2019 Community Health Needs Assessment

Kaiser Foundation Hospital: Honolulu

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Approved by Kaiser Foundation Hospitals Board of Director's Community Health Committee

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KAISER PERMANENTE®

Kaiser Permanente Hawaii Region Community Benefit

CHNA Report for KFH Honolulu

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I. Introduction/background

A. About Kaiser Permanente (KP)

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 (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 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 Health

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. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. 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. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;

- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

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 https://www.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 include 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 120 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 constitutes a health need in their community. Once all the community health needs were identified, they were 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, https://www.kp.org/chna.

II. Community served

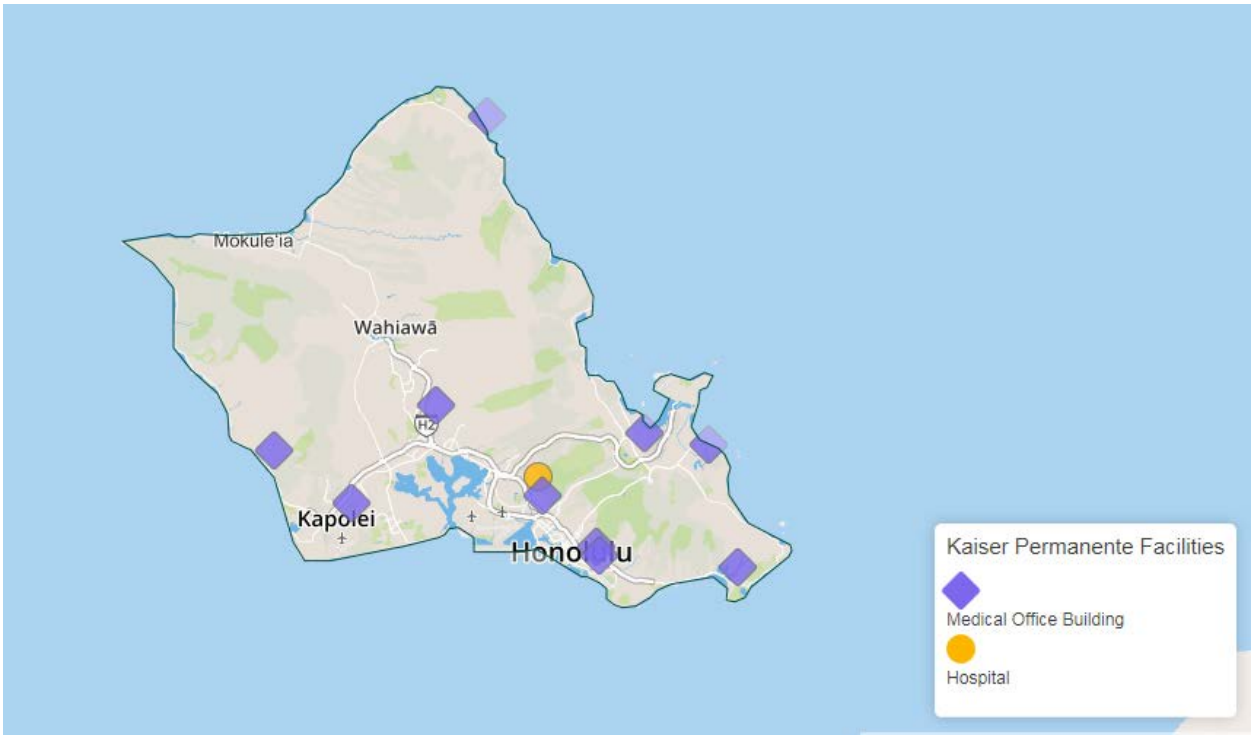
A. Kaiser Permanente's definition of community served

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

KFH-Honolulu service area



ii. Geographic description of the community served

KFH 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 the community served

Demographic profile: KFH Honolulu

Race/ethnicity		**Socioeconomic data**	
Total Population	985,313	Living in poverty (<100% federal poverty level)	9.5%
Race		Children in poverty	12.2%
Asian	42.9%	Unemployment	1.9%
Black	2.4%	Adults with no high school diploma	8.9%
Native American/Alaska Native	0.1%		
Pacific Islander/Native Hawaiian	9.4%		
Some other race	0.9%		
Multiple races	23.2%		
White	21.1%		
Ethnicity			
Hispanic	9.4%		
Non-Hispanic	90.6%		

III. Who was involved in the assessment?

A. Identity of hospitals and other partner organizations that collaborated on the assessment

The Healthcare Association of Hawaii (HAH), on behalf of its member hospitals, conducted this CHNA. Thirteen HAH member hospitals contributed to the production of this CHNA. The names of those hospitals follow:

- Adventist Health Castle
- Kāhi Mōhala
- Kahuku Medical Center
- Kaiser Foundation Hospital – Honolulu
- Kapiʻolani Medical Center for Women & Children
- Kuakini Medical Center
- Pali Momi Medical Center
- The Queen's Medical Center
- The Queen's Medical Center–West Oʻahu
- Rehabilitation Hospital of the Pacific
- Shriners Hospitals for Children–Honolulu
- Straub Medical Center
- Wahiawā General Hospital

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

Islander Institute (Islander) is a Hawaii-based civic enterprise working to bring about positive social, economic, and political change to Hawai'i by partnering with individuals, communities, organizations, and networks committed to island values. Members of Islander who worked on this CNHA have backgrounds and experience in public policy, public administration, strategic planning, community organizing and economic development, education, social work, child welfare, architecture, art, folklore, mapping, ecology, urban design, emergency response, entrepreneurship, nonprofit management, philanthropy, journalism, politics, communications, and law. Islander subcontracted the Hawaii Public Health Institute ("HIPHI"), a nonprofit with the aim of addressing health disparities and increasing healthy eating and active living.

For over 25 years the Center for Community Health and Evaluation (CCHE) has provided evaluation, assessment, and strategic consulting services to foundations and health organizations to improve community health. CCHE brings experience conducting tailored needs assessments and engaging stakeholders to conduct planning and to prioritize strategies based on data. CCHE is part of Kaiser Permanente Washington Health Research Institute.

IV. Process and methods used to conduct the CHNA

A. Secondary data

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

KFH Honolulu used the Kaiser Permanente CHNA Data Platform (http://www.chna.org/kp) to review 120 indicators from publicly available data sources.

KFH Honolulu also used additional data sources beyond those included in the CHNA Data Platform.

For details on specific sources and dates of the data used, please see Appendix A.

ii. Methodology for collection, interpretation, and analysis of secondary data
Kaiser Permanente's CHNA Data Platform is a web-based resource provided to our communities as a way to support community health needs assessments and community collaboration. This platform includes a focused set of community health indicators that allow users to understand what is driving health outcomes in particular neighborhoods. The platform provides the capacity to view, map and analyze these indicators as well as understand racial/ethnic disparities and compare local indicators with state and national benchmarks. As described in section IV.A.i above, KFH Honolulu also leveraged additional data sources beyond those included in the CHNA Data Platform. These sources included county-level statistics from Hawaii Health Matters to shed light on 12 community health themes. KFH Honolulu also leveraged data from Data USA, HealthLandscape, and Community Commons to place data in different contexts based on community input and to validate community interpretations of health. In addition, a variety of data sets were incorporated and combined based on availability to create a series of maps to deepen understanding of health and to generate further insights.

B. Community input

i. Description of who was consulted
Community input was provided by a broad range of community members using community meetings and 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 B.

ii. Methodology for collection and interpretation
Community meetings: Islander Institute convened 7 community meetings across Oahu to engage everyday people in discussions about health in their communities. There was an effort to learn about the experience of vulnerable communities, including disadvantaged minorities, rural residents, youth, seniors, places that are medically underserved, and people with low incomes. The size of groups ranged from 5 to 30 people. The conversations were launched with some variation of the question, "What is your definition of a good, healthy life?" The conversations were facilitated and significantly driven by what participants wanted to discuss.

Key informant interviews: Islander Institute consulted with 81 key individuals at the local, regional, and state levels about health and social determinants in the KFH Honolulu service area. Islander Institute conducted interviews in-person or over the phone, in a one-on-one format or in small groups, and in formal or informal settings.

Islander Institute analyzed and synthesized all qualitative data from the community meetings and interviews in collaboration with the CHNA steering committee, a set of guiding principles,

and community-generated framework called “Community Prescription for Health,” which is a set of 12 themes that describe what is needed to be healthy: security, justice, love, hope, time, food, place, community, healthy keiki (children), healthy kupuna (elders), care, and available healthcare. This framework, developed from community input, drove how all quantitative and qualitative data were organized and analyzed. All of the health needs in Islander Institute’s report were influenced by a combination of community input and key informant interviews. Community input from meetings surfaced the health needs and built understanding about the themes behind the needs. For example, though unemployment is low, many people still struggle with poverty because many work multiple low-wage jobs and the cost of living is very high. The community meetings also indicated the degree of community readiness to join in forming solutions, which became a criterion for prioritizing health needs.

C. Written comments

KP provided the public an opportunity to submit written comments on the facility’s previous CHNA Report through CHNA-communications@kp.org. This email 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

The KP CHNA data platform includes approximately 120 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 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.

The analysis attempts to give appropriate weight to people’s opinions. When people generalized, a judgment had to be made as to whether the person was in a key position to confirm that generalization. As much as possible, anecdotal views during interviews and community meetings were corroborated by other people’s views and by quantitative data. Nevertheless, this approach is not perfect, and Islander Institute acknowledges that all themes and assumptions that rely on qualitative data should be subject to continual verification.

V. Identification and prioritization of the 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

To identify the community's health needs, Islander, CCHE, and KFH Honolulu analyzed secondary data on 120 health indicators and gathered community input. (See Appendix A and Appendix B for details). Following publication of the Islander Institute's report, CCHE matched the high priority needs identified by Islander to the KP health need categories through a careful analysis of the qualitative and quantitative data found in Islander's report and the KP data platform. KFH Honolulu followed the process below to identify which health needs were significant.

B. Process and criteria used for prioritization of health needs

Required criteria:

Before beginning the prioritization process, KFH Honolulu chose a set of criteria to use in prioritizing the list of health needs. The criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.
- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Community prioritizes the issue over other issues:** Community priority refers to the frequency with which the community expressed concern about certain health outcomes over others during the CHNA primary data collection.
- **Existing attention/resources dedicated to the issue:** This refers to the existence of current efforts to replicate or learn from.
- **Existing/possible cross-sector partnerships:** This refers to cross-sector partnerships that either are or could have broad positive impact on the health need.
- **Political will and potential resources:** This refers to any known political will or potential resources that could help address the health need.

Process:

1. CCHE took the high priority needs identified by Islander Institute and matched them to Kaiser Permanente health need categories through analysis of quantitative and qualitative data in the report.
2. Indicators in the CHNA Data Platform were clustered into 13 potential needs, such as access to care, economic security, and mental health (an indicator could be included in more than one need category). Scores were assigned to each need category based on the percentage of indicators in a need category scoring "worse" than the benchmark, with a minimum score of 1 and maximum of 5, with 5 meaning 33% or more of the indicators in the category scored worse than the state benchmark.

3. If a health need emerged both in the Islander Institute's qualitative and quantitative data for the service area and received a 4 or 5 in the CCHE scoring rubric, we considered it a health need.
4. The list of health needs was shared with seven KFH Honolulu leaders to review, endorse, and rank in order of importance.

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

1. Economic security. Social and economic conditions are strongly associated with health: the higher an individual's income and wealth, the more likely that person is to have better health. Families with lower incomes are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. Education is also a strong predictor of health. While Oahu enjoys the highest median household income and house values of all the Hawaiian Islands, as well as relatively low levels of poverty, there is a sense among its residents of growing inequality, housing issues, and food insecurity. In fact, Oahu has a much higher percentage of the population that are food insecure but not SNAP eligible than any of the other Hawaiian Islands. Nearly half of Oahu residents (46%) have a household income of less than $75,000, whereas the "average 4-person household survival budget in the City and County of Honolulu" is $85,200. The largest concerns voiced by community members were the impacts of gentrification, the growing income gap, and the lack of affordable housing created by tourism industry development. Residents expressed concern that the tourism industry's focus on this type of development reduces the availability of affordable housing, which has worsened the houseless situation.

2. Obesity/HEAL/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. In the United States, cardiovascular disease is the leading cause of death and strokes are the third leading cause. A healthy lifestyle is important for preventing and/or managing the risks associated with these diseases. Compared to the state of Hawaii, Oahu residents lead more sedentary lives and have lower fruit/vegetable consumption. In particular, only 14% of teens report getting the recommended servings of fruit and vegetables per day compared to 22% of American teens overall. Oahu residents also have slightly higher rates of prediabetes and stroke. Issues of food insecurity may impact the ability for families to make healthy food choices. Nearly half (46%) of Oahu's residents are food insecure but live above the 200% Federal Poverty Line (FPL) and thus are not eligible for SNAP benefits. Community members talked about food as a "common connector in peoples' experience of health," but lamented that cooking healthy meals isn't always possible.

3. Access to care. Access to comprehensive, quality health care services—including having insurance, local care options, and a usual source of care—is important for ensuring quality of life for everyone. Only 75% of Oahu residents say they've had a recent primary care visit, so they may be less likely to get routine checkups and screenings. Oahu slightly trails the state in the management of diabetes and hospital readmissions among Medicare patients, and has relatively high rates of stroke hospitalization, which may indicate need for improved management of cardiovascular conditions. In addition, nearly a quarter of residents have not

seen a dentist in the past year. Several areas of Oahu have been designated by the Health Resources & Services Administration (HRSA) as medically underserved areas, and primary care professionals have reported a need for greater access to specialty care. A 2017 report also highlighted the growing issue of a shortage of psychiatrists willing to see patients with public insurance like Medicaid, which further exacerbates access issues for low income residents. Community residents voiced concern over inadequate specialty care, the lack of culturally appropriate services, and the barriers rural residents face in accessing care.

4. Mental health. Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. People reporting poor mental health may have difficulties in daily life and be more likely to engage in risky behaviors. Compared to the state of Hawaii and the U.S., Oahu has more mental health resources as well as lower rates of depression and suicide. However, Oahu residents also report getting less sleep (nearly half report they do not get at least seven hours sleep per night), having more sedentary lifestyles, and spending more time commuting long distances to work than residents of other islands all of which can lead to increased stress. Many Oahu residents deal with financial stress including food insecurity and high housing costs (42 percent of residents live is "cost-burdened" households). Population density is much higher on Oahu than on the other islands and residents express concern over their healthy places being crowded out by visitors. Community members also mention workplace stress, lack of sleep, and spending too much time "locked in on their phones" as issues that need to be addressed.

5. Climate and health. Climate change and particulate air pollution from burning fossil fuels are recognized as urgent threats to the health of the planet and its inhabitants. More frequent and intense weather and climate-related events are expected to threaten community infrastructure and regional economies. Compared to the state or other islands, Oahu has more environmental health risks. While many in Oahu can use public transit or walk to work, a comparatively high percentage of workers drive long distances to work alone (44% compared to 40% in the state overall). Compared to other islands and peer counties on the mainland, Oahu residents are more likely to spend at least an hour commuting to and from work alone in their vehicles because the high cost of living and a lack of affordable housing means that people often live far away from where they work. Oahu also suffers disproportionately from the impacts of harmful chemicals being released into the atmosphere. Honolulu is often cited as one of the most congested cities in the U.S., and traffic problems continue to be exacerbated by population growth and neglected infrastructure. Oahu has less land classified as "conservation" land (e.g. protected watersheds, protected scenic and historic areas, park lands, beach preserves), and more urban acreage when compared to the state overall. Residents are concerned about the impacts of ongoing development on traffic, the environment, and access to healthy places.

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

The service area for KFH Honolulu contains community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment.

Key resources available to respond to the identified health needs of the community are listed in Appendix D Community Resources.

VI. KFH Honolulu 2016 Implementation Strategy evaluation of impact

A. Purpose of 2016 Implementation Strategy evaluation of impact

KFH Honolulu's 2016 Implementation Strategy Report was developed to identify activities to address health needs identified in the 2016 CHNA. This section of the CHNA Report describes and assesses the impact of these activities. For more information on KFH Honolulu's Implementation Strategy Report, including the health needs identified in the facility's 2016 service area, the health needs the facility chose to address, and the process and criteria used for developing Implementation Strategies, please visit https://www.kp.org/chna. For reference, the list below includes the 2016 CHNA health needs that were prioritized to be addressed by KFH Honolulu in the 2016 Implementation Strategy Report.

1. Access to Care
2. Exercise, Nutrition and Weight/Diabetes

KFH Honolulu is monitoring and evaluating progress to date on its 2016 Implementation Strategies for the purpose of tracking the implementation and documenting 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.

The impacts detailed below are part of a comprehensive measurement strategy for Community Health. KP's measurement framework provides a way to 1) represent our collective work, 2) monitor the health status of our communities and track the impact of our work, and 3) facilitate shared accountability. We seek to empirically understand two questions 1) how healthy are Kaiser Permanente communities, and 2) how does Kaiser Permanente contribute to community health? The Community Health Needs Assessment can help inform our comprehensive community health strategy and can help highlight areas where a particular focus is needed and support discussions about strategies aimed at addressing those health needs.

As of the documentation of this CHNA Report in March 2019, KFH Honolulu had evaluation of impact information on activities from 2017 and 2018. These data help us monitor progress toward improving the health of the communities we serve. While not reflected in this report, KFH Honolulu will continue to monitor impact for strategies implemented in 2019.

B. 2016 Implementation Strategy evaluation of impact overview

In the 2016 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 2017 and 2018, 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 2017-2018, 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.
- 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 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 2017-2018, KFH Honolulu awarded 30 grants amounting to a total of $1,299,133 in service of 2016 health needs.

In-kind resources: In addition to our significant community health investments, Kaiser Permanente is aware of the significant impact that our organization has on the economic vitality of our communities as a consequence of our business practices including hiring, purchasing, building or improving facilities and environmental stewardship. We will continue to explore opportunities to align our hiring practices, our purchasing, our building design and services and our environmental stewardship efforts with the goal of improving the conditions that contribute to health in our communities. From 2017-2018, KFH Honolulu leveraged significant organizational assets in service of 2016 Implementation Strategies and health needs, including:

- A Physician Residency Program in partnership with Hawaii Permanente Medical Group (HPMG) and the healthcare workforce development initiative, to provide training and venues to address workforce shortages

- The KFH Honolulu staff volunteer program, which includes staff volunteering for the Hawaii Department of Education Fitness Meets and Community Work Days to promote active lifestyles

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 2017-2018, KFH Honolulu engaged in several partnerships and collaborations in service of 2016 Implementation Strategies and health needs, including:

- Collaborated with the Hawaii Hospital Education & Research Foundation scholarship program, providing over 15 scholarships to students in nursing, medicine, physical and occupational therapy, Certified Nursing Assistant and Medical Assistance programs, pharmacy, and healthcare information technology.
- The Waianae Coast Comprehensive Health Center's School Based Health Centers is one example of KP's work with the safety net to increase access to basic health services and behavioral health services for youth.
- Partnered with the Hawaii Budget and Policy Center (HBPC) to support relevant research and advocacy for low-income populations and their ability to access services.
- Worked with the Hawaii Initiative for Childhood Obesity Research and Education to implement school wellness guidelines and policies to reduce consumption of sugary and other unhealthy beverages on campus. In this reporting period **70** schools on Oahu and Maui have refillable water stations installed because of these policies, and a grant in 2018 is expected to benefit **20** new schools on Oahu.
- Collaborated with The Performing Arts Center of Kapolei to provide the Amazing Food Detective – educational theatre that promotes nutrition and healthy lifestyles – for approximately 12,000 grade-school children each year.

C. 2016 Implementation Strategy evaluation of impact by health need

KFH Honolulu Priority Health Needs

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
Access to Care	*During 2017 and 2018, KP Hawaii provided over $54.9M in medical care services for vulnerable patients through our medical financial assistance and provided services for 59,477 Medicaid members*	Leveraged assets to provide KP Medicaid and Charity Care: Over the course of 2017 and 2018, KP provided care to **59,477 Medicaid members and** approved 40,081 **applications for Medical Financial Assistance (MFA) - totaling $27M.** Leveraged assets to expand the health care workforce: • Physician Residency Program: Provides training (and a venue) to approximately **600+** residents in healthcare, in partnership with HPMG and the healthcare workforce development initiative. • In 2018, KFH Honolulu supported the Hawaii Hospital Education & Research Foundation (HHERF) to leverage 15+ scholarships in collaboration with Healthcare Association of Hawaii (HAH) to meet healthcare workforce development shortages in nursing,

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
	During 2017 and 2018, KP Hawaii awarded 11 grants totaling $347,083 that address Access to Care in the KP Hawaii service area	medicine, physical and occupational therapy, CNA, MA, pharmacy, and healthcare IT.
		Reduced barriers for youth through School Based Health Centers (SBHC): As part of a multi-year school strategy, KFH Honolulu supported the Waianae Coast Comprehensive Health Center to launch **3** SBHCs serving Nanakuli Intermediate and High schools, Waianae Intermediate School, and Waianae High School. These are the only SBHCs in the state of Hawaii providing basic health services and behavioral health services.
		Improved community advocacy and policy regarding access to services for low-income populations: In 2017 and 2018, supported the development of the Hawaii Budget and Policy Center (HBPC) through a grant and participation in stakeholder meetings. HBPC provides relevant research and advocacy for low-income populations and their ability to access services.
		Improved capacity of community-based organizations: Provided $200,000 in grants to the Hawaii Primary Care Association, Mental Health America of Hawaii, and Aloha Medical Mission to increase access to behavioral health and dental services for low-income, uninsured, and immigrant populations.
Exercise, Nutrition, and Weight/diabetes	*During 2017 and 2018, KP Hawaii awarded 19 grants totaling $952,050 that address Exercise, Nutrition, and Weight/diabetes in the KP Hawaii service area.*	Promoted healthy eating and active living for school-aged youth: • Healthy Beverage Promotion in Schools: As part of a multi-year school strategy, KFH Honolulu provided $159,000 in grants to the Hawaii Initiative for Childhood Obesity Research and Education (HICORE) for schools to implement wellness guidelines and policies to reduce consumption of sugary and other unhealthy beverages on campus; **70** schools on Oahu and Maui have refillable water stations installed because of these policies. A grant in 2018 is expected to benefit **20** new schools on Oahu. • Farm to School Initiative**:** As part of a multi-year school strategy, KFH Honolulu provided $60,000 in grants to the Kohala Center to implement a farm to school pilot program within the Department of Education. Work included adapting menus to local taste and produce availability, and local procurement (including contracts and procurement policies) of meat and produce and made-from scratch food. In 2018, the program expanded to the Mililani area of Oahu which serves the second highest number of meals per day (over 2,500). • Amazing Food Detective (AFD): In collaboration with the Performing Arts Center of Kapolei, KFH Honolulu provided AFD to grade-school children. AFD promotes nutrition education and healthy lifestyles. In combination with the Peace Signs performance, the Educational Theatre Program reaches about **40** elementary schools (approximately **12,000** students) statewide each year. • After School HEAL programs: KFH Honolulu supported after school programs that promote healthy eating and active living for K-12, through on-going support of the Boys and Girls Club of

Need	Summary of impact	Top 3-5 Examples of most impactful efforts
		Hawaii (serving Oahu and Kauai), and the Boys and Girls Club of Maui programming to promote physical activity after school.
		Partnered to prevent diabetes: In partnership with HPMG and the YMCA of Maui and Honolulu, provided $55,000 in grants to support the CDC's evidence-based Diabetes Prevention Program (DPP). DPP teaches behavioral and lifestyle changes to prevent the onset of Type 2 diabetes for 45+ individuals during each cohort.
		Leveraged assets: Active participation in a diverse network of **80+** community, public and private sector collaborations. • KF Honolulu supports the Hawaii Public Health Institute (HIPHI) to address many community health policy and advocacy efforts such as tobacco, oral health, vaccinations, healthy eating, and physical health. • KFH Honolulu staff volunteer with community groups and schools for the Hawaii Department of Education Fitness Meets and Community Work Days to promote active lifestyles and safe, walkable campuses. • KFH Honolulu is a member of the Mayor's Honolulu Age Friendly City Initiative, which has led to the 2018 resolution to make Honolulu safer, healthier, and walkable for all ages.

VII. Appendix

A. Secondary data sources and dates
    i. KP CHNA Data Platform secondary data sources
    ii. “Other” data platform secondary data sources
B. Community Input Tracking Form
C. Health Need Profiles
D. Community resources

Appendix A. Secondary data sources and dates

i. Secondary sources from the KP CHNA Data Platform

	Source	Dates
1.	American Community Survey	2012-2016
2.	American Housing Survey	2011-2013
3.	Area Health Resource File	2006-2016
4.	Behavioral Risk Factor Surveillance System	2006-2015
5.	Bureau of Labor Statistics	2016
6.	California Department of Education	2014-2017
7.	California EpiCenter	2013-2014
8.	California Health Interview Survey	2014-2016
9.	Center for Applied Research and Environmental Systems	2012-2015
10.	Centers for Medicare and Medicaid Services	2015
11.	Climate Impact Lab	2016
12.	County Business Patterns	2015
13.	County Health Rankings	2012-2014
14.	Dartmouth Atlas of Health Care	2012-2014
15.	Decennial Census	2010
16.	EPA National Air Toxics Assessment	2011
17.	EPA Smart Location Database	2011-2013
18.	Fatality Analysis Reporting System	2011-2015
19.	FBI Uniform Crime Reports	2012-14
20.	FCC Fixed Broadband Deployment Data	2016
21.	Feeding America	2014
22.	FITNESSGRAM® Physical Fitness Testing	2016-2017
23.	Food Environment Atlas (USDA) & Map the Meal Gap (Feeding America)	2014
24.	Health Resources and Services Administration	2016
25.	Institute for Health Metrics and Evaluation	2014
26.	Interactive Atlas of Heart Disease and Stroke	2012-2014
27.	Mapping Medicare Disparities Tool	2015
28.	National Center for Chronic Disease Prevention and Health Promotion	2013
29.	National Center for Education Statistics-Common Core of Data	2015-2016
30.	National Center for Education Statistics-EDFacts	2014-2015
31.	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013-2014
32.	National Environmental Public Health Tracking Network	2014
33.	National Flood Hazard Layer	2011
34.	National Land Cover Database 2011	2011
35.	National Survey of Children's Health	2016
36.	National Vital Statistics System	2004-2015
37.	Nielsen Demographic Data (PopFacts)	2014
38.	North America Land Data Assimilation System	2006-2013
39.	Opportunity Nation	2017
40.	Safe Drinking Water Information System	2015
41.	State Cancer Profiles	2010-2014
42.	US Drought Monitor	2012-2014
43.	USDA - Food Access Research Atlas	2014

ii. Additional sources

	Source	Dates
1.	Hawaii Health Matters	2013-2018
2.	Data USA	2012-2016
3.	HealthLandscape (Health Resources Administration & American Academy of Family Physicians, UDS Mapper)	2018
4.	Community Commons	2012-2016

Appendix B. Community input tracking form

Organizations

Key informants	Title/name	Number	Target group(s) represented	Role in target group	Date input was gathered
Sadrian Chee	*'Ohana Family of the Living God Church*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Tracie-Ann Tjapkes & admin team	*Adventist Health Castle*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Phil Acosta	*ALEA Bridge*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Cindy Adams	*Aloha United Way*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Barbie-Lei	*Burgess Waiʻanae Neighborhood Place*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Lynnette P. Higa	*Central Oʻahu Public Health Nursing Section*	*1*	*health department*	*representative*	*June-September 2018*
Karen Tan	*Child & Family Services*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Bill Hoshijo	*Civil Rights Commission*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Bob Agres	*County of Hawaiʻi*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Nagisa Kimura	*East Honolulu Public Health Nursing Office*	*1*	*health department*	*representative*	*June-September 2018*
Debbie Shimizu	*Executive Office on Aging*	*1*	*health department*	*representative*	*June-September 2018*
Christy MacPherson	*FACE (Faith Action for Community Equity) Hawaiʻi*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Ritabelle Fernandes	*Geriatrics*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Gavin Thornton	*Hawaiʻi Appleseed*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Beth Giesting	*Hawaiʻi Appleseed Budget & Policy Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Chris Van Bergeijk	*Hawaiʻi Community Foundation*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Mike Robinson	*Hawaiʻi Pacific Health*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Robert Hirokawa	*Hawaiʻi Primary Care Association*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*

Lisa Kimura	*Healthy Mothers Healthy Babies*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Lowell Chun	*Hoon Attorney*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Makena Coffman	*Institute for Sustainability and Resilience*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Keawe Kaholokula	*JABSOM Native Hawaiian Health*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
JABSOM Ob/Gyn Residents/Fellows	*JABSOM/Kapiʻolani Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
JABSOM Pediatric Residents	*JABSOM/Kapiʻolani Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
May Okihiro	*JABSOM/Waiʻanae Coast Comprehensive Health Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Hawaiʻi Medical Education Council	*John A. Burns School of Medicine*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
JABSOM Family Medicine group	*John A. Burns School of Medicine*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Lee Buenconsejo-Lum	*John A. Burns School of Medicine*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Quin Ogawa	*Kāhi Mōhala*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Alan McPhee	*Kahuku Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Jerome Flores	*Kahuku Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Kathleen Mau	*Kaiser Moanalua*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Lisa Oliveira-Tua	*Kaiser Moanalua*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Joy Barua	*Kaiser Permanente Hawaiʻi*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Lauren Nahme	*Kamehameha Schools*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Barbara Craft	*Kapiʻolani Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Karlee Palms	*Kapiʻolani Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*

Ken Nakamura	*Kapiʻolani Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Laura Bonilla	*Kapiʻolani Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Martha Smith	*Kapiʻolani Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Kent Kaʻahanui	*Ke Ola Mamo*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
David Derauf	*Kōkua Kalihi Valley*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Jeannette Koijane	*Kōkua Mau*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Natividad Hopewell	*Koʻolauloa Community Health Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Wennie Tomita	*Kuakini Health System*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Deja Ostrowski	*Medical Legal Partnership for Children*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Dina Shek	*Medical Legal Partnership for Children*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Ryan Lee	*Milestones Hawaiʻi*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Maile Meyer	*Na Mea Hawaiʻi*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Blake McElheny	*North Shore*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Kealoha Fox	*Office of Hawaiian Affairs*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Brigitte McKale	*Pali Momi Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Cheryl Kozai	*Pali Momi Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Douglas Kwock	*Pali Momi Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Gidget Ruscetta	*Pali Momi Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Gail Kim	*Public Health Nursing*	*1*	*health department*	*representative*	*June-September 2018*
Joan Takamori	*Public Health Nursing*	*1*	*health department*	*representative*	*June-September 2018*

Kanilehua Kim	*Queen's Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Sharlene Tsuda	*Queen's Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Kyle Maschoff	*Rehab Hospital of the Pacific*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Cullen Hayashida	*Senior issues*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Andi Kubota	*Shriners Hospitals for Children*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Keith Sanderson	*Shriners Hospitals for Children*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Merlene Jose	*Shriners Hospitals for Children*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Faith Rex	*SMS Research*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Jim Dannemiller	*SMS Research*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Gregg Kishaba	*State of Hawai'i Department of Health*	*1*	*health department*	*representative*	*June-September 2018*
Judy Mohr Peterson	*State of Hawai'i Department of Human Services*	*1*	*health department*	*representative*	*June-September 2018*
Art Gladstone & Admin Team	*Straub Medical Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Adriana Ramelli	*The Sex Abuse Treatment Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Tai-an Miao	*UH Department of Urban and Regional Planning*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
JoAnn Tsark	*UH Office of Public Health Studies*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Chip Fletcher	*UH School of Ocean and Earth Science and Technology*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Katherine Keir	*United Healthcare*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Steph Lee	*University Health Partners/Planned Parenthood*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Aimee Grace	*University of Hawai'i System*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Brian Cunningham & admin team	*Wahiawā General Hospital*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*

Dan Fujii	*Waiʻanae Coast Comprehensive Health Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Mary Oneha	*Waimānalo Health Center*	*1*	*minority, medically underserved, and low income*	*representative*	*June-September 2018*
Jodie Sanada	*West Honolulu Public Health Nursing*	*1*	*health department*	*representative*	*June-September 2018*
Keri Kobayashi	*Windward Oʻahu Public Health Nursing Section*	*1*	*health department*	*representative*	*June-September 2018*

Community residents

	Data collection method	Location and host	#	Target group(s) represented	Role	Date input was gathered
	Community meeting	*Hauʻula, Oʻahu: Hosted by Pastor Sage Chee*	*5-10*	*Provider working with youth and groups in Hauʻula*	*member*	*7/12/2018*
	Community Meeting	*Kahuku, Oʻahu: Hosted by Bobby Benson Center*	*10-15*	*Girls and boys in residential treatment for substance abuse*	*member*	*7/31/2018*
	Community Meeting	*Honolulu, Oʻahu: Healthy Mothers, Healthy Babies*	*5-10*	*Support group for expecting and new parents*	*member*	*8/20/2018*
	Community Meeting	*Waiʻanae, Oʻahu: Catholic Charities*	*5-10*	*Residents of transitional housing*	*member*	*8/28/2018*
	Community Meeting	*ALEA Bridge: Wahiawā, Oʻahu*	*10-15*	*Wahiawā health workers, nonprofit employees and clients, and area politicians*	*member*	*9/6/2018*
	Community Meeting	*Wahiawā, Oʻahu: Surfing the Nations*	*5-10*	*After school program for children and teens*	*member*	*9/19/2018*
	Community Meeting	*Kalihi, Oʻahu: Kōkua Kalihi Valley Gulick Elder Center*	*25-30*	*Elder participants*	*member*	*10/19/2018*

Appendix C. Health Need Profiles

Access to Care

Why it is important

Access to comprehensive, quality health care services—including having insurance, local care options, and a usual source of care—is important for ensuring quality of life for everyone. Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community is also important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Access to care in the Kaiser Foundation Hospital-Honolulu service area[1]

Eighty-seven percent of Oahu residents report a usual source of healthcare,[2] however, only 75% say they have had a recent primary care visit (compared to 79% in the U.S.). People who do not visit their primary care provider are less likely to get routine checkups and screenings. Oahu slightly trails the state in the management of diabetes and hospital readmissions among Medicare patients, and has relatively high rates of stroke hospitalization, which may indicate need for improved management of cardiovascular conditions. Community residents voiced concern over inadequate specialty care, the lack of culturally appropriate services, and the barriers rural residents face in accessing care.

Oahu compared to State of Hawaii & U.S:

	Oahu	Hawaii	U.S.
Recent primary care visit*	75%	75%	79%
Diabetes management (HbA1c test, Medicare)*	84%	84%	85%
30-day readmissions (Medicare)*	13%	12%	15%
Stroke hospitalizations (Medicare)**	7/1,000	6/1,000	9/1,000

*Sources: *Dartmouth Atlas of Health Care, 2014; **Interactive Atlas of Health Disease and Stroke, 2012-2014.*

Factors related to health

- Nearly a quarter of residents have not seen a dentist in the past year.[2] Poor oral care can have significant negative health impacts.
- Several rural and urban areas in Oahu have been designated by the Health Resources & Services Administration (HRSA) as medically underserved areas, including neighborhoods in Honolulu and the Koolauloa neighborhood in northeast Oahu.
- Primary care professionals who work with FQHCs have expressed the need for greater access to specialty care. There is evidence that people with low incomes have particular difficulty accessing specialists. For example, over

> Neglecting the oral health of our people has terrible consequences. It is difficult to say but, with government not supporting the dental care of those most in need, we are creating a generation of adults who don't have any teeth.
>
> –West Oahu provider

[1] Kaiser Foundation Hospital-Honolulu Service Area includes Honolulu City and County, with Honolulu County encompassing the island of O'ahu. We use "O'ahu" here to describe data pertaining to the service area.

[2] Hawaii Health Matters, Hawaii DOH BRFSS, 2018.

half of dermatologists on Oahu do not accept patients covered by Medicaid, and there appears to be a critical shortage of psychiatrists willing to see patients with public insurance, even in Honolulu.[3,4]

- Limited English proficiency may also affect access to care: In Oahu, 15 percent of the population speaks a language other than English at home and speaks English less than "very well." This is compared to 13 percent in Hawaii overall and only 9 percent in the U.S.[5]
- Many residents report negative experiences with the health care system, including discrimination, medical mistakes, and a perceived lack of caring from their providers.
- Residents living further from Honolulu face barriers accessing primary and specialty care. Most healthcare resources and facilities are in the city, so the time it takes to travel longer distances can result in negative impacts on job or school attendance, and child care.

> This tele-medicine nonsense has to stop. People think that you can do things telephonically. You cannot. You need to hold their hands. The navigators know how important it is when you physically hold hands and bring them on.
>
> –Honolulu physician

Health disparities in communities

- In areas further from Honolulu there are fewer healthcare resources, providers, and facilities. Some people in communities on the North Shore, Leeward, Central, and Windward areas of Oahu report that too many decisions that affect them are made from an "urban Honolulu-centric" perspective because most business, non-profit, and government leaders meet, work, and make decisions in Honolulu.
- Despite Oahu also having a relatively high number of dental providers per 100,000 population (94 compared to 65 in Kauai and Hawaii, and only 62 in Maui), the Kalihi-Palama neighborhood of Oahu has been designated by HRSA as a dental professional shortage area.

Health disparities among people

There are stark racial and ethnic disparities seen in access to care. Native Americans and Native Hawaiians/Pacific Islanders are less likely to have insurance coverage, while blacks report less frequent visits to their primary care provider, have lower breast cancer screening rates, and are less likely to manage their diabetes appropriately.

	Asian	Black	Hispanic	NAAN	NHPI	White
Uninsured population	4%	4%	5%	7%	7%	4%
Recent primary care visit (Medicare)	--	55%	--	--	--	75%
Breast cancer screening (Medicare)	--	50%	--	--	--	63%
Diabetes management (HbA1c test, Medicare)	--	76%	--	--	--	84%

[3] Ferrara ML, Johnson DW, Elpern DJ. Cherry Picking in the 'Aina: Inequalities of Access to Dermatologic Care in Hawai'i. *Hawaii J Med Public Health.* 2015 Jun;74(6):197-9.
[4] Aaronson A, Withy K. Does Hawai'i Have Enough Psychiatrists? Assessing Mental Health Workforce Versus Demand in the Aloha State. *Hawaii J Med Public Health*. 2017 Mar;76(3 Suppl 1):15-17.
[5] American Community Survey, 2012-2016.

Sources: American Community Survey, 2012-2016; Dartmouth Atlas of Health Care, 2014 (race data only available for blacks and whites)

Climate and health

Why it is important

Climate change and particulate air pollution from burning fossil fuels are recognized as urgent threats to the health of the planet and its inhabitants. More frequent and intense weather and climate-related events are expected to threaten community infrastructure and regional economies. Persistent, bioaccumulative, and toxic substances (PBTs), considered among the most dangerous chemicals, can travel long distances between air, land, and water, and plastic marine debris from around the world ends up on Hawaiian beaches, creating risk to the marine environment. While globally particulate air pollution has been described as the greatest threat to human health, in the United States, life expectancy has increased since air pollution standards were enacted in the 1970s.[1] Nonetheless, air pollution is associated with increased risk of both respiratory and cardiovascular disease.

Climate and health in the Kaiser Foundation Hospital-Honolulu service area[2]

Compared to the state or other islands, Oahu has more environmental health risks. Residents are concerned about the impacts of ongoing development on traffic, the environment, and access to healthy places. While many in Oahu can use public transit or walk to work, a comparatively high percentage of workers drive long distances to work alone. Oahu also suffers disproportionately from the impacts of harmful chemicals being released into the atmosphere.

Oahu compared to State of Hawaii:

	Oahu	Hawaii
Driving alone to work, long commutes*	44%	40%
PBTs released, pounds**	90,099	120,783
Carcinogens released, pounds**	61,762	64,111

*Sources: *Hawaii Health Matters, County Health Rankings, 2018; **Hawaii Health Matters, U.S. Environmental Protection Agency, 2018.*

Factors related to health

- The high cost of living and a lack of affordable housing means that people often live far away from where they work. Honolulu is often cited as one of the most congested cities in the U.S.,[3] and traffic problems continue to be exacerbated by population growth and neglected infrastructure.[4] Compared to other islands and peer counties on the mainland, Oahu residents are more likely to spend at least an hour commuting to and from work alone in their vehicles.[5]
- Oahu has less land classified as “conservation” land (e.g. protected watersheds, protected scenic and historic areas, park lands, beach preserves), and more urban acreage when compared to the state overall.[6]

[1] Energy Policy Institute at the University of Chicago, Introducing the Air Quality Life Index, 2018
[2] Kaiser Foundation Hospital-Honolulu Service Area includes Honolulu City and County, with Honolulu County encompassing the island of Oahu. We use “Oahu” here to describe data pertaining to the service area.
[3] Wallace D & Ramones I, “How did traffic in Honolulu get so bad?”, *Honolulu Magazine*, Aug 19, 2015
[4] Prevedouras PD, Honolulu Traffic Congestion–Part 1, University of Hawaii-Manoa, Mar 3, 2012
[5] County Health Rankings, 2018. Peer county identification is based on key demographic, social, and economic indicators
[7] State of Hawaii Data Book, County parks and recreation departments, 2018.

- Oahu releases nearly all the carcinogens and the majority of the PBTs in the state: 96 percent of carcinogens and 75 percent of PBTs.
- Compared to the other islands, there are three times as many residents for each county park on Oahu, which creates a scarcity of healthy public spaces for residents to gather.[7] Many residents feel policies regarding public areas are made for the safety and wellbeing of visitors first, exacerbating the issue of fewer healthy places for all.

Health disparities in communities

The impact of tourism (e.g. traffic concerns, development, overcrowding) is felt in the more developed areas of Oahu. Those residents living nearer the urban center of Honolulu will experience more of the negative impacts of PBTs and carcinogens released than those in less urban areas. Residents who live far from where they work and must make long commutes, experience more stress and have less time and energy to engage in healthy physical activity.

> We are seeing the overuse of particular geographic areas and environmental resources. The number of visitors at public parks has increased and people are coming by the busload. It's beyond the capacity of our community. It's detrimental to the environment and impacts the whole community.
>
> – Waimanalo resident

[7] State of Hawaii Data Book, County parks and recreation departments, 2018.

Economic Security

Why it is important

Social and economic conditions are strongly associated with health: the higher an individual's income and wealth, the more likely that person is to have better health. Families with lower incomes are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options, and quality schools. Education is another strong predictor of health: Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. Other economic factors also affect health, including housing, employment, and food security. Economic security consistently emerged as a critical health issue in the region: Despite low unemployment and lower rates of poverty in Oahu compared to Hawaii overall, economic insecurity is pervasive.

Economic security in the Kaiser Foundation Hospital-Honolulu service area[1]

While Oahu enjoys the highest median household income and median house values of all the Hawaiian Islands, there is a sense among its residents of growing inequality, housing issues, and food insecurity. In fact, Oahu has a much higher percentage of the population that are food insecure but not SNAP eligible than any of the other Hawaiian islands (46% compared to only 25% on Hawaii, 35% on Maui, and 34% on Kauai).[2] The largest concerns voiced by community members were the impacts of gentrification, the growing income gap, and the lack of affordable housing created by tourism industry development.

Oahu compared to State of Hawaii & U.S:

	Oahu	Hawaii	U.S.
Houseless	50/10,000	55/10,000	18/10,000
Cost-burdened households	42%	40%	33%
Housing problems	46%	45%	34%
Food insecure, not SNAP eligible	46%	43%	N/A

Source: American Community Survey, 2012-2016.

Factors related to health

- Compared to the rest of the state and to the U.S., poverty in Oahu is low; only 10% of its population lives below 100% of the Federal Poverty Level (FPL) (compared to 15% in the U.S).[3] However, a more accurate view of poverty is to compare Oahu residents to an island-specific standard of living. Nearly half of Oahu residents (46%) have a household income of ≤$75,000, whereas the "average 4-person household survival budget in the City and County of Honolulu" is $85,200.[2]
- There is continued development for tourism (e.g. the building of luxury condominiums and shopping centers).

> Developers resources are going into housing but leaving issues like poor infrastructure and social and economic issues like homelessness to the community to figure out… there are so many transplants, there's very little stake in the place.
>
> – State employee, Oahu

[1] Kaiser Foundation Hospital-Honolulu Service Area includes Honolulu City and County, with Honolulu County encompassing the island of Oahu. We use "Oahu" here to describe data pertaining to the service area.
[2] Islander Institute, CHNA report, December 2018.
[3] American Community Survey, 2012-2016.

Residents expressed concern that the tourism industry's focus on this type of development reduces the availability of affordable housing, which has worsened the houseless situation.

- A perception exists among residents that private development prioritizes the safety and wellbeing of visitors first, and that the care of populations such as the houseless, particularly in urban Honolulu, falls to the government and non-profit sectors, rather than being a burden shared by all.
- In the more rural areas of the island, there are fewer options for healthy food like farmers markets and grocery stores.

Health disparities in communities

Some people in communities in the North Shore, Leeward, Central, and Windward areas of Oahu report that there is a phenomenon of "urban Honolulu-centric" perspective, i.e. they believe too many decisions that affect them are made from the perspective of Honolulu, where most business, non-profit, and government leaders meet, work, and make decisions. In areas further from Honolulu there is a sense that residents have fewer options and access to food, and less economic opportunity, compared to those living in the urban area around Honolulu.

Health disparities among people

In Oahu, American Indians and Alaska Natives, and Native Hawaiians and Pacific Islanders suffer disproportionately in several areas related to economic security, including educational attainment, insurance status, poverty, and food insecurity. Native Hawaiian and Pacific Islanders have much higher rates of poverty than other groups with 23% of the population and 33% of children living below 100% FPL. Both groups have significantly higher rates of receiving SNAP benefits than other groups. Hispanics also fare poorly on poverty and food insecurity measures.

	Asian	Black	Hispanic	NAAN	NHPI	White
Adults without high school diploma	12%	3%	9%	11%	12%	3%
Uninsured population	4%	4%	5%	7%	7%	4%
Population below 100% FPL	7%	10%	12%	17%	23%	8%
Children below 100% FPL	7%	13%	14%	11%	33%	8%
Median household income	80K	~69K	~63K	~31K	-	~81K
SNAP benefits	8%	6%	15%	23%	30%	5%

Source: American Community Survey, 2012-2016

Mental health

Why it is important

Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. People reporting poor mental health may have difficulties in daily life and be more likely to engage in risky behaviors. Individual social support and living in a socially connected neighborhood help protect both mental and physical health.

Mental health in the Kaiser Foundation Hospital-Honolulu service area[1]

Compared to the state of Hawaii and the U.S., Oahu has more mental health resources as well as lower rates of depression and suicide. However, Oahu residents also report getting less sleep, having more sedentary lifestyles, and spending more time commuting long distances to work than residents from other islands, all of which can lead to increased stress. Many Oahu residents deal with financial stress including food insecurity and high housing costs. Community members also mention workplace stress, lack of sleep, and spending too much time "locked in on their phones" as issues that need to be addressed.

Oahu compared to State of Hawaii:

	Oahu	Hawaii
No physical activity in last 30 days*	22%	20%
Insufficient sleep*	45%	43%
Driving alone to work, long commutes**	44%	40%

*Sources: *Hawaii Health Matters, DOH, BRFSS, 2017; **Hawaii Health Matters, County Health Rankings, 2018.*

Factors related to health

- With one million residents and five million annual tourists, Oahu is a crowded island. Population density is 1,738 persons per square mile, compared with Maui (145/mi^2), Kauai (128/mi^2), and Hawai'i (48/mi^2) counties. Community members have expressed concern that their healthy places are being crowded out by visitors.
- Long commutes and having multiple jobs to make ends meet, coupled with the demands of home and family responsibilities, means many residents lack adequate sleep. Oahu adults are the most sleep-deprived in the state, with nearly half reporting they do not get at least 7 hours of sleep each night.[2]
- Other health needs, including economic security and unhealthy substance use, are linked to mental health. In Oahu, nearly half the population is "food insecure" and 42 percent of residents live in "cost-burdened" households.[3] Many cope with stress by eating fast food or increasing screen time, but stress can also lead to substance abuse and domestic violence.
- People of Hawaii value the connection to place and people that comes from accumulated life experiences within their communities. This sense of connection is threatened by the exodus of young people seeking economic opportunity elsewhere as well as by the transient nature of tourism and a military presence.

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[2] Hawaii Health Matters, Hawaii DOH Behavioral Risk Factor Surveillance System, 2014.
[3] American Community Survey, 2012-2016.

- While technology can foster connections and allow people to find important health information, a majority of community members views technology and screen time as negative. In fact, screens were frequently brought up as one of the biggest barriers to good health, often equated to a kind of addiction that is ruining relationships and lives.
- Most of the state's health care resources are located in Oahu. Nonetheless, compared with peer counties on the mainland, Oahu has fewer mental health providers per capita.[4] Many residents perceive that mental health specialty care services are insufficient to meet the community's needs, including those related to substance abuse treatment. There appears to be a critical shortage of psychiatrists willing to see patients with Medicaid or Medicare coverage, even in Honolulu.[5]

> It was really hard to find culturally relevant help for our son. Being Hawaiian and living in a rural area with other Hawaiian families, you'd think there would be resources for mental and behavioral health derived from our cultural practices and knowledge. There weren't cultural programs for this and there weren't any other kind either. We spent so many hours in the car and it looks like there will be many more hours spent getting to and from the help we need.
>
> – Mother in Windward Oahu

Health disparities among people

- Suicide deaths are higher in Oahu for whites than for other racial groups (17 per 100,000 compared to 11 per 100,000 for Oahu residents overall).[6] Statewide, adults living in poverty and white and Native Hawaiians are most likely to report depression.[7]
- Twenty-nine percent of Oahu high school students report feeling depressed in the past year, with 16 percent reporting having had suicidal thoughts—the second highest proportion in the state. Native Hawaiian, other Pacific Islander, and Filipino teens in the state are more likely to report depression than white, Japanese, or other Asian teens.[8]
- Drug-related death rates have been increasing on Oahu, from 7.8 per 100,000 in 2001-03 to 11.3 per 100,000 in 2013-15. Statewide, the rate of deaths due to drugs for Native Hawaiians and other Pacific Islanders is double that of whites (31.9 per 100,000 compared to 14.7 per 100,000).[9]

[4] County Health Rankings, 2018. Peer county identification is based on key demographic, social, and economic indicators
[5] Aaronson A, Withy K. Does Hawai'i Have Enough Psychiatrists? Assessing Mental Health Workforce Versus Demand in the Aloha State. *Hawaii J Med Public Health*. 2017 Mar;76(3 Suppl 1):15-17.
[6] National Vital Statistics System, 2011-2015.
[7] Hawaii DOH Behavioral Risk Factor Surveillance System, 2014.
[8] Hawaii DOH Youth Risk Behavior Surveillance System, 2015.
[9] Hawaii DOH Office of Health Status Monitoring, Vital Statistics

Obesity/HEAL/Diabetes

Why it is important

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. In the United States, cardiovascular disease is the leading cause of death and strokes are the third leading cause. A healthy lifestyle is important for preventing and/or managing the risks associated with these diseases.

Obesity/HEAL/Diabetes in the Kaiser Foundation Hospital-Honolulu service area[1]

Compared to the state of Hawaii, Oahu residents lead more sedentary lifestyles and have lower fruit/vegetable consumption. They also have slightly higher rates of prediabetes and stroke. Issues of food insecurity may impact the ability for families to make healthy food choices. Community members talked about food as a "common connector in peoples' experience of health,"[2] but lamented that cooking healthy meals isn't always possible.

Oahu compared to State of Hawaii:

	Oahu	Hawaii
No physical activity*	22%	20%
Prediabetes*	15%	14%
Adult fruit/veg consumption**	18%	20%
Stroke hospitalizations, Medicare***	7/1,000	6/1,000
Food insecure, not SNAP eligible^	46%	43%

*Sources: *Hawaii Health Matters, DOH, BRFSS, 2017; ** Hawaii Health Matters, DOH, BRFSS, 2016; ***Interactive Atlas of Health Disease and Stroke, 2012-2014, ^American Community Survey, 2012-2016.*

Factors related to health

- Oahu residents tend to be less physically active than other Hawaiians; they report less physical activity and spend more time driving alone on long commutes.
- Teens in Oahu report low consumption of fruits/vegetables compared to teens in the U.S: Only 14% of Oahu teens report getting the recommended five servings compared to 22% of American teens overall.[3] Residents reported concern that too many teens have the "stereotypical teen diet" of too many processed snacks, sugary drinks, and fast food.
- While the percentage of Oahu residents who have been told by a medical provider that they have "prediabetes" is about the same as residents statewide, it is notable that rates of prediabetes in Oahu are higher than in all other islands (15% compared to only 10% on Kauai and 14% on Hawaii and Maui).[4]
- Nearly half (46%) of Oahu's residents are food insecure but live above the 200% Federal Poverty Line (FPL) and thus are *not eligible* for SNAP benefits. SNAP eligibility creates more options for addressing needs for Oahu's hungry.

> The last time I felt healthy was when I was three years old in Micronesia. I ate healthier foods, and things weren't so complicated.
>
> - Wahaiwa pre-teen

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[2] Islander Institute, CHNA report, 2018.
[3] Hawaii Health Matters, Hawaii DOH Youth Behavior Risk Surveillance System, 2018.
[4] Hawaii Health Matters, Hawaii DOH BRFSS, 2017.

Health disparities in communities

According to Islander Institute's community research, "food was a common connector in peoples' experience of health," though many residents reported that cooking is a "luxury" as people may not have the time, energy, or money to cook. Urban areas of Oahu have greater access to a variety of food options, including grocery and big box stores. The availability and affordability of healthy food increases the likelihood of a nutritious diet. In rural areas "it is typical to grab a plate lunch while at work and go to a drive-thru for dinner on the way home."

While rural communities may potentially have access to fresh food through farmer's markets, the rate of farmers markets per 1,000 population is lower in Oahu compared to all other islands.[5]

> There is a Foodland on one end, but people who live in the 'hood don't go there. Kids end up eating musubis from the convenience store, from the manapua man, and from the Jack in the Box and Taco Bell.
>
> - Parent from Wahaiwa

Health disparities among people

Hispanics, American Indians and Alaska Natives, and Native Hawaiians and Pacific Islanders suffer disproportionately from the burden of diabetes and cardiovascular disease. According to the Islander Institute "even though [diabetes] incidence rates do not appear to be any higher for Native Hawaiians and other Pacific Islanders, and even though Native Hawaiians have the highest rates of receiving formal diabetes education, their death rates due to diabetes are the highest."[2] Hispanics die at higher rates from heart disease and stroke than other groups. All three groups also experience higher rates of poverty and food insecurity, which impacts health outcomes. In addition, Blacks demonstrate poorer diabetes management than other groups.

	Asian	Black	Hispanic	NAAN	NHPI	White
Population below 100% FPL	7%	10%	12%	17%	23%	8%
SNAP benefits	8%	6%	15%	23%	30%	5%
Death from heart disease	62/100,000	68/100,000	111/100,000	--	--	74/100,000
Death from stroke	36/100,000	--	53/100,000	--	--	33/100,000
Diabetes management (HbA1c test, Medicare)	--	76%	--	--	--	84%

Sources: American Community Survey, 2012-2016; Dartmouth Atlas of Health Care, 2014 (race data only available for blacks and whites); National Vital Statistics System, 2011-2015 (race data limited).

[5] Hawaii Health Matters, U.S. Dept. of Agriculture, 2017.

Appendix D. Community resources

Identified need	Resource provider name	Summary description
Access to care	Aloha United Way (AUW)	Aloha United Way recently released a report, ALICE: A STUDY OF FINANCIAL HARDSHIP IN HAWAIʻI. ALICE (Asset Limited, Income Constrained, Employed) individuals and families are those who have at least one job yet cannot afford housing, child care, food, transportation and health care. Nearly one in two households in Hawaiʻi are ALICE and below. Since release its report, AUW has focused on supporting the ALICE community on strengthening their financial health. AUW embraces the reality that sustainable social change must involve cross-sector coordination, long-term commitment, and investment in deeper relationships with strategic partners. (https://www.auw.org/alice)
	Health Mothers Healthy Babies Coalition of Hawaii	This local nonprofit, with offices in Chinatown, Honolulu, is part of a national network of organizations and individuals committed to improving Hawaiʻi's maternal, child and family health. Their program includes creating support groups and community spaces for mothers and children to connect. (https://www.hmhb-hawaii.org)
	Kokua Kalihi Valley Elder Services	KKV's Elder Care Programs provide Kalihi seniors from all cultural backgrounds with holistic care. At KKV's Elder Center and at the nearby public housing community of Kūhiō Park, elderly clients gain daily opportunities for social engagement, physical activity health education, and primary health care. (http://kkv.net/index.php/elder-care)
	Care for houseless discharged from hospital facilities	OHANA (Oʻahu Health Access and Network Association) project provides case management and short-term residential care that allows houseless individuals discharged from Queen's Medical Center and Adventist Health Castle the opportunity to rest in a safe environment while accessing medical care. Tūtū Bert's Homes, an 8-bed private medical respite, offer medically frail houseless individuals who are no longer in need of in-patient hospitalization, but still too frail to recuperate on the streets. The house facilitates short-term stabilization and supportive case management that accelerates their transition out of houselessness, and into available housing options. (http://www.kphc.org/patient/healthcare-homeless)
Climate and health	Sustainable Transportation Coalition of Hawaii	This network of organizations and individuals aims to reduce the use of cars. The work of the coalition has direct health implications, whether related to active modes of transportation such as bicycling and walking, or reducing the stress and time of commutes with car sharing, carpooling, and public transportation. (http://www.stchawaii.org)
Economic security	ALEA Bridge	Based in Wahiawā, ALEA Bridge works with at-risk individuals, families, youths, and veterans including people who are houseless through a personal, respectful, collaborative and grassroots approach. They help with finding employment and housing; managing finances; and placing people into substance abuse and

	behavioral health program. They often partner with Wahiawā General Hospital. (http://www.aleabridge.org)
Sundays Project of the Parents and Children Together center at Kuhio Park Terrace	This program aims to reduce the high rates of absenteeism in public schools among children from The Federated States of Micronesia, the Marshall Island, Palau, and others who are new to Hawai‘i. It provides learning opportunities grounded in culture for families. (https://pacthawaii.org)
Waipahu Safe Haven Immigrant Resource Center	In 2015, Safe Haven began as a computer access center for youth and adults in Waipahu, and a site to help train and develop women's sewing skills so that they would be able to use their skills for their families and as a source of income. The center's mission expanded to include a focus on improving the success of the community and helping individuals and families out of poverty. Currently, the center provides services to a variety of migrant and immigrant populations, including Samoan and Filipino, and the majority are Marshallese and Chuukese families. (https://www.waipahusafehaven.com)
Kailua Homeless Aid	On the fourth Tuesday of each month, the Windward branch of the YMCA of Honolulu and neighboring Daybreak Church provide support for houseless people in Kailua. Supported by Alexander & Baldwin and the Harold K.L. Castle Foundation, partner agencies include AlohaCare, Waimānalo Health Center, Veteran Services, Residential Youth Services Empowerment, Catholic Charities, Legal Aid, Institute for Human Services, Child and Family Services, Hiehie Mobile Hygiene, and Community Outreach Court. (https://www.daybreakhawaii.church and https://www.ymcahonolulu.org/locations/windward)
PRAPARE	The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) is a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health. Health centers and other providers can define and document the increased complexity of their patients, transform care with integrated services and community partnerships, advocate for change in their communities, and demonstrate the value they bring to patients, communities, and payers. PRAPARE is being used by facilities in Hawai‘i, including West Hawai‘i Community Health Center and Wai‘anae Coast Comprehensive Health Center. (http://www.nachc.org/research-and-data/prapare)
Hawaii Housing Coalition	The Federal Reserve Bank of San Francisco has been convening a group of Hawai‘i stakeholders to develop a vision and strategy for establishing a multi-sector, community-driven coalition that promotes affordable housing for low-income residents of Hawai‘i. (https://www.frbsf.org)
Kahauiki Village	This housing community will provide long term, permanent, affordable housing for approximately 153 currently houseless families with children on O‘ahu. Kahauiki Village is a community of approximately 144 one- and two-bedroom homes being built on 11.3 acres of land located between Nimitz Highway, Keehi Lagoon Park,

		and Sand Island. When completed, Kahauiki Village is expected to house over 600 adults and children. This project, led by the State of Hawai‘i, City and County of Honolulu, and aio Foundation, has another goal to provide employment opportunities within walking distance for houseless parents. (http://www.kahauiki.org)
	Medical-legal Partnership for Children in Hawaii	MPLC provides legal services to low-income clients in a community health setting. These populations may not know they have a legal issue or know how to get help, and health centers are spaces more familiar than legal service offices. MPLC is a partnership between the William S. Richardson School of Law (University of Hawai‘i at Mānoa), Kōkua Kalihi Valley Comprehensive Family Services, and Waikiki Health Center. (http://www.mlpchawaii.org)
Economic security/HEAL	Double Up Food Bucks	This program helps low-income people who are on SNAP or food stamp benefits buy more healthy fruits and vegetables at participating markets and grocery stores. As its name suggests, the program doubles the value of benefits that enables people to eat local produce and support local farmers. Many organizations are offering this program throughout Hawai‘i, including The Food Basket (Hawai‘i Island’s Food Bank), Sust‘āinable Moloka‘i, Mālama Kaua‘i, Mālama Learning Center’s Mākeke Kapolei market, Wai‘anae Coast Comprehensive Health Center’s Mākeke Wai‘anae, Kōkua Kalihi Valley, and others. (http://www.doubleupfoodbucks.org)
	Roots Mobile Market	The Mobile Market is a mobile produce service, bringing local farmers’ products right to local businesses, agencies, or community sites. The Mobile Market began as a way to distribute produce to KKV employees who couldn’t make it to the market during their work day. (https://www.rootskalihi.com)
HEAL	Aina Pono: Farm to School Program	Hawai‘i State Department of Education (HIDOE). This program is increasing local food in student meals as well as connecting keiki with the ‘āina through their food, using produce farm local farms. HIDOE has established partnerships that include the Office of the Lieutenant Governor, the Hawai‘i Department of Agriculture (HDOA), the Hawai‘i State Department of Health (DOH), The Kohala Center, Kōkua Hawai‘i Foundation, Ulupono Initiative, the Hawai‘i Farm to School Hui, Dorrance Family Foundation, Hawai‘i Appleseed, Johnson ‘Ohana Charitable Foundation, Kaiser Permanente, the Hawai‘i Farm Bureau Federation (HFBF) and HMSA.
	Keiki Produce Prescription	The Mākeke Wai‘anae Farmacy Keiki Produce Prescription Pilot Project provides children and their families with produce prescriptions, redeemable for locally grown produce at Mākeke Wai‘anae (farmers market). Each “prescription” is good for three $24 refills to be distributed to patients monthly when they visit the Wai‘anae Farmers Market. The objective of the project is to increase access to healthy, locally grown food, improve diet quality and reduce the burden of childhood obesity and risk for future chronic disease.
	PILI ‘Ohana Partnership (POP)	POP addresses obesity in Hawai‘i and the larger Pacific. It integrates community wisdom with scientific methods to conduct research in

		Native Hawaiian and Pacific Peoples (including Filipinos, Chuukese, and other Pacific Islanders). The partnership includes Hawai‘i Maoli of the Association of Hawaiian Civic Clubs; Kula no nā Po‘e Hawai‘i of the Papakōlea, Kewalo, and Kalāwahine Hawaiian Homestead communities; Ke Ola Mamo; Kōkua Kalihi Valley; the Pacific Chronic Disease Coalition; the Department of Native Hawaiian Health at the University of Hawai‘i at Mānoa; and the Office of Hawaiian Affairs. (http://www2.jabsom.hawaii.edu/pili/about.html)
Mental health	Kōkua Life, Suicide Prevention App for Hawai‘i	Kōkua Life is a suicide prevention app that provides users with Hawai‘i resources and tools related to suicide prevention. It is designed for use by both healthcare or other professionals and the general public to find help for oneself or others. It includes a resource directory for mental health and social service providers on each island. Kōkua Life was created by Mental Health America of Hawai‘i with funding from the State of Hawai‘i Department of Health. (https://kokualife.org)
	Milestones Hawaii	Milestones was founded in 2018 by a team of physicians and therapists who saw an opportunity and unmet need for a unified effort to improve care for children with neurodevelopmental and behavioral conditions in Hawai‘i. Milestones provides medical assessments and treatments for children with disabilities; interisland and rural care with clinics, medical centers, and community providers; child-centered and family-focused therapy for children on the autism spectrum; and comprehensive care for children ages 0-5 with behavioral conditions. (https://www.milestoneshawaii.org)
	Native Hawaiian Traditional Healing Center, Wai’anae Coast Comprehensive Health Center	The center promotes traditional Native Hawaiian healing and cultural education, practices, and traditions. The primary practices include lomilomi, lā‘au lapa‘au, lā‘au kāhea (spiritual healing), and ho‘oponopono (conflict resolution). (http://www.wcchc.com/Healing)