant Health Outcome Data
According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on most oral health indicators. Honolulu County has a shortage of dental health care providers when compared with the State.

Report Area	Percent Adults with Poor Dental Health	Percent Adults with No Dental Exam	Percentage of Population Living in a HPSA
Honolulu County, HI	10.5%	24.2%	6.99%
Hawaii	10.8%	26.1%	5.81%

Contributing factors related to Oral Health
According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on soft drink expenditures, the only related indicator for which there is data available.

Key Informant Interview Themes
One key informant stressed the importance of oral health, as it is often closely linked to chronic diseases. Others suggested that access to oral health services in Honolulu County could be improved, particularly in rural communities. One informant observed that few providers accept Medicaid, and that the State provides funding for the uninsured to receive many types of preventive care, but not dental services. An increase in dental emergencies among adults was tied back to the lack of access to oral health services, particularly among the Medicaid population.

The subpopulations experiencing greatest impact
Children, teens, and adolescents: According to the 2011 Pew Center on the States report on children's dental health, Hawaii meets only one out of eight policy benchmarks aimed at improving children's oral health, making Hawaii one of the worst overall performers across the nation.

One key informant noted that while some children receive dental care from dentists visiting schools, healthy decisions need to be enforced at both home and school—for instance, it was suggested that parents and grandparents replace sugary drinks with water.

Race/ethnic groups: Race/ethnicity data is not available on the KP CHNA data platform for oral health indicators.

According to a key informant, residents of Native Hawaiian and Pacific Islander descent are not receiving effective oral health interventions like fluoride treatments. Another key informant noted that dental problems are more severe among new immigrants, especially Micronesians and Filipinos.

Summary
Oral health contributes to a person's overall well-being. Oral diseases contribute to the high cost of care and cause pain and disability for those who do not have access to proper oral health services.

Although Honolulu County benchmarks well compared to the the State on most oral health indicators, a greater percentage of the population lives in a dental health professional shortage area when compared to the State.

Health Need Profile: Exercise, Nutrition and Weight/Diabetes

Relevant Health Outcome Data
According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on Overweight, Obesity and Diabetes indicators.

Report Area	Percent Adults Overweight	Percent Adults with BMI > 30.0 (Obese)	Population with Diagnosed Diabetes, Age-Adjusted Rate
Honolulu County, HI	33%	22.2%	7.5%
Hawaii	33.1%	22.4%	7.34%

According to the Hawaii Health Matters data platform, in 2012, 28.5% of Medicare beneficiaries in the County were treated for diabetes, indicating a high prevalence among Honolulu County's Medicare population relative to other U.S. counties.

Contributing factors related to Obesity/HEAL/Diabetes
According to the KP CHNA data platform, Honolulu County benchmarks poorly on the following contributing factors related to Obesity/HEAL/Diabetes:

- Fruit/Vegetable Consumption (Adult)
- Food Environment - Fast Food Restaurants
- Food Environment - Grocery Stores
- Food Environment - WIC-Authorized Food Stores

Report Area	Percent Adults with Inadequate Fruit / Vegetable Consumption	Fast Food establishments, Rate per 100,000 Population	Grocery stores Rate per 100,000 Population	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Honolulu County, HI	75.7%	96.41	20.35	7.1
Hawaii	74.4%	91.9	22	10.1

Fruit and Vegetable Consumption: According to the Hawaii Health Matters data platform, many adults and teens in Honolulu County do not meet recommendations for fruit and vegetable consumption. In 2013, only 16.4% of adults and 15.1% of teens consumed five or more servings of fruits and vegetables daily, and 24.6% of adults ate less than one serving of vegetables per day. Among public high school students, 16.7% drank non-diet soda at least once per day in 2013, compared to 15.8% in Hawaii overall.

Physical Activity: In 2009, a slightly smaller proportion of adults engaged in regular physical activity in Honolulu County (52.1%) than Hawaii overall (53.2%).

Diabetes self-management: In 2013, only 46.7% of diabetic adults in Honolulu County took a course

in diabetes self-management, failing to meet the Healthy People 2020 target of 62.5%. Two measures of good diabetes management are daily blood glucose testing and glycosylated hemoglobin (HbA1C, or A1c) testing. Adults with diabetes in Honolulu County did not meet the Healthy People 2020 targets for these tests in 2013.

Percentage of adults with diabetes in 2013 who:	Honolulu County	Hawaii	HP 2020
Test their blood glucose daily	47.2%	50.7%	70.4%
Have a biannual HbA1c check	66.2%	67.7%	71.1%

The rate of lower-extremity amputation, often an indication of poorly managed diabetes, was also higher in Honolulu County compared to Hawaii (18.7 vs. 17.4 per 100,000 population) as of 2011. Rates of hospitalization due to long-term complications of diabetes were also relatively high, 89.7 per 100,000 population compared to the State's 82.8 hospitalizations per 100,000 population in 2011.

Key Informant Interview Themes
Multiple key informants identified the related issues of obesity and diabetes as major health concerns in Honolulu County, and one suggested both conditions needed to be addressed in a community setting.

A key informant stressed the importance of proximity to healthy food choices, and praised farmers markets for their positive impact on access to nutritious foods.

The subpopulations experiencing greatest impact
Race/ethnic groups: According to the KP CHNA data platform, Hispanic/Latino youth were disproportionately impacted by obesity compared to non-Hispanic youth; 20.40% compared to 11.50% in Honolulu County. Non-Hispanic Whites, Non-Hispanic Blacks and Hispanic/Latino youth were more likely to be physically inactive than their peers.

According to the Hawaii Health Matters data platform, obesity prevalence is especially high among residents of Pacific Islander or Native Hawaiian descent. Key informants echoed this finding, noting that these groups are more affected by poor nutrition and obesity because they experience higher rates of poverty. A key informant called for increased cultural awareness, such as offering culturally sensitive cooking classes, to effectively change health behaviors. Another suggested tactic was to focus on nutrition education for children to help behavioral changes take root in families.

	Adults who are Obese, 2013
Honolulu County	21.6%
Other Pacific Islander	56.0%
Native Hawaiian	40.7%
Black	31.4%
Other	26.8%
White	22.3%
Filipino	16.8%
Japanese	14.6%
Chinese	8.4%

Multiple key informants identified Native Hawaiians and Pacific Islanders as disproportionately impacted by diabetes and other preventable chronic diseases, which is corroborated by quantitative data, as seen in the table below.

	Honolulu County	Asian	Black/ African American	Nat. Hawaiian/ Other Pac. Islander	White
Death Rate due to Diabetes, 2011-2013*	15.0	11.4	38.8	82.7	9.4

*per 100,000 population

Children, teens, and adolescents: Most teens and young teens (defined as those in grades 9-12 and grades 6-8, respectively) in the County failed to meet physical activity guidelines. Guidelines for aerobic activity are at least 60 minutes daily for the past week, and for muscle-strengthening, activity three days a week. In addition, many young teens reported spending more than the maximum two hours of screen time recommended by the American Academy of Pediatrics, an indicator associated with low physical activity levels.

Physical Activity Indicators, 2013	Honolulu County	Hawaii	US	Healthy People 2020
Teens who attend daily physical education	7.3%	7.3%	29.4%	36.6%
Teens who engage in regular physical activity	38.3%	40.2%	41.9%	-
Teens who meet aerobic physical activity guidelines	20.8%	22.0%	27.1%	31.6%
Teens who meet muscle-strengthening guidelines	44.3%	46.3%	51.7%	-
Teens who meet aerobic *and* muscle-strengthening guidelines	17.1%	18.1%	-	-
Young teens who meet aerobic physical activity guidelines	31.6%	32.0%	-	-
Young teens who meet muscle-strengthening guidelines	50.0%	52.2%	-	-
Young teens who meet aerobic *and* muscle-strengthening guidelines	22.7%	24.0%	-	-

Low-income population: A key informant noted the link between poverty and increased risk of chronic diseases and obesity. Compared to other U.S. counties, Honolulu County has relatively few stores certified to accept Supplemental Nutrition Assistance Program (SNAP) benefits. At 0.6 stores per 1,000 population in 2012, this put the County at the low end of the distribution in the State and in the nation. In addition, only 9.8% of farmers markets in the County accepted SNAP Electronic Benefit Transfer (EBT) transactions in 2012, roughly a third of the State average of 27.0%.

Key informants noted that individuals with diabetes face additional barriers to staying healthy if they are low-income. One expert observed that lower-income residents are being diagnosed with chronic diseases like diabetes in late, rather than early, stages, and that these communities are impacted by social and environmental determinants such as poor housing, low education, high poverty, and streets and sidewalks that are unsafe for pedestrians.
Homeless population: Key informants indicated that poor nutrition impedes healing among the

homeless population, and that this group also struggles with obesity due to barriers in access to healthy foods.

Summary
A lifestyle that includes healthy eating and physical activity improves overall health, mental health, and cardiovascular health, reducing costly and debilitating health outcomes such as obesity, diabetes, cardiovascular disease, and strokes.

According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on Obesity, Overweight and Diabetes core indicators. Honolulu County benchmarks poorly compared to the State on many contributing factors, including fruit and vegetable consumption and number of grocery stores. According to the Hawaii Health Matters data platform, obesity prevalence and death rates due to diabetes are especially high among residents of Pacific Islander or Native Hawaiian descent. Multiple key informants identified Native Hawaiians and Pacific Islanders as disproportionately impacted by diabetes and other preventable chronic diseases. Additionally, most teens failed to meet physical activity guidelines.

Health Need Profile: Cardiovascular Disease and Stroke

Relevant Health Outcomes Data
According to the KP CHNA data platform, Honolulu benchmarks well compared to the State on all Cardiovascular Disease and Stroke core indicators.

Overall, Honolulu County did not meet 12 of the 16 Healthy People 2020 Goals for Heart Disease and Stroke, indicating that this is a health area in need of improvement.

According to the Hawaii Health Matters data platform, in 2011, 17.7 adults per 100,000 in Honolulu County were hospitalized for angina without a cardiac procedure, which was higher than the rate for Hawaii overall (16.7 hospitalizations per 100,000 population). Hospitalizations for heart failure were also high for the County, at 285.8 hospitalizations per 100,000, compared to the State's 267.4 hospitalizations per 100,000.

The prevalence of stroke is slightly higher among Honolulu County's adult and Medicare populations compared to Hawaii's: 2.8% of the County's adult population experienced a stroke in 2013, compared to 2.7% of the State, and 3.9% of the County's Medicare population were treated for a stroke in 2012, compared to 3.7% of the State's Medicare population.

Contributing factors related to Cardiovascular Disease and Stroke
According to the KP CHNA data platform, Honolulu benchmarks well compared to the State on all Cardiovascular Disease and Stroke related indicators.
High blood pressure and high cholesterol are major modifiable risk factors for heart disease and stroke. Prevalence among adults in Honolulu County fails to meet Healthy People 2020 targets, and prevalence among the County's Medicare population compares unfavorably to the State and the nation.

	Honolulu County	Hawaii	U.S.	Healthy People 2020
High Blood Pressure Prevalence, 2013	28.8%	28.5%	31.4%	26.9%
High Cholesterol Prevalence, 2013	34.4%	34.9%	38.4%	13.5%
Hypertension, Medicare Population, 2012	57.7%	55.8%	55.5%	-
Hyperlipidemia (high cholesterol and triglycerides), Medicare Population, 2012	57.0%	54.0%	44.8%	-

Recognizing the early signs and symptoms of a stroke and responding quickly is imperative to preventing disability and death. As of 2009, 42.9% of adults could correctly identify five early symptoms of a stroke, which fails to meet the Healthy People 2020 target of 59.3%.

Among survivors of stroke in Honolulu County, only 21.9% were referred to any kind of outpatient rehabilitation to help regain lost skills and independence in 2013, comparing unfavorably to the national average (30.7%).

Key Informant Interview Themes
Cardiovascular Disease and Stroke did not emerge as a topic in the key informant interviews.

The subpopulations experiencing greatest impact

Race/ethnic groups: According to the Hawaii Health Matters data platform, the rate of death from heart disease and stroke is higher for Whites and Native Hawaiian/ Pacific Islanders, compared to other ethnicities in the County. Native Hawaiians and Other Pacific Islanders have the highest death rates due to stroke and heart disease. This population has a death rate over three times higher than Honolulu County's overall population for both heart disease and stroke.

The racial/ethnic disparities data on heart disease and stroke from the Hawaii Health Matters platform is more recent than data from the KP CHNA data platform and was used for this analysis.

Death rate, 2013*	Honolulu County	Asian	Black	Nat. Hawaiian/ Pac. Islander.	Other	White
Heart disease	62.3	50.9	39.3	232.0	10.1	65.2
Stroke	34.1	33.1	24.4	105.7	5.0	30.2

*per 100,000 population

Summary

In the United States, cardiovascular disease is the leading cause of death and strokes are the third leading cause of death. These diseases can be prevented and managed through early adoption of preventative measures and a lifestyle that includes physical activity, not smoking, and healthy eating**.**

According to the KP CHNA data platform, Honolulu benchmarks well compared to the State on all Cardiovascular Disease and Stroke core and related indicators. Prevalence of high blood pressure and high cholesterol in Honolulu County fails to meet Healthy People 2020 targets. Native Hawaiians and Other Pacific Islanders have the highest death rates due to stroke and heart disease.

Health Need Profile: Cancers

Relevant Health Outcomes Data
According to the KP CHNA data platform, Honolulu County benchmarks poorly compared to the State on breast cancer and lung cancer incidence.

Report Area	Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)	Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)
Honolulu County, HI	131.4	50.1
Hawaii	126	49.1

According to the Hawaii Health Matters data platform, as of 2012, five-year cancer survivorship among adults in Honolulu County did not meet the Healthy People 2020 target (64.5% vs. 71.7%), and was lower than the State average of 66.7%. A higher percentage of Medicare beneficiaries in the County were treated for cancer in 2012 than in Hawaii overall (8.0% vs. 7.5%). Secondary data indicate that liver and bile duct, breast, colorectal, and cervical cancers are concerns for Honolulu County.

	Honolulu County	Hawaii	U.S.
Breast Cancer Incidence Rate, 2007-2011*	131.4	126.0	122.7
Colorectal Cancer Incidence Rate, 2007-2011*	47.9	46.4	43.3
Liver and Bile Duct Cancer Incidence Rate, 2007-2011*	11.3	10.6	7.1

*per 100,000 population

Contributing factors related to Cancers
Fruits and Vegetables: According to the KP CHNA data platform, adults in Honolulu County consume fewer fruits and vegetables compared to the State.

Preventive screenings: Pap tests can detect early signs of cervical cancer. In 2013, 77.7% of women had received a Pap test within the past three years, which failed to meet the Healthy People 2020 target of 93.0% and falling short of the State average of 79.1%. Between 2006-2010 and 2009-2013, the death rate from cervical cancer in the County rose from 1.7 deaths per 100,000 females to 2.1 deaths per 100,000 females.

Key Informant Interview Themes
Cancer did not emerge as a topic in the key informant interviews.

The subpopulations experiencing greatest impact
Race/ethnic groups: According to the KP CHNA data platform, many ethnic/racial groups experience disparities in incidence of breast, prostate and lung cancers when compared to the rest of the County.

According to the Hawaii Health Matters data platform, the Native Hawaiian and Pacific Islander group experiences the highest mortality from breast, cervical, and prostate cancers, with rates around four times higher than the County rate.

Cancer Death Rate*	Honolulu County	White	Asian	Nat. Hawaiian/ Pac. Islander	Black/Afr. American
Breast, 2011-2013	13.2	13.4	10.4	54.5	48.1
Cervical, 2009-2013	2.1	1.9	1.5	8.7	-
Prostate, 2011-2013	11.9	13.0	9.8	44.0	-

*per 100,000 population

Melanoma indicators show that White residents in the County are the most impacted racial group.

	Hawaii value	Highly impacted groups
Melanoma Cancer Prevalence, 2013	4.0%	White (10.4%)
Melanoma Incidence Rate, 2007-2011	16.0 cases/100,000 population	White (63.6 cases/100,000 population)
Melanoma Cancer Death Rate, 2009-2013	1.3 deaths/100,000 population	White (4.3 deaths/100,000 population) Native Hawaiian/Other Pac. Islander (3.8 deaths/100,000 population)

Summary

Screening and early treatment of cancers saves and prolongs lives. Additionally, preventive measures and reducing behavioral risk factors (e.g., obesity, physical inactivity, smoking, and UV light exposure) can be effective at reducing the incidence of cancer.

According to the KP CHNA data platform, Honolulu County benchmarks poorly compared to the State on breast cancer and lung cancer incidence. Many ethnic/racial groups experience disparities on several cancer indicators including Whites and Native American/Alaska Natives who are disproportionately impacted by breast cancer, prostate cancer and lung cancers when compared to the rest of the County. According to the Hawaii Health Matters data platform, the Native Hawaiian and Pacific Islander group experiences the highest mortality from breast, cervical and prostate cancers, with rates around four times higher than the County rate.

Health Need Profile: Respiratory Diseases, including Asthma

Relevant Health Outcomes Data
According to the KP CHNA data platform, the prevalence of asthma among adults in Honolulu County is similar to the state (15.4% as compared to15.27%).

Asthma impacts multiple segments of the Honolulu County population. According to the Hawaii Health Matters data platform, the percentage of Honolulu County Medicare beneficiaries who were treated for asthma (5.3%) compared poorly to the U.S. average (4.9%) and Hawaii overall (5.2%) in 2012.

In 2013, 6.6% of adults aged 45 and older in Honolulu County had been told that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis, which is slightly higher than both Hawaii (6.3%) and the U.S. (6.5%) overall.

Honolulu County does not meet Healthy People 2020 targets for hospitalizations and emergency department visits for asthma in children under 5 and in adults 65 years or older. The death rate due to asthma among adults ages 35-64 in Honolulu County is significantly greater than the Healthy People 2020 target.

	Honolulu County	Hawaii	Healthy People 2020 Target
Hospitalizations for Asthma per 10,000 Children <5 yrs old, 2012	22.2	19.7	18.2
ED Visits for Asthma per 10,000 Children <5 yrs old, 2011	110.2	119.4	95.7
Hospitalizations for Asthma per 10,000 Adults 65+, 2012	21.0	18.7	20.1
ED Visits for Asthma per 10,000 Adults 65+, 2011	27.5	30.0	13.7
Asthma Death Rate per 1,000,000 Adults Ages 35-64, 2004-2013	16.2	14.3	4.9

Contributing factors related to Respiratory Diseases
According to the KP CHNA data platform, Honolulu County benchmarks well on all contributing factors related to asthma.

Air quality, which impacts respiratory health, is an area of particular concern in the State of Hawaii due to active volcanoes producing sulfur dioxide. The American Lung Association gave Honolulu County a B grade for the number of days that exceeded US standards for particle pollution in 2011-2013. The amount of reported persistent, bioaccumulative, and toxic (PBT) chemicals released in the County increased from 79,346 total net pounds in 2012 to 125,511 total net pounds in 2013.

Key Informant Interview Themes
Respiratory diseases did not emerge as a topic in the key informant interviews.

The subpopulations experiencing greatest impact
Race/ethnic groups: Ethnic/racial data is unavailable on the KP CHNA data platform for asthma prevalence.

According to the Hawaii Health Matters data platform, Native Hawaiian and Pacific Islanders have higher death rates from asthma (at all ages) and Chronic Obstructive Pulmonary Disease (COPD) than the County average. Whites also have a higher death rate from COPD than the County average.

Death Rate*	Honolulu County	White	Asian	Nat. Hawaiian/ Pac. Islander
Asthma, 2011-2013	1.2	1.3	0.7	4.3
Asthma 35-64, 2004-2013	16.2	12.1	11.3	84.3
Asthma 65+, 2004-2013	54.4	51.9	46.8	201.2
COPD 45+, 2013	43.5	68.6	32.9	117.1

*per 100,000 population

Children, teens, and adolescents: A key informant linked asthma to lost days in school and increased need for doctor's visits.

Summary
Asthma and other respiratory diseases are prevented and managed by reducing exposures to triggers and risk factors that increase the severity of disease (such as tobacco smoke and poor air quality), improving quality of life and productivity as well as reducing healthcare costs.

Asthma prevalence in Honolulu County is very similar to the State. The death rate due to asthma among adults ages 35-64 in Honolulu County is significantly greater than the Healthy People 2020 target. Death rates due to asthma and COPD are higher among those of Native Hawaiian or Pacific Islander descent.

Health Need Profile: Immunizations & Infectious Diseases, including HIV/AIDS/STDS

Relevant Health Outcomes Data

Sexually Transmitted Infections

According to the KP CHNA data platform, Honolulu County benchmarks poorly against the State for incidence of chlamydia. Honolulu benchmarks well against the State for HIV prevalence.

Report Area	Chlamydia Infection Rate (Per 100,000 Pop.)	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Honolulu County, HI	528.8	200.7
Hawaii	461.2	202.1

According to the Hawaii Health Matters data platform, out of the four Hawaii counties, Honolulu County had the highest incidence rates for chlamydia, syphilis and gonorrhea.

STI Incidence Rates, 2012	Honolulu County
Chlamydia	521.9 cases/100,000
Syphilis	2.6 cases/100,000
Gonorrhea	74.6 cases/100,000

Vaccine-preventable disease

In Honolulu County, influenza and pneumonia vaccination rates among adults ages 65 and older was far below the Healthy People 2020 targets in 2013. Influenza vaccination rates were also very low among younger adults.

Rates of vaccination, 2013	Honolulu County	Healthy People 2020 Target
Influenza		
Adults 18-64	44.0%	80.0%
Adults 65+	73.0%	90.0%
Pneumonia		
Adults 65+	68.4%	90.0%

Contributing factors related to Immunizations and Infectious Diseases

According to the KP CHNA data platform, a greater percentage of adults age 18-70 self-report that they have never been screened for HIV in Honolulu County compared to the State.

According to the Hawaii Health Matters data platform, in 2013, condom usage was much lower among adolescents in Honolulu County than nationwide. Among adolescent males in public school grades 9-12 who had sex in the past month, only 51.3% (vs. 65.8% nationally) used a condom; among females, the value is even lower: 42.3% (vs. 53.1% nationally). Neither group meets the Healthy People 2020 targets for condom use. Young teen girls in Honolulu County are slightly more likely to abstain from sex (92.4%) as compared to the State (92.3%) but fall short of the Healthy People 2020 target for abstinence (93.9%). In addition, 2011 data on the percent of intended

pregnancies in Honolulu County failed to meet the Healthy People 2020 target.

Key Informant Interview Themes
Immunizations & Infectious Diseases did not emerge as a topic in the key informant interviews.

The subpopulations experiencing greatest impact
Race/ethnic groups: The KP CHNA data platform does not have race/ethnicity information for any HIV/AIDS/STD indicators for Honolulu County.

Summary
Preventing or reducing the transmission of HIV/AIDS and STDs leads to healthier, longer lives. HIV/AIDS/STDs are costly to treat and have long term health consequences, especially on reproductive health.

According to the KP CHNA data platform, Honolulu County benchmarks poorly against the State for incidence of Chlamydia and low condom usage rates may contribute. Influenza vaccination rates were low among adults ages 65 and older and younger adults.

Health Need Profile: Substance Abuse, including Tobacco

Relevant Health Outcomes Data
According to the KP CHNA data platform, Honolulu County benchmarks well on all substance abuse/tobacco core and related indicators.

Report Area	Percent Population Smoking Cigarettes (Age-Adjusted)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Honolulu County, HI	15.1%	19.6%
Hawaii	15.8%	20.3%

Contributing factors related to Substance Abuse
Density of liquor stores: According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on the rate of liquor stores per 100,000 population.

Hospital admissions: According to the Hawaii Health Matters data platform, in 2006-2010, 8% of hospital admissions in Honolulu County were due to a substance related disorder.

Availability of drugs: In 2013, almost one in three Honolulu County public high school students were offered, sold, or given illegal drugs on school property.

Drinking and driving: In 2012, 6.0% of adults in Honolulu County reported drinking and driving at least once in the past 30 days, compared to 5.9% of adults in the State and 1.8% of adults nationwide.

Key Informant Interview Themes
A key informant noted that mental health and substance abuse are not well defined, which leads to misdiagnoses and improper treatment. According to another key informant, there are no case management services for substance abuse alone.

The subpopulations experiencing greatest impact
Race/ethnic groups: The KP CHNA data platform does not have race/ethnicity information for Substance Abuse indicators for Honolulu County.

According to the Hawaii Health Matters data platform, residents of Native Hawaiian and Pacific Islander descent had a drug-induced death rate that was nearly three times higher than the overall population in Honolulu County in 2013.

	Honolulu County	Black	White	Nat. Hawaiian/ Pac. Islander
Drug-induced deaths, 2013*	11.0	13.8	18.9	30.1

*per 100,000 population

According to a key informant, Native Hawaiian women have a higher smoking rate than women of other racial and ethnic backgrounds. They are also the most likely to continue smoking during pregnancy, which can lead to adverse birth outcomes. Binge drinking among teenage girls is much greater among Native Hawaiians compared to the county.

	Honolulu County	Highly Impacted Groups
Mothers who smoked during pregnancy, 2013	4.0%	Native Hawaiian (10.3%) Other Pacific Islander (4.8%)
Binge drinking among teen girls, 2013	11.9%	Native Hawaiian (21.7%) Other (12%)

Summary

Reducing tobacco use and treating/reducing substance abuse improves the quality of life for individuals and their communities. Tobacco use is a highly preventable cause of death and disease and second hand smoke exposure puts individuals exposed to smokers at risk for respiratory diseases. Substance abuse is linked with community violence, sexually transmitted infections, and teen pregnancies.

According to the KP CHNA Data Platform, Honolulu County benchmarks well on all substance abuse/tobacco core and related indicators. According to the Hawaii Health Matters data platform, Native Hawaiian Pacific Islander populations benchmark poorly to the County on many of the substance abuse indicators, including drug-induced deaths and mothers who smoke during pregnancy.

Health Need Profile: Maternal, Fetal and Infant Health

Relevant Health Outcomes Data
According to the KP CHNA Data Platform, Honolulu County benchmarks well compared to the State on all maternal and infant health core indicators.

According to the Hawaii Health Matters data platform, very early preterm births (less than 32 weeks of gestation) made up 2.1% of total births to resident mothers in Honolulu County in 2011-2013, compared to 1.9% nationally and falling short of the Healthy People 2020 target. In addition, the percentage of early preterm births (32 to 33 weeks of gestation) is highest in Honolulu County compared to other Hawaii counties.

Contributing factors related to Maternal, Fetal and Infant Health
According to the KP CHNA Data Platform, Honolulu County benchmarks well compared to the State on nearly all maternal and infant health related indicators.

Informant Interview Themes
A key informant noted that specific race/ethnic disparities exist for infant mortality rates that need to be addressed.

The subpopulations experiencing greatest impact
Race/ethnic groups: According to the KP CHNA Data Platform, non-Hispanic Blacks are disproportionately impacted by low birth weight when compared to the County. Hispanics/Latinos have a greater rate of teen births when compared to the County. While Honolulu County benchmarks well compared to the State on all breastfeeding indicators, non-Hispanic Others benchmark poorly on all breastfeeding indicators when compared to other racial/ethnic groups in the County.

According to the Hawaii Health Matters platform, although the Honolulu County average rate of mothers who smoked during pregnancy fared better than the State and the nation in 2013, disparities emerged for Native Hawaiians (10.3%) and Other Pacific Islanders (4.8%). Infant deaths due to all birth defects disproportionately affected Black residents (1.6 deaths/1,000 live births) at a rate over twice as high as the average County rate (0.7 deaths/1,000 live births) in 2009-2013.

While the overall teen birth rate in Honolulu County in 2013 was lower than the national average, births to teen mothers of Native Hawaiian and Other Pacific Islander descent (112.9 births/1,000 women ages 15-19) occurred at nearly five times the average County rate of 23.9 births/1,000 women ages 15-19. Births to mothers with fewer than 12 years of education were the highest among women of these groups, at 9.1% for Native Hawaiians and 17.5% for Other Pacific Islanders.

Summary
Maternal and infant health is important to ensure health for future generations. Proper pre- and peri-natal care improves health outcomes for both the mom and the baby.

According to the KP CHNA data platform, Honolulu County benchmarks well compared to the State on all maternal and infant health core indicators. Non-Hispanic Blacks are disproportionately impacted by low birth weight when compared to the County. While the overall teen birth rate in Honolulu County in 2013 was lower than the national average, births to teen mothers of Native Hawaiian and Other Pacific Islander descent occurred at nearly five times the average County rate.

I. APPENDIX I: 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	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	Hawai'ian 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	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	Micronesian 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	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/
Honolulu	HCAP Head Start	http://www.hcapweb.org/headstart/
Honolulu	Ka‘ala 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 (MA‘O)	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/

Medicare-Approved Healthcare Facilities, Honolulu County

The following list presents select Provider of Services (POS) facilities identified by the Centers for Medicare & Medicaid Services for Honolulu County. However, it is not an exhaustive directory of all

facilities in the County. 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

Facility Type	Facility Name	City	Street Address
Ambulatory Surgery Center	ALOHA LABORATORIES INC	HONOLULU	2036 HAU ST
Ambulatory Surgery Center	ASIA PACIFIC SURGERY CENTER LLC	HONOLULU	1401 S BERETANIA ST, STE 890
Ambulatory Surgery Center	CATARACT & VISION CENTER OF HAWAII	HONOLULU	1712 LILIHA ST SUITE 400
Ambulatory Surgery Center	HAWAII ENDOSCOPY CENTERS LLC	HONOLULU	2226 LILIHA ST SUITE 307
Ambulatory Surgery Center	HONOLULU SPINE CENTER LLC	HONOLULU	500 ALA MOANA BLVD BLDG STE 1-301
Ambulatory Surgery Center	HONOLULU SURGERY CENTER LP	HONOLULU	550 S. BERETANIA STREET, SUITE 700
Ambulatory Surgery Center	KAISER PERMANENTE HONOLULU MEDICAL OFFICE ASC	HONOLULU	1010 PENSACOLA ST
Ambulatory Surgery Center	MINIMALLY INVASIVE SURGERY OF HAWAII	HONOLULU	1401 S BERETANIA ST SUITE 600
Ambulatory Surgery Center	MIS ENDOSCOPY LLC	HONOLULU	1401 S BERETANIA ST SUITE 200
Ambulatory Surgery Center	PACIFIC ASC LLC	HONOLULU	650 IWILEI RD SPACE 225
Ambulatory Surgery Center	SURGERY CENTER OF THE PACIFIC LLC	HONOLULU	1401 S BERETANIA ST SUITE 420
Ambulatory Surgery Center	SURGICAL SUITES, LLC, THE	HONOLULU	1100 WARD AVENUE, SUITE 1001
Ambulatory Surgery Center	WINDWARD SURGERY CENTER	KAILUA	642 ULUKAHIKI ST #200
Ambulatory Surgery Center	PACIFIC ENDOSCOPY CENTER	PEARL CITY	1029 MAKOLU ST STE H,I,J
Ambulatory Surgery Center	HAWAIIAN EYE CENTER	WAHIAWA	606 KILANI AVENUE
Community Clinic	DOCS ON CALL - HILTON HAW'N VILLAGE	HONOLULU	2005 KALIA RD
Community Clinic	JOHNSTON ATOLL HEALTH CLINIC LAB	HONOLULU	3049 UALENA ST #101
Community Clinic	KALIHI PALAMA HLTH CARE FOR HOMELESS PROJECT - KOHOU CLINIC	HONOLULU	904 KOHOU STREET
Community Clinic	KALIHI PALAMA HLTH CARE FOR HOMELESS - KAAAHI CLINIC	HONOLULU	546 KAAAHI STREET
Community Clinic	KOKUA KALIHI VALLEY	HONOLULU	2239 NORTH SCHOOL STREET
Community Clinic	LIFE FOUNDATION	HONOLULU	677 ALA MOANA BLVD SUITE 226

Community Clinic	THE QUEEN'S HEALTH CARE CENTERS	HONOLULU	550 SOUTH BERETANIA STREET SUITE 401
Community Clinic	QUEEN'S HEALTH CARE CENTERS – URGENT CARE	HONOLULU	1860 ALA MOANA BLVD
Community Clinic	STATE OF HAWAII DEPT OF HEALTH STD	HONOLULU	3627 KILAUEA AVE RM 305
Community Clinic	THE QUEEN'S HEALTH CARE CENTERS	HONOLULU	550 S BERETANIA ST SUITE 401
Community Clinic	VA PACIFIC ISLAND HEALTH CARE SYSTEM	HONOLULU	459 PATTERSON RD 2ND FL RM 2A03
Community Clinic	CASTLE PROFESSIONAL CENTER	KANEOHE	46-001 KAMEHAMEHA HWY SUITE 104
Community Clinic	QUEEN'S HEALTH CARE CENTERS, THE	KAPOLEI	599 FARRINGTON HWY #201
Community Clinic	MILILANI FAMILY CLINIC	MILILANI	95-1249 MEHEULA PKWY, #B-10
Community Clinic	HEATHER L BOOKS, MD, MPH, TM	PEARL CITY	98-1238 KAAHUMANU STREET SUITE 200
Community Clinic	JAMES & ABIGAIL CAMPBELL CLINIC	WAIANAE	87-2070 FARRINGTON HWY STE N
Community Clinic	STRAUB KAPOLEI FAMILY HEALTH CENTER	WAIANAE	590 FARRINGTON HWY SUITE 526A
Community Clinic	WAIANAE DISTRICT COMPREHENSIVE	WAIANAE	86-260 FARRINGTON HIGHWAY
Community Clinic	WCCHC WAIOLA SPECIALTY CLINIC	WAIANAE	86-120 FARRINGTON HWY STE 305A
Community Clinic	WAIMANALO HEALTH CENTER	WAIMANALO	41-1347 KALANIANAOLE HIGHWAY
Community Clinic	EKAHI URGENT CARE WAIPAHU	WAIPAHU	94-229 WAIPAHU DEPOT ROAD SUITE 101
Community Clinic	OAHU SUGAR FMLY HLTH CTR	WAIPAHU	94-916 WAIPAHU STREET
End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	AIEA	98-1005 MOANALUA RD, #420
End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	EWA BEACH	91-2137 FORT WEAVER RD
End Stage Renal Disease Dialysis	ST FRANCIS MEDICAL CENTER-ESRD	EWA BEACH	91 2137 FORT WEAVER ROAD
End Stage Renal Disease Dialysis	DSI ALOHA DIALYSIS CENTER	HONOLULU	1520 LILIHA ST, 1ST FLOOR
End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	HONOLULU	226 N KUAKINI STREET
End Stage Renal Disease Dialysis	DSI KAPAHULU DIALYSIS CENTER	HONOLULU	750 PALANI AVENUE
End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	2226 LILIHA ST

End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	3625 HARDING AVE
End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	2230 LILIHA STREET, BASEMENT LEVEL
End Stage Renal Disease Dialysis	LIBERTY DIALYSIS LLC	KAILUA	25 KANEOHE BAY DRIVE STE 230
End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KANEOHE	45-480 KANEOHE BAY DR, #D-09
End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KANEOHE	47-388 HUI IWA STREET 2ND FLOOR
End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KAPOLEI	555 FARRINGTON HWY
End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	WAHIAWA	850 KILANI AVENUE
End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	WAIANAE	80-080 FARRINGTON HWY
End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	WAIPAHU	94-862 KAHUILANI ST
Federally Qualified Health Center	KALIHI PALAMA HEALTH CENTER	HONOLULU	915 NORTH KING ST
Federally Qualified Health Center	WAIKIKI HEALTH CENTER	HONOLULU	277 OHUA AVE
Federally Qualified Health Center	KO'OLAULOA COMMUNITY HLTH AND WELLNESS CNTR	KAHUKU	56-119 PUALALEA ST
Federally Qualified Health Center	KO'OLAULOA COMMUNITY HLTH AND WELLNESS CNTR	KAHUKU	56-490 KAMEHAMEHA HWY ROOM R-104
Federally Qualified Health Center	WAIANAE COAST COMP HLTH CNTR	WAIPAHU	94-428 MOKUOLA STREET #108B
Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HONOLULU	615 PIIKOI ST SUITE 600
Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HONOLULU	615 PIIKOI ST STE 601
Home Health Agency	CARE RESOURCE	HONOLULU	680 IWILEI ROAD, SUITE 660
Home Health Agency	CARE RESOURCE	HONOLULU	702 S BERETANIA ST, 3RD FL #A
Home Health Agency	INTERIM HEALTHCARE / OAHU	HONOLULU	1833 KALAKAUA AVENUE #107
Home Health Agency	KAISER PERMANENTE HOME HEALTH AGENCY	HONOLULU	2828 PA'A ST
Home Health Agency	KAPIOLANI HOME HEALTH SVS	HONOLULU	55 MERCHANT STREET, 24TH FLOOR
Home Health Agency	KOKUA NURSES	HONOLULU	1210 ARTESIAN ST #201
Home Health Agency	MALUHIA HOME HEALTH	HONOLULU	1027 HALA DR
Home Health Agency	OLSTEN HEALTHCARE	HONOLULU	900 FORT STREET MALL SUITE 1202
Home Health Agency	PRIME CARE SERVICES HAWAII	HONOLULU	3375 KOAPAKA I-570

Home Health Agency	STRAUB HOME HEALTH AGENCY	HONOLULU	888 S KING ST
Home Health Agency	CASTLE HOME CARE	KANEOHE	46-001 KAMEHAMEHA HIGHWAY #201
Hospice	ST FRANCIS HOSPICE	HONOLULU	24 PUIWA RD
Hospital	QUEEN'S MEDICAL CENTER WEST OAHU POCT, THE	EWA BEACH	91-2141 FORT WEAVER ROAD
Hospital	THE QUEEN'S MEDICAL CENTER WEST OAHU LAB	EWA BEACH	91-2135 FORT WEAVER RD
Hospital	THE QUEEN'S MEDICAL CENTER WEST OAHU PATHOLOGY	EWA BEACH	91-2135 FORT WEAVER ROAD
Hospital	CLINICAL LABS OF HAWAII-KAPIOLANI MCWC	HONOLULU	1319 PUNAHOU ST, BASEMENT
Hospital	DIAGNOSTIC LABORATORY SERVICES - QMC	HONOLULU	1301 PUNCHBOWL ST
Hospital	KAISER PERM MOANALUA MED CNTR REGIONAL LAB	HONOLULU	3288 MOANALUA RD
Hospital	KAISER PERMANENTE STAT LABORATORY	HONOLULU	3288 MOANALUA RD
Hospital	KUAKINI MEDICAL CENTER-CLINICAL LAB	HONOLULU	347 NORTH KUAKINI STREET
Hospital	LEAHI HOSPITAL CLINICAL LABORATORY	HONOLULU	3675 KILAUEA AVENUE
Hospital	POL STRAUB CLINIC & HOSPITAL	HONOLULU	888 S KING STREET
Hospital	QUEEN'S MEDICAL CENTER NUCLEAR MED DEPT	HONOLULU	1301 PUNCHBOWL ST
Hospital	QUEENS MEDICAL CENTER - PATHOLOGY	HONOLULU	1301 PUNCHBOWL STREET IOLANI 4TH FLOOR
Hospital	SELECT SPECIALTY HOSPITAL-HONOLULU INC	HONOLULU	1301 PUNCHBOWL STREET, 3RD FLOOR
Hospital	SHRINERS HOSPITAL FOR CHILDREN/ HONOLULU	HONOLULU	1310 PUNAHOU ST
Hospital	KAHUKU MEDICAL CENTER	KAHUKU	56-117 PUALALEA ST
Hospital	CASTLE MEDICAL CENTER	KAILUA	640 ULUKAHIKI ST
Hospital	HAWAII STATE HOSPITAL CLINICAL LAB	KANEOHE	45-710 KEAAHALA ROAD
Hospital	WAHIAWA GENERAL HOSPITAL	WAHIAWA	128 LEHUA
Intermediate Care Facility/Individuals with Intellectual Disabilities	ARC IN HAWAII, THE	HONOLULU	3989 DIAMOND HEAD RD
Intermediate Care Facility/Individuals with Intellectual Disabilities	WAIMANO TRAINING SCHOOL & HOSPITAL	PEARL CITY	2201 WAIMANO HOME RD

Intermediate Care Facility/Individuals with Intellectual Disabilities	OPPORTUNITIES AND RESOURCES INC	WAHIAWA	64-1510 KAMEHAMEHA HWY
Rural Health Clinic	KAPOLEI HEALTH CARE CENTER	KAPOLEI	599 FARRINGTON HWY STE 100
School/Student Health Service	HONOLULU COMMUNITY ACTION	HONOLULU	1109 MAUNAKEA ST, 2ND FLOOR
School/Student Health Service	KAMEHAMEHA SCHOOLS HALE OLA	HONOLULU	1887 MAKUAKANE STREET
School/Student Health Service	UNIVERSITY HEALTH SERVICES LAB	HONOLULU	1710 EAST WEST ROAD
School/Student Health Service	BYU - HAWAII HEALTH CTR	LAIE	55-220 KULANUI ST, BYU BOX 1728
School/Student Health Service	LEEWARD COMMUNITY COLLEGE	PEARL CITY	96-045 ALA IKE ST
School/Student Health Service	HAWAII JOB CORPS - WAIMANALO	WAIMANALO	41-467 HIHIMANU ST
Skilled Nursing/Nursing Facility	AIEA HEIGHTS SENIOR LIVING	AIEA	99-1657 AIEA HEIGHTS DR
Skilled Nursing/Nursing Facility	AIEA SRSP	AIEA	98-839 KAAMILO ST
Skilled Nursing/Nursing Facility	PEDIAHEALTH CORP KULANA MALAMA	EWA BEACH	91-1360 KARAYAN ST
Skilled Nursing/Nursing Facility	15 CRAIGSIDE	HONOLULU	15 CRAIGSIDE PLACE
Skilled Nursing/Nursing Facility	ARCADIA SKILLED NURSING FACILITY	HONOLULU	1434 PUNAHOU
Skilled Nursing/Nursing Facility	AVALON CARE CENTER HONOLULU LLC	HONOLULU	1930 KAM IV ROAD
Skilled Nursing/Nursing Facility	CARE CENTER OF HONOLULU, THE	HONOLULU	1900 BACHELOT STREET
Skilled Nursing/Nursing Facility	HALE HO ALOHA, SNF/ICF	HONOLULU	2670 PACIFIC HEIGHTS RD
Skilled Nursing/Nursing Facility	HALE MALAMALAMA	HONOLULU	6163 SUMMER ST
Skilled Nursing/Nursing Facility	HALE NANI REHABILITATION & NURSING CTR	HONOLULU	1677 PENSACOLA STREET

Skilled Nursing/Nursing Facility	HALE OLA KINO	HONOLULU	1314 KALAKAUA AVE 2ND FLOOR
Skilled Nursing/Nursing Facility	HAWAII KAI RETIREMENT &	HONOLULU	428 KAWAIHAE ST
Skilled Nursing/Nursing Facility	HI'OLANI CARE CENTER AT KAHALA NUI	HONOLULU	4389 MALIA STREET
Skilled Nursing/Nursing Facility	ISLAND NURSING HOME	HONOLULU	1205 ALEXANDER ST
Skilled Nursing/Nursing Facility	LILIHA KUPUNA SNF LLC	HONOLULU	2230 LILIHA ST
Skilled Nursing/Nursing Facility	MALUHIA	HONOLULU	1027 HALA DRIVE
Skilled Nursing/Nursing Facility	MALUHIA LTC LABORATORY	HONOLULU	1027 HALA DR
Skilled Nursing/Nursing Facility	MAUNALANI NURSING & REHABILITATION CTR	HONOLULU	5113 MAUNALANI CIRCLE
Skilled Nursing/Nursing Facility	NUUANU HALE	HONOLULU	2900 PALI HIGHWAY
Skilled Nursing/Nursing Facility	OAHU CARE FACILITY	HONOLULU	1808 S BERETANIA ST
Skilled Nursing/Nursing Facility	PALOLO CHINESE HOME	HONOLULU	2459 10TH AVENUE
Skilled Nursing/Nursing Facility	ALOHA NURSING & REHAB CENTRE	KANEOHE	45-545 KAMEHAMEHA HWY
Skilled Nursing/Nursing Facility	ANN PEARL NURSING FACILITY	KANEOHE	45-181 WAIKALUA RD
Skilled Nursing/Nursing Facility	HARRY & JEANETTE WEINBERG CARE CNTR AT POHAI NANI	KANEOHE	45-090 NAMOKU STREET
Skilled Nursing/Nursing Facility	KANEOHE SRSP	KANEOHE	45-710 KEAAHALA RD
Skilled Nursing/Nursing Facility	KA PUNA WAI OLA	KAPOLEI	91-575 FARRINGTON HWY

Skilled Nursing/Nursing Facility	PEARL CITY NURSING HOME	PEARL CITY	919 LEHUA AVE
Skilled Nursing/Nursing Facility	PEARL CITY SRSP	PEARL CITY	1668 HO'OHULU ST
Skilled Nursing/Nursing Facility	PU'UWAI 'O MAKAHA	WAIANAE	84-390 JADE

J. APPENDIX J: 2013 Implementation Strategy Evaluation Interviewees

Interviewee	Title	Organization/Affiliation
Annie Valentin	Executive Director	Project Vision Hawaii
Jennifer Dang	FFVP & Special Projects Coordinator	Hawaii Child Nutrition Program
May Okihiro, MD, MS	Director	Hawai'i Initiative for Childhood Obesity Research and Education (HICORE)
Robert Hirokawa	Chief Executive Officer	Hawaii Primary Care Association