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COMMUNITY VOICES











AdventistHealth Castle

Living God's love by **inspiring health**, **wholeness** and hope.



Executive Summary

Non-profit health systems, community-based organizations and public health agencies across the country all share a similar calling: to provide public services to help improve the lives of the community members they serve. The Community Health Needs Assessment (CHNA) is conducted every three years to support this calling by helping non-profit hospitals understand the health needs of the community.

The CHNA process engages communities in identifying high priority health needs, and to align the resources of community-based organizations, public health services and Adventist Health to achieve improved health for all. Communities collect data and identify resources to maximize their focus on meeting the most significant community health needs over the next three years. Adventist Health Castle participates as a part of the Healthcare Association of Hawaii (HAH) to create a report that the entire community could contribute to and access, regardless of public health context or reading ability. Its 170 member organizations encompass acute care hospitals, skilled nursing facility, assisted living facilities, type II adult residential care homes, Medicare-certified home health agencies and hospices. Additional members include home infusion/ pharmacies, case management firms, air and ground ambulance providers, the Blood Bank of Hawaii, dialysis providers and more. HAH is committed to working with providers across the continuum of care toward a healthcare system that offers the best possible quality of care to the people it serves.

Input was gathered from eight focus groups, 42 key informant interviews and a quantitative survey of 970 residents representing the broad interests of the community served by hospitals and collaborative organizations. Outreach and input was the main focus to ensure representation within the CHNA included youth, immigrants, outreach workers supporting survivors of the Maui fires, persons experiencing homelessness, developmentally disabled persons, ALICS families, Kupuna, rural O'ahu, Kaua`i, Hawai'i and Maui counties, homestead communities and the ethnic communities of native Hawaiians, Marshallese, Yap, Chuukese, Samoan, Tongan, and other Pacific Islanders as well as persons of Filipino ancestry.

The CHNA used a combination of primary and secondary data, providing for the greatest understanding of community needs from the broadest range of perspectives. Primary data was collected from focus groups and key informant interviews. Secondary data included information relative to the health needs with a deep dive into medically underserved, low-income, and minority communities. There were five identified priority health needs (Financial Security, Food Security, Mental and Behavioral Health, Housing, Equitable Access) and six identified significant health needs (Strong Families, Emergency Preparation, Environment, Kupuna Care, Healthy Starts, Community Cohesiveness) identified through this in-depth analysis and discussion.

The Adventist Health Castle CHNA Steering Committee was instrumental in reviewing the collaborative health priorities and secondary data to ascertain the prioritization of the 2025 High Priority Significant Health Needs. The CHNA steering committee reviewed data and prioritized needs based on severity, prevalence, alignment around common goals, feasibility of potential interventions and opportunities to maximize available resources over a three-year period. Considering the unique capabilities, community partnerships, and potential areas of collaborative community impact, we are committed to addressing the following priorities aligned with the collaborative priority areas.

Equitable Access
Mental and Behavioral Health
Financial Security

The full collaborative Healthcare Association of Hawaii CHNA report is available at the end of the Executive Summary. It is also published online at **https://www.adventisthealth.org/about-us/community-benefit/** and available free of charge in print form by contacting **community.benefit@ah.org**

Transforming the health experience of our **communities** by **improving** physical, mental and spiritual **health**.

About Us

Adventist Health

Adventist Health is a faith-based, nonprofit, integrated health system serving more than 100 communities on the West Coast and Hawai'i, with over 440 sites of care, including 27 acute care facilities. Founded on Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of more than 38,000 includes employees, physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Guided by our mission, Adventist Health supports purposeful work to address the social drivers of health, with a special focus on underserved members of the communities in which we operate. Together, we are transforming the healthcare experience of our communities with a whole-person focus on physical, mental, spiritual and social healing to support well-being.

Adventist Health Castle

Adventist Health Castle is a 160-bed hospital that has been providing comprehensive healthcare services to the Kailua community since 1963. Our hospital is committed to delivering medical excellence, emergency care, outpatient services and wellness programs to all individuals regardless of insurance or ability to pay. Our continuum of care network of healthcare resources and expertise allows us to provide patients with seamless coordination and access to specialized services.

Specialties Brought to our Community

- Asthma Care
- Birth Center
- Cardiac Catheterization Lab
- Diabetes Care
- Infusion Center
- Lithotripsy Services (Kidneys)
- Speech Therapy

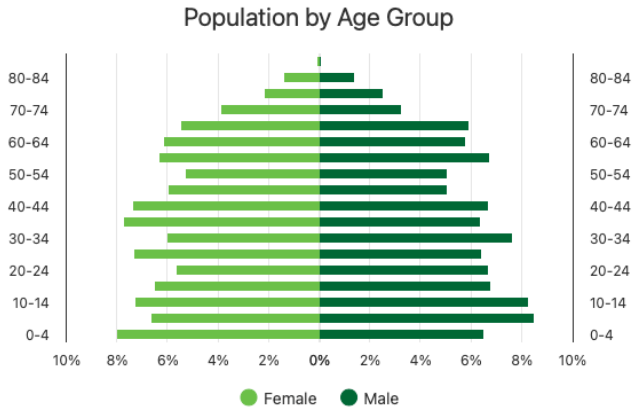
Defining the Community We Serve

Adventist Health Castle (AHCS) is located in the city of Kailua on the windward side of Oahu Island in the State of Hawaii. In the Hawaiian language, Kailua means "two seas" or "two currents" a contraction of the word's kai (meaning sea or sea water) and 'elua (meaning two). The Adventist Health Castle market has a total population of 137,865 (based on the 2020 Decennial Census). The largest city in the service area is Kailua CDP, with a population of 40,514. The report area is comprised of the following zip codes: 96717, 96730, 96731,96734, 96744, 96762, 96795, 96863.

Other demographic information denotes that 8.19% of children live in poverty. 9.01% of the total population in the report area are adults aged 75 and older. This is above Hawai'i rate of 8.62% and the national rate of 6.82%. While 69.73% of the population own their home, 30.27% rent their home.

A full and complete listing of over 150 data indicators specific to Adventist Health Castle can be found by using this link: https://cares.page.link/t1Nr





A Look Back: Activities Since 2022 CHNA

Before looking ahead, let's review the impact of actions that were taken to address the 2022 CHNA prioritized health needs to see what we've learned and accomplished. Over the last three years, we've focused on access to care, financial stability, housing and mental health. To document our impact, Adventist Health has been monitoring and evaluating progress through annual updates and the Community Health Implementation Strategy (CHIS). In collaboration with the community, we implemented goals, actions, solutions, and programs to address each selected high priority need. Adventist Health Castle's housing stability efforts connect individuals experiencing housing insecurity with critical services, including financial assistance, workforce readiness programs and healthcare access.

With support from the Harold K.L. Castle Foundation, the Adventist Health Castle Community Outreach Hui assists individuals and families with securing housing, easing financial strain on vulnerable populations. By addressing root causes of instability, such as unemployment and housing insecurity, and partnering with local non-profit organizations, Adventist Health Castle supports both immediate needs and long-term well-being, working toward a more stable and equitable community for all residents.

We encourage future collaboration with other community organizations to build and scale the work in addressing community health needs. For a full and complete reporting of program and activities since the 2022 Community Health Needs Assessment, please visit this link: **https://www.adventisthealth.org/about-us/community-benefit/**

A Look Forward: After the CHNA Report

The next step in our CHNA process includes the development of the Community Health Implementation Strategy (CHIS). The CHIS implementation consists of a long-term community health improvement plan that strategically identifies and implements evidence-based solutions and programs to address our priority needs.

We believe the power of community transformation lies in the hands of the community. The voices we have heard have an impact and influence the next steps of creating a strategy to improve the health needs of the community for all. If you would like to learn more, share ideas or stay connected, please contact us at **community.benefit@ah.org**

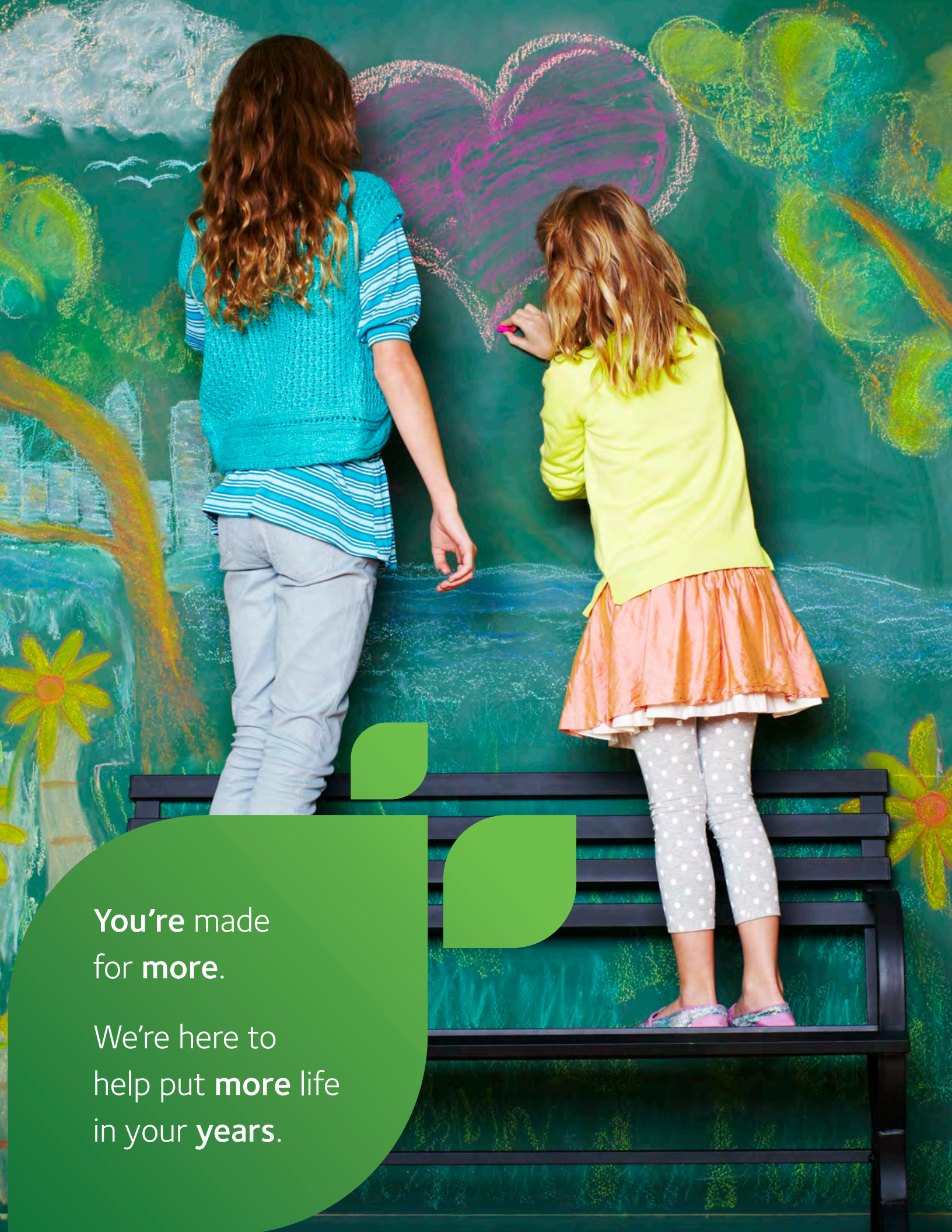
Written Comments

We value your input on our CHNA and invite you to submit comments on this CHNA to: **community.benefit@ah.org**

At the time of this CHNA report development, no written comments about the previous CHNA report or adopted implementation strategy were received.

You're made for **more**.

We're here to help put **more** life in your **years**.


You're made
for **more**.
We're here to
help put **more** life
in your **years**.

Healthcare Association of Hawaii
THE LEADING VOICE OF HEALTHCARE SINCE 1939

COMMUNITY HEALTH NEEDS ASSESSMENT

2024 UPDATE
HAWAIʻI

prepared by Ward Research & Solutions Pacific

WARD RESEARCH INCORPORATED

SOLUTIONS PACIFIC

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I. Opening

A. Executive Summary

Year after year, studies rank Hawai'i the healthiest state in the United States - with the longest life expectancy nationwide, a low percentage of obesity, and low mortality rates around heart disease, diabetes, and cancer. Happiness indices track as well, with Hawai'i consistently ranking at or near the top with high rates of self-reported emotional and physical well-being, low rates of depression and unemployment, and positive scores in community and environment.

The results of these studies show a glimpse into the incredible strengths of Hawai'i's communities. Vibrant cultures create fabrics unique to these islands. Indigenous and generational knowledge offers powerful frameworks through which to plan for future healthy communities. Rich natural resources play a central role in daily activities that allow people to thrive. And ultimately a deep passion and aloha for one another, for community, and for the Hawai'i we call home, enrich the health and well-being of communities and help to make Hawai'i truly special.

"When community is connected, great things happen."

Pacific Island Community Leader

While these assets speak to the strength of Hawai'i's communities, there are significant needs that impact the health and well-being of residents, and tremendous opportunity to invest in healthier outcomes. Those challenges are felt broadly but have a particular impact on rural residents, underserved groups, and other communities of need, who face greater health disparities and highlight the importance of continued, and expanded, commitment to health equity.

While this report delves into individual needs and challenges in order to help understand each intimately, they are rarely experienced alone. Rather, a young family working multiple minimum wage jobs and facing financial insecurity likely also experiences housing and food insecurity, and a range of access challenges such as transportation, lack of available providers, and childcare. Similarly, a 70 year old gay male, who faces discrimination in housing may also struggle with access to providers that can or will provide appropriate care, which can lead to physical health impacts, lack of trust in the healthcare ecosystem, and stress that strains mental and emotional health. A recent migrant to Hawai'i working to

create a new life for their family in a new home may have to simultaneously heal past traumas, navigate a completely new culture and society, and layer on having to face language and stigma barriers at every step that makes even finding a provider, getting an appointment, and coordinating care and access a miniature miracle.

The Research Team set out to better understand the lens that these communities have in defining what health means to them, and to identify opportunities and barriers to healthy communities. In addition to physical health, Hawai'i residents share that being "healthy" also includes self-care, managing stress, eating well, getting sleep, and having a strong connection to culture. Residents look to exercise and activities, family relationships, and overall attitude and stress as primary ways to improve health. Access to healthcare, lower cost of living, and activities are where residents point to wanting the most support. Despite having a low cost of care compared to national measures, healthcare is part of an overall cost of living that is 83% higher than the national average. When housing, transportation, childcare, and food are hard to afford, so too is healthcare.

The Research Team learned that many of the same priorities from 2018 and 2021 continued to drive the health needs of communities today. While there were more examples of initiatives and partnership in addressing significant health needs, on most fronts, those needs have become even more pronounced. Through this work, the Research Team had the opportunity to engage with over 200 people across Hawai'i, who care deeply about our island home. Social workers, teachers, farmers, doctors, policy advocates, mothers and fathers, sons and daughters, survivors, students, and healthcare providers were asked to share their thoughts on and for the communities where they live, the clients they serve, and the people they love.

With a charge of updating the 2021 Community Health Needs Assessment (CHNA), the 2024 CHNA research team sought out a wide range of perspectives to understand the unique and Significant Health Needs facing Hawai'i's communities. Strategies to collect input included: 42 key informant interviews, a quantitative survey of 970 residents, 8 small group meetings with community members, and a deep dive review of publicly available secondary data. This was combined together with the interviews, community meetings, and data from the 2021 CHNA that was largely seen as still relevant and informative.

The importance of a shared kuleana - responsibility - of healthcare working together with community and government to address social determinants of health was an important theme throughout the process. A library of community-based organizations and programs working to address social determinants of health was updated from 2021 and is included as Appendix A.

With the endorsement that the Statewide Priorities from 2021 were all still relevant and should remain as Significant Health Needs, several of the social determinants were consistently identified as being even more critical in 2024. The CHNA identifies the following needs and priorities:



Each of these Significant Health Needs and 2024 Priorities is described in great detail in the pages of this report, with discussions of how they manifested throughout multiple disasters over the past five years, how communities strived to deal with the impacts, and recommended Best Practices derived from that learning. These Best Practices are identified as opportunities for hospitals to be part of addressing the 2024 Priorities. Several themes emerged across discussions of the 2024 Priorities and Significant Health Needs:

- Hawai'i communities have tremendous assets, including their interconnectedness, compassion, and generational knowledge. Opportunities to leverage and lead with these assets should be centered in a resilient future.

- The social determinants of health are key points of intervention to support the health of marginalized communities across Hawai'i.
- The need for resilience and building resilient citizens is one of the lessons of COVID-19 and the Maui Wildfires - much of the knowledge for doing this lies within communities, who can be engaged more deliberately as partners in strengthening interconnectedness.
- There are great examples of hospitals getting out into communities and building relationships. That work should continue and be invested in as a key component of building trust in healthcare and ensuring equitable access.
- Vulnerable communities have been left more bare following COVID and the Maui fires and need specific, uniquely tailored strategies for engagement and empowerment.
- For policy change, advocates and organizers around upstream determinants need for the strong voice of Hawai'i's hospitals to be heard.

"When the Chamber of Commerce is talking about mental health, and the schools are talking about financial literacy, and the procurement process is talked about as tools for local economic support and mental health . . . while those are not immediate results, they feel like they are getting at systemic change."

Public Health Official

This CHNA includes Recommended Strategies for consideration by hospitals wishing to identify actionable steps in addressing the 2024 Priorities and upstream social determinants of health, including Policy Opportunities. The research team recognizes that many hospitals are already individually deploying some of these strategies, advocating for these policy changes, and/or participating in community initiatives for collective action. Indeed, all are integral parts of the communities in which they operate; and, by virtue of this involvement, work for the betterment of their communities.

Strategies that are described as focused on the Healthcare Ecosystem refer to those that hospitals might implement within their existing systems. Given the breadth and depth of Hawai'i's hospital systems, there is great opportunity for impacting upstream determinants of health through its own workforce, facilities, lands, networks, and resources. Such opportunities, including those that have been successfully implemented at various hospitals, are shared among the Recommended Strategies.

Voices heard throughout this assessment shared a chorus of belief that greater collaboration will result in greater impact, and they are hopeful that some of these strategies and opportunities will lend themselves to that spirit of collaboration. Below are the key Recommended Strategies that were both identified by multiple stakeholders as having the opportunity to make an impact and also demonstrated some degree of feasibility for hospitals to consider for their respective implementation plans. Please see Sections III-B and III-C, Addressing Health Priorities for a full list of Recommended Strategies and Policy Opportunities.

<table>
<tr><th colspan="2">Financial Security</th></tr>
<tr><td>Key Recommended Strategy
Develop targeted outreach and professional development programs to attract, sustain, and support the growth of the healthcare workforce and improve workforce diversity and ensure long-term sustainability</td><td>Key Recommended Strategy
Implement high school and community training programs for entry-level healthcare jobs that are targeted to under-represented populations with a commitment to hire and provide support for career development</td></tr>
<tr><td colspan="2">Healthcare Ecosystem Strategy
Invest in all employees earning a living wage with regular increases that consider inflation and cost of living.</td></tr>
<tr><td colspan="2">Policy Opportunity
Provide support for raising Hawai‘i’s minimum wage, currently $14/hr ($29,120/year full time).</td></tr>
<tr><th colspan="2">Food Security</th></tr>
<tr><td>Key Recommended Strategy
Incorporate food insecurity screening as a standard practice in hospital settings to identify patients and help to connect them to needed resources and food as medicine</td><td>Key Recommended Strategy
Help to connect patients with essential services such as SNAP and other food assistance programs through community health workers and robust social service support or partnership</td></tr>
<tr><td colspan="2">Healthcare Ecosystem Strategy
Prioritize local purchasing to help invest in strengthening local food production and supply chains through establishing purchasing goals for hospital food service</td></tr>
<tr><td colspan="2">Policy Opportunity
Advocate for a healthy Hawai‘i through policy change, such as increased regulation of tobacco products, taxes on sugary beverages, bringing more local produce into schools, and other initiatives</td></tr>
</table>

Mental & Behavioral Health	
Key Recommended Strategy Prioritize the **hiring of mental health care providers** and staff especially for adolescent/youth mental health with a focus on improving provider access on Maui, Kauaʻi, and Lānaʻi	**Key Recommended Strategy** Engage in efforts to **support development of mental and behavioral health workforce** (outreach to high schools / colleges, increase training programs and professional development programs)
Healthcare Ecosystem Strategy Continue and expand investment in mental health support for Healthcare workforce	
Policy Opportunity Support Operating budget allocations and Capital improvement funds to create a long-term, non-forensic hospital setting for those experiencing mental health challenges	
Housing	
Key Recommended Strategy Expand **workforce housing initiatives** to support the health care workforce and provide affordable living options for essential workers, particularly in Hawaiʻi, Maui, and Kauaʻi counties	**Key Recommended Strategy** Encourage healthcare providers to practice on Maui, Kauaʻi and Lānaʻi by offering **housing support as part of incentive packages** to attract and retain providers
Healthcare Ecosystem Strategy Evaluate facility lands for opportunities to partner for workforce housing, community facilities, and food	
Policy Opportunity Support for resources for homeless youth, including amending shelter consent requirements to allow homeless youth (under 16) in shelters with or without parental consent	
Trust & Equitable Access	
Key Recommended Strategy Improve **collaboration and communication across healthcare systems** especially on islands with fewer providers where there may be greater opportunities for resource sharing	**Key Recommended Strategy** **Hire individuals from the communities** that the health care systems serve, which can improve cultural competency and trust
Healthcare Ecosystem Strategy Partner with organizations that serve persons with disabilities, migrants, domestic violence survivors, and LGBTQIA2s+ community members to support cultural competency training and outreach to communities	
Policy Opportunity Advocate for increased transport resources and multi-modal transportation options	

B. Background and Scope

In 2010, the Patient Protection and Affordable Care Act of 2010 (referred to as "ACA" or "Obamacare")[1] required that tax-exempt hospitals complete a Community Health Needs Assessment (CHNA) at least once every three years for each of its facilities. 2024 marks the fifth CHNA that the Healthcare Association of Hawai'i ("HAH") has conducted on behalf of its member hospitals with prior CHNA's conducted in 2013, 2015, 2018, and 2021. This report is intended as an update to the 2021 report, building upon the critical work of prior assessments, to help center the CHNA around the vision of healthy and vibrant communities.

The requirement to conduct a CHNA is intended to ensure that hospitals receiving tax benefits are in turn providing benefits to the communities they serve. The CHNA seeks to ensure understanding of the Significant Health Needs facing a hospital's community, which is paired with an implementation strategy following that CHNA that identifies how the hospital intends to address Significant Health Needs.[2] The consolidated CHNA led by HAH and its Steering Committee provides member hospitals a baseline of data and recommendations to support individualized implementation plans.

By centering the experiences of communities in need, and focusing on the strengths and assets within them, the CHNA and implementation plans can provide a critical tool for Hawai'i[3] hospitals to deepen understanding of the significant health needs facing communities and be a partner in addressing them at both the community and system levels.

"When community is connected, great things happen."

Pacific Island Community Leader

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[1] Internal Revenue Service. "Community Health Needs Assessments for Charitable Hospital Organizations - Section 501(r)(3)," available at https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3 (referred to as "IRS Section 501(r)(3) Overview").

[2] IRS Section 501(r)(3) Overview.

[3] Hawaiian words and place names are spelled and pronounced throughout Hawai'i both with and without diacritical marks; specifically, the 'okina (indicating a glottal stop sound) and the kahakō (indicating a stressed syllable). Throughout this report, diacritical marks are used in the spelling of Hawaiian words in following Māmaka Kaiao and the Pukui and Elbert Dictionaries and Place Names of Hawai'i, found at www.wehewehe.com. Exceptions include proper nouns, where diacritical marks are not used by the organizations or individuals, as well as quotes of written materials.

The CHNA should... [4]	26 CFR Part 1
...lift up and listen to community voice; engage with and learn from community	§1.501(r)-3(b)(6)(i)(C) - the CHNA...must include...A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves §1.501(r)-3(b)(1)(iii) - In assessing the health needs of the community, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health §1.501(r)-3(b)(5)(ii) - ...a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community
...aim to understand people with the greatest needs	§1.501(r)-3(b)(3) - In defining the community it serves... a hospital facility may not define its community to exclude medically underserved, low- income, or minority populations who live in the geographic areas from which the hospital facility draws its patients §1.501(r)-3(b)(5)(i)(B) - ...a hospital facility must solicit and take into account input received from...Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations
...refocus on upstream causes of health	§1.501(r)-3(b)(4) - For these purposes, the health needs of a community...may include, for example, the need to address financial and other barriers to accessing care, to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community
...foster dialogue and help hospitals forge partnerships and take action	§1.501(r)-3(b)(1)(v) - Make the CHNA report widely available to the public §1.501(r)-3(b)(4) - To assess the health needs of the community...a hospital facility must...identify resources (such as organizations, facilities, and programs in the community, including those of the hospital facility) potentially available to address those health needs

C. Partners

Healthcare Association of Hawai'i (HAH)

HAH has been the leading voice of healthcare in Hawai'i since 1939. Its 170 member organizations encompass acute care hospitals, skilled nursing facilities, assisted living facilities, Type II adult residential care homes, Medicare-certified home health agencies, and hospices. Additional members include home infusion/pharmacies, case management firms, air and ground ambulance providers, the Blood Bank of Hawai'i, dialysis providers, and more. In a time of unprecedented change in healthcare,

[4] Table from 2018 CHNA with information adapted from IRS, Additional Requirements for Charitable Hospitals.

HAH is committed to working with providers across the continuum of care toward a healthcare system that offers the best possible quality of care to the people of Hawai'i.

Ward Research

Ward Research is a Hawai'i-based market research firm specializing in both qualitative and quantitative research, with a wide range of public and private sector partners. Ward Research has worked with Hawai'i's healthcare systems for decades in supporting public health policy, understanding client experiences, evaluating existing programs in meeting client needs and focusing on health and human service needs.

Solutions Pacific

Solutions Pacific is a community-based planning company working to support the collaboration of community, industry, and government. Its Team seeks to develop meaningful relationships between organizations serving communities needs and Hawai'i's communities with a particular focus on Native Hawaiian and other traditionally vulnerable and under-served communities, including Pacific Islander, immigrant communities, and those experiencing houselessness.

D. Methodology

26 CFR §1.501(r) requires that: "medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations" are meaningfully incorporated into the final assessment and implementation plans. Input from both 2021 and 2024 are included through a number of avenues:

- Interviews with key stakeholders working within these communities
- Focus groups with key informants such as community health workers that both work within and may be representatives of these communities
- Community conversations with intimate groups of members of these populations
- Survey results highlighting respondents within these communities
- Secondary data that included these communities and/or those that serve these communities

In Hawai'i, the communities where outreach and input was most focused to ensure representation within the CHNA included those below as well as youth, immigrants, and outreach workers supporting survivors of the Maui fires.

Ethnic Communities	Geographic Regions	Vulnerable Populations
• Native Hawaiians • Marshallese, Yap, Chuukese, Samoan, Tongan, and other Pacific Islanders • Persons of Filipino ancestry	• Rural Oʻahu • Kauaʻi, Hawaiʻi, and Maui Counties • Homestead communities	• Persons experiencing homelessness • Developmentally disabled persons • ALICE families • Kūpuna

2024 Hawaiʻi Baseline Community Health Needs Survey

2024 marked the first time the Hawaiʻi CHNA included a quantitative study as a part of the data collection and input process. Conducted across Hawaiʻi, the survey allowed us to learn about many individuals' needs and experiences with Significant Health Needs. The survey was designed to collect data from a larger sample so that responses can be expressed numerically and analyzed statistically. The use of a random sample minimizes bias and allows for generalizations to the entire population that the qualitative data does not allow for. Together with the qualitative data from the interviews and community meetings, that reach greater depth especially among Communities of Needs and other key subpopulations, the survey seeks to paint a fuller picture of community health needs, priorities, and opportunities.

Community Meetings

Organizations throughout Hawaiʻi, referred to as "community connectors," helped to reach individuals from communities of need for intimate group talk story sessions. These organizations were invaluable partners, each trusted and recognized within their target communities, and willing both to provide input from their own work as well as create space and encourage their clients, partners, staff, and stakeholders to participate. Each meeting focused on both a geographic region and either an ethnic community or a vulnerable population.

Results and input from 2021 were considered to still be relevant and reaffirmed through key stakeholder interviews. Thus, the 2021 and 2024 input is considered together throughout this report, and the 2024 community meetings were focused on communities and sub-populations that did not host a 2021 meeting in order to reach a range of experiences and perspectives.

The Research Team conducted or participated in 8 community meetings in 2024 and 16 meetings in 2021. These consisted of a mixture of joining existing meetings of organizations, gathering in smaller groups of either community members or their front-line service providers, and hosting events

in-person and virtually. When appropriate and at the encouragement of the community connector, meetings were conducted in the spaces where members of that community are accustomed to gathering, and refreshments were provided to encourage a relaxed environment. Whether virtually or in person, meetings were generally approximately 90 minutes and included anywhere from 2 to 20 participants. Participants were primarily members of "communities of need", or target subpopulations, and/or service providers doing frontline work with those respective communities.

The Research Team had prepared itself for potential participant fatigue given strong participation in 2018 and 2021 and significant demands on time and resources. While community organizers and participants seemed eager to offer their perspectives, overall time demands for input in these communities was pronounced. The Research Team worked closely with community partners to identify opportunities to receive input with limited impact on communities of need.

The Research Team sought out a diversity of perspectives, including: geographic, through having at least one meeting on each island; a mixture of those that participated in 2021 and those that did not; multiple different ethnic communities; and various vulnerable populations with unique health needs. Community meetings were conducted in various locations, from agricultural plots in Kunia, Oʻahu to outreach and awareness events in Maui, and senior centers in Lānaʻi. Efforts were made to ensure that Limited-English Proficient (LEP) and otherly-abled individuals were supported through interpretation, culturally appropriate facilitation, and graphic representations of the 2021 priorities. Participants were assured that their comments would be anonymous and their identity not included. In situations with especially vulnerable populations such as foreign-born residents or survivors of intimate partner violence, facilitators refrained from recording the meetings if the participants were uncomfortable. A list of Community Meeting for 2021 and 2024 is included as Appendix E.

Key Informant Interviews

The Research Team conducted 42 key informant interviews with individuals in key stakeholder positions able to provide input and insight on behalf of a target population. These interviews with organizational leaders serving stakeholder communities were typically one on one between an interviewer and a key informant, lasting anywhere from 45 to 90 minutes.

Interviews included representation from a wide variety of stakeholder groups, including the sponsoring Hawaiʻi hospitals, individuals and organizations working in public health, Federally Qualified Health Centers (FQHCs), Native Hawaiian health centers, community clinics, community-based organizations doing health-related work, community-based organizations working in the areas of upstream determinants, community-based organizations specializing in working with

particular subpopulations, recognized community leaders in hard to reach communities, and many that were referred as critical experts or community leaders throughout the CHNA process.

Discussions began with a review of the 2018 and 2021 Statewide Priorities to assess current relevance, identifying where notable progress had been made, or ground had been lost, and asking if anything was found to be missing from the Priorities. The next set of questions addressed the influence of the COVID-19 pandemic on those priorities, asked participants to think about any fracture points in the system which had been illuminated by the pandemic, and sought to identify the short- and long-term impacts anticipated. Lastly, the perceived role of hospitals in addressing these health needs was discussed, with a particular interest in exploring aspects of building trust in the healthcare system and identifying actionable steps hospitals might take.

Key informant interviews were critical in capturing both the systemic as well as specific needs and opportunities for implementing best practices. Often interviewees were the key to unlocking critical dialogue with other parts of their communities of need. In many cases, the key informants participated in 2021 and offered valuable continuity perspectives. In all instances, informants offered generous input and unique viewpoints from direct and critical experiences. Appendix F includes the list of 2024 key informants, as well as the discussion outline used in the interviews.

Secondary Data Compilation

Given the crucial secondary data collected in the 2021 CHNA, the Ward Team committed to updating that data to create trend information for this and future CHNA efforts. The secondary data included in the body of this report represents information relative to the five Priorities and six Significant Health Needs, which are provided in the same section. It is important to note that while the data were updated, some of the "new" information is from 2021 or earlier, which represent data from pre-pandemic as well as during the height of the pandemic, given the reporting lag. That data has been included, but caution is advised, as 2024 data forward may provide a different picture. A list of reports and articles reviewed is included in Appendix G.

Steering Committee

Continued from prior CHNAs, the Steering Committee included hospital representatives, who provided guidance on the process and feedback on themes and data being gathered as well as reference to resources and key community partners. Steering Committee members each participated in key informant interviews to provide their perspectives on the current priorities. Members were extremely supportive in identifying community-based partners and organizations to reach out to and engage with to encourage participation. Through monthly meetings, members provided insight and feedback on

the assessment progress, especially attentive to ensuring a wide range of perspectives was being included and community member voices from traditionally underrepresented populations were heard. Members are included in Appendix C.

Community Advisory Committee (CAC)

The Community Advisory Committee (CAC) was composed of community leaders serving various target communities with representation from all counties. CAC members were especially generous with their time, input, and expertise throughout the process. In addition to being key informants, they also participated in meetings during the last phase of the assessment and report and helped to make critical connections where there were gaps, ensure that things were ground-truthed with what they saw in their communities, and provided input as to how the priorities could be helpful both within the clinical and community-based contexts. Finally, the CAC helped develop the final priorities and ensure that the Significant Health Needs, 2024 priorities, and additional lenses around disasters that have had a significant impact on community health, all work together to paint the current picture of the community health needs. The rich input of this assessment, and the recommendation for future partnership opportunities, owe much to the invaluable input and support of the CAC members. Members are included in Appendix D.

"It is difficult to disentangle many of the significant health needs and priorities because so many of these factors are related, and the drivers of health are interconnected.
The framework that must be focused on is equity."

Public Health Organization Leader, Oʻahu

Prioritization Process

In 2021, the Ward Team developed a prioritization process influenced by a traditional Delphi Method structured for Hawai'i and HAH. The central premise is a structured and iterative communication technique to integrate the input of experts towards a consensus. The process that emerged was Ho'olōkahi, "to bring into unison." Guided by the research team, the process presented progressive prioritizations for feedback, integrated input, refined the prioritization, and presented it again for feedback until agreed upon.

In 2024, the Research Team started with the 2018 Significant Health Needs and 2021 Priorities as a basis. All interviews and community meetings reviewed these as a basis and were also asked to consider whether there were other priorities or needs not represented. In all, the qualitative, quantitative, and secondary data affirmed the priorities established in 2021 as the appropriate continued priorities in 2024 with key updates highlighted throughout this report, reviewed and affirmed by the Steering Committee and CAC.



V. Strengths and Limitations

The 2024 Community Health Needs Assessment seeks to offer consolidated research and insights to support strengthening of the health of Hawai'i's communities. The research team utilized both qualitative and quantitative methods, offering a comprehensive understanding of community health needs in Hawai'i. The qualitative data from interviews, focus groups, and community meetings

provide depth, while the secondary data and quantitative survey offers broader generalizability due to statistical analysis of a larger sample. A key strength of the methodology was the emphasis on stakeholder engagement. The study involved key informant interviews and community meetings ensuring that voices from underserved and vulnerable populations were represented, and the Steering Committee and Community Advisory Committee provided feedback at key points in the process.

This inclusive approach aligns with the goal of understanding the health needs of diverse communities and providing actionable data and strategies for Hawai'i's hospitals. The community meetings ensured representation from key subgroups, such as Native Hawaiians, immigrant populations, homeless youth, and other vulnerable groups across Hawai'i. This diverse participation helped to provide insights into the unique challenges these communities face. The inaugural Community Health Needs Assessment survey provided valuable insights into Hawai'i residents' needs and experiences regarding the 2024 Priorities and Significant Health Needs. Designed to gather data from a broad sample, this statewide survey enabled numerical representation and statistical analysis of responses. By using a random sample, the survey reduced bias and allowed for broader generalizations about the population, which qualitative data alone cannot provide. One key advantage is its broader reach through the combination of mail and online survey methods. This dual approach to data collection offers the opportunity to engage diverse segments of the population, including those who may be less likely to respond to one method or the other.

However, the Needs Assessment is not without its limitations. For the statewide survey, the different sampling methods may have introduced potential response rate differences. Mail surveys often have lower response rates compared to online panels, which could affect the representativeness of the sample and introduce bias. The Research Team took response rates into account when designing the outbound mailing sample, targeting largely rural populations via mail and supplementing with online responses where needed via the Hawai'i Panel to achieve a representative sample. It is possible that participants may have interpreted questions differently based on their mode of participation, affecting the reliability of the responses. However, there were few significant differences in the responses by mode of administration. Although efforts were made to reach diverse populations, some groups, such as individuals with limited English proficiency, may not have been fully captured in the quantitative survey. While qualitative methods helped address this gap, quantitative data for these groups were less robust. While the inclusion of qualitative elements via open-ended survey responses provides depth, it may not fully capture the complexity of participants' perspectives.

Some of the secondary data used was collected before the COVID-19 pandemic, with no new data available. This may limit the ability to fully capture the long-term health impacts of the pandemic as well as other recent crises, such as the Maui wildfires. While the inclusion of qualitative data is a

strength, analyzing this data and drawing consistent conclusions across diverse groups can be challenging. Some nuances in community health needs across different marginalized groups may not have been fully explored or captured by the Needs Assessment.

Despite these limitations, the 2024 Community Health Needs Assessment aims to present a comprehensive view of community health needs, priorities, and opportunities. The 2024 Hawai'i Baseline Community Health Needs Survey is the first statewide survey to capture quantitative data on the Significant Health Needs and Priorities as identified in the 2021 CHNA. When combined with qualitative insights from interviews and community meetings—offering deeper understanding, particularly among Communities of Need and other key subpopulations—the survey offers a compelling contribution of statewide data that is an important part of the Needs Assessment's overall contributions to understanding health and healthcare access in Hawai'i. This balance between quantitative rigor and qualitative depth provides a holistic view of Hawai'i's healthcare challenges and opportunities.

VI. Reading this Report

This Executive Summary is intended to provide a reader with an overview of the major findings, themes, and recommendations. Included in the pages that follow are one page highlights of the key findings per island and for key subpopulations - Rural Residents and Native Hawaiian residents. The 2024 Priorities are then discussed in-depth, including standalone one sheet overviews of the quantitative and secondary findings around the unique needs of each. This section then provides highlighted insights on other Significant Health Needs, including insights and key findings for areas that were identified as having additional opportunity to better understand and address health needs, including: kūpuna care, strong families, healthy starts, emergency preparedness, environment, and community cohesiveness. Community Cohesiveness included additional discussion of survivors of intimate partner violence and of unique health needs identified by our LGBTQIA2s+ population, where key targeted investments have the potential to make a tremendous difference in the quality of care and healthcare provided to these key subpopulations.

Following the Executive Summary of key findings are three separate reports that each provide insights on the 2024 Priority Significant Health Needs: 2024 Baseline Community Health Needs Survey - quantitative primary data, Secondary Data, and Qualitative Data through primary data collection. Where "significant differences" are noted, they refer to a statistical difference in how different populations responded in the quantitative data. Finally, the Appendices seek to provide important resources, including the healthcare facilities and community-based organizations working within the 2024 Priority Significant Health Needs.



2024 SIGNIFICANT HEALTH NEEDS

A. 2024 Priorities and Significant Health Needs

B. Highlighted Overview of Priorities

C. Overview of Significant Health Needs

II. 2024 Significant Health Needs

A. 2024 Priorities and Significant Health Needs

The 2024 Needs Assessment evaluated the community health needs through Secondary data, Quantitative primary data, and Qualitative primary data. Collectively, the data supported maintenance of the 2021 Priorities and Significant Health Needs.

Overwhelmingly, participants shared the deep strength of Hawai'i communities as connected with a strong sense of 'ohana and culture that helps to weave together community fabric that shows up in times of need. There were many examples shared of great progress made by hospitals, community-based health partners, and communities to implement creative ways to tackle these priorities and needs within individual communities, as shared throughout this report.

Through the strengths of community and healthcare connected, there is great hope and optimism expressed about the possibilities of working together to make progress towards these significant health needs. With the foundation of that faith in the strengths of Hawai'i communities, this report seeks to more deeply understand why and how these needs are growing and deepening, and uplift strategies that may help to address them.

"I give health systems a lot of credit.

At the height of the pandemic in 2021, we have this realization that those that fall out require those strategies. That is when we saw a lot of the health systems and hospital systems go out to the community and bring healthcare access to them, lowering those barriers, providing all those services free of charge, had interpreters, translators, and was accessible.

That was made possible by the unique circumstances - that was a huge step and a win. It was a sustained effort with each wave of the pandemic. We were able to work a little better together, realizing our workforce, resources, and working better across sectors to figure out how to serve our communities.

That is the work we need to build our systems and connectivity to continue."

Public Health Organization Leader



Roots - Significant Health Needs. Across all input methods, there was a resounding message that the 2018 priorities continued to be "Significant Health Needs" requiring attention. In some instances, participants reflected that progress had been made since 2018 but reiterated that more was needed to be done before it could be indicated as addressed.

Stream - 2024 Priorities. These five needs were elevated as the 2021 Priorities and remain Priorities in 2024. They are pervasive needs that, when unaddressed, are barriers to healthy communities and, as water, demonstrate fundamental values interconnecting communities and healthcare systems and nourishing the positive outcomes. Wai in Hawaiian means water, waiwai means wealth, illustrating full and healthful communities when they have the water they need to thrive.

Branches - Strategy Concepts. Potential strategies for hospitals and communities to partner in connecting upstream social determinants of health to positive outcomes.

Leaves - Positive Health Outcomes. Comprise the positive health outcomes that can be achieved within communities as the Significant Health Needs and 2024 Priorities are addressed and help to strengthen the resilience of Hawai'i's communities.

B. Highlighted Overview of Priorities

The Needs Assessment evaluated quantitative primary data, quantitative secondary data, and qualitative primary data through discussions with both key stakeholders and members of communities of need. The following sections of this report provides highlights from each methodology for each of the priority needs. This section provides an overview of findings for each methodology, including an in-depth discussion for each of the 2024 priority health needs within each methodology.

The 2024 CHNA seeks to be particularly valuable as a continued assessment of the community needs arising from the COVID-19 pandemic. At the time of publication of the 2021 CHNA, much of the secondary data available was collected pre-pandemic. While the long-term effects of the health, economic crisis, and connectivity on community wellness are not yet fully understood, Hawai'i hospitals must continue planning for the needs of their communities moving forward.

Although acute care needs have been well-managed and hospitalizations due to COVID have decreased dramatically; routine care, screenings, and non-acute procedures were delayed, mental health impacts continue to develop, and communities across the state are challenged by ongoing and increasing job, housing, and food instability**.** Many of these factors are expected to impact community health through the next three years, until the 2027 CHNA, and beyond.

The 2023 Maui fires represent a localized crisis that warrants special attention in the 2024 CHNA, as its aftermath has and will have enduring implications on the health and social determinants of health for residents in West Maui, across Maui, and across Hawai'i. By incorporating this lens into the report, we strive to unearth insights into the intersecting dynamics of health, environment, and community resilience. Participants highlighted the strength of the connectivity of communities, partners, and natural resources most notably on Maui and in the aftermath of the fires.

Despite these challenges, or perhaps in part because of them, Hawai'i communities have proven to be incredibly resilient. Studies of cities around the world have evaluated factors that make communities most resilient, and those that "bounce back" fastest after a disaster are those with the strongest community cohesion. Hawai'i has incredible community cohesion that should be centered and nurtured- in its family units, in its communities, in its likely and unlikely partnerships. Generational knowledge within these communities about their unique needs and opportunities is deep and should be seen as a treasured and invaluable resource in addressing these needs and continuing to invest in to strengthen community health.

FINANCIAL SECURITY

↑17%



INCREASE IN HAWAI'I'S POVERTY RATE BETWEEN 2019 & 2022



11% OF HAWAI'I'S POPULATION WAS LIVING IN POVERTY IN 2022

↑20%



INCREASE IN POVERTY RATE FROM 2019 TO 2022 IN HONOLULU COUNTY, THE LARGEST INCREASE IN ALL OF HAWAI'I'S COUNTIES.



33% OF HOUSEHOLDS IN HAWAI'I WERE ALICE HOUSEHOLDS IN 2022



39% OF NATIVE HAWAIIANS SAID THAT THEIR CURRENT FINANCES HAVE A NEGATIVE IMPACT ON THEIR HEALTH, WHICH WAS SIGNIFICANTLY HIGHER THAN CAUCASIAN, CHINESE, AND JAPANESE AND PACIFIC ISLANDER RESIDENTS (7-25%)



49% OF RESIDENTS WHO WERE CONSIDERED "LESS HEALTHY" SAID THAT THEIR CURRENT FINANCES HAVE A STRONG NEGATIVE IMPACT ON THEIR HEALTH, WHICH WAS SIGNIFICANTLY HIGHER THAN THE 19% OF RESIDENTS WHO WERE CONSIDERED "HEALTHY".



41% OF RESIDENTS WITH HOUSEHOLD INCOMES LESS THAN $45,000 SAID THAT THE IMPACT OF THEIR CURRENT FINANCES ON THEIR HEALTH HAS GOTTEN WORSE, WHICH WAS SIGNIFICANTLY HIGHER THAN THE 22% OF RESIDENTS WHO HAVE HOUSEHOLD INCOMES OF $95,000 OR MORE

5.1%

WAS THE UNEMPLOYMENT RATE IN HAWAI'I IN 2022, DIPPING SLIGHTLY BELOW THE NATIONAL RATE OF 5.3%

BUT...



KEY COMMUNITY INFORMANTS EXPLAINED THAT THERE'S A MISCONCEPTION THAT INCREASING MINIMUM WAGE ADDRESSES FINANCIAL INSECURITY. RATHER, THESE INCREASES ARE NOT KEEPING PACE WITH INFLATION AND COST OF LIVING

THE ECONOMIC IMPACT OF BOTH COVID-19, FOLLOWED BY THE LAHAINA WILDFIRE HAVE INTRODUCED AN ADDED LAYER OF FINANCIAL PRESSURE FORCING SOME TO USE HOUSEHOLD SAVINGS TO COVER BASIC EXPENSES SUCH AS HOUSING, FOOD, CHILDCARE, HEALTHCARE, TRANSPORTATION, TAXES, WITH MANY LIVING PAYCHECK TO PAYCHECK. IN INTERVIEWS WITH COMMUNITY MEMBERS PROVIDING RESOURCES TO THE MOST VULNERABLE MEMBERS OF HAWAI'I'S COMMUNITIES, MANY SAID THE NEEDS OF THE COMMUNITY HAVE BEEN STEADILY INCREASING. LARGER ECONOMIC IMPACTS, RISE IN FOOD PRICES, HOUSING COSTS, AND INCREASED INFLATION HAVE ONLY WORSENED FINANCIAL INSECURITY AND DEEPENED ISSUES OF AFFORDABILITY AFFECTING HEALTH.

FURTHER, FINANCIAL CHALLENGES HAVE BEEN PARTICULARLY DIFFICULT FOR KŪPUNA, WITH A FEW INTERVIEW PARTICIPANTS INVOLVED IN HOUSING AND FOOD DISTRIBUTION, DISCUSSING THAT THEY HAVE WITNESSED INCREASING HOUSELESSNESS AND FOOD INSECURITY AMONG SENIORS, DEMONSTRATING THE TROUBLING TREND OF GROWING FINANCIAL INSECURITY AMONG HAWAI'I'S SENIORS AS COST OF LIVING CONTINUES TO RISE. SECONDARY DATA SHOWS A RISING SHARE OF 65+ YEAR OLDS THAT ARE BELOW THE FEDERAL POVERTY LEVEL.

HOUSING

IN 2022, 38.2% (ABOUT 2 IN 5) OF HAWAI'I RESIDENTS LIVE IN RENTER-OCCUPIED HOUSING UNITS; THE CITY AND COUNTY OF HONOLULU REGISTERED THE HIGHEST AMONG ALL COUNTIES, AT 41.1% (ABOUT 2 IN 5).

6,389 INDIVIDUALS WERE IDENTIFIED AS HOMELESS, WITH 4,042 UNSHELTERED PERSONS IN 2024.

$764,800

WAS THE MEDIAN HOUSING UNIT VALUE IN HAWAI'I FROM 2018-2022, WHILE NATIONALLY, IT WAS $281,900.

43.2 PER 10,000

WAS HAWAI'I'S HOMELESS RATE IN 2023, LEADING THE NATION IN PER CAPITA RATE, COMPARED TO 17.5 PER 10,000 NATIONALLY.

24% OF RESIDENTS THAT ARE NATIVE HAWAIIANS SAID THAT THEIR CURRENT HOUSING SITUATION HAS A STRONG NEGATIVE IMPACT ON THEIR HEALTH, SIGNIFICANTLY HIGHER THAN 6% OF CHINESE RESIDENTS.

30% OF RESIDENTS WHO WERE CONSIDERED "LESS HEALTHY" SAID THAT THEIR CURRENT HOUSING SITUATION HAS A NEGATIVE IMPACT ON THEIR HEALTH, SIGNIFICANTLY HIGHER THAN 12% OF RESIDENTS WHO WERE CONSIDERED "HEALTHY."

66% OF RESIDENTS WHO WERE CONSIDERED "HEALTHY" SAID THAT THEIR CURRENT HOUSING SITUATION HAS A STRONG POSITIVE IMPACT ON THEIR HEALTH, SIGNIFICANTLY HIGHER THAN 43% OF RESIDENTS WHO WERE CONSIDERED "LESS HEALTHY."

8% OF RESIDENTS AGED 65 OR OLDER SAID THAT THEIR CURRENT HOUSING SITUATION HAS A NEGATIVE IMPACT ON THEIR HEALTH, WHICH IS SIGNIFICANTLY LOWER COMPARED TO 22% OF RESIDENTS AGED 35-54 AND 21% OF RESIDENTS AGED 55-64.

11% OF RESIDENTS WHO HAVE A HOUSEHOLD INCOME OF $95,000 OR MORE SAID THAT THEIR CURRENT HOUSING SITUATION HAS A NEGATIVE IMPACT ON THEIR HEALTH, WHICH IS SIGNIFICANTLY LOWER THAN 24% OF THOSE WHO HAVE HOUSEHOLD INCOMES OF $45,000 OR LESS AND 20% OF THOSE WHO HAVE HOUSEHOLD INCOMES BETWEEN $45,000 AND $95,000.

IN 2023, THERE WERE MORE THAN 5,000 TOTAL INPATIENT VISITS AND MORE THAN 9,000 OUTPATIENT VISITS WHERE PATIENTS IDENTIFIED THROUGH SCREENING QUESTIONS CHALLENGES RELATED TO HOUSING AND ECONOMIC CIRCUMSTANCES, SUCH AS HOMELESSNESS, INADEQUATE HOUSING/UTILITIES, HOUSING INSTABILITY, EXTREME POVERTY, AND LOW HOUSEHOLD INCOME.

MOST KEY INFORMANTS AND COMMUNITY PARTICIPANTS AGREE THAT HAWAI'I'S HOUSING CRISIS HAS REACHED A CRITICAL POINT AND HAS SIGNIFICANTLY WORSENED SINCE 2021. ACCORDING TO THE 2020 US CENSUS, MORE NATIVE HAWAIIANS NOW LIVE OUTSIDE OF HAWAI'I, AND HAWAI'I SEES OUTMIGRATION OF AN AVERAGE OF 185 PEOPLE PER DAY.

SIMILAR TO THE ISSUE OF FINANCIAL SECURITY, MANY FELT THAT HOUSING SHOULD BE A TOP PRIORITY AS IT SIGNIFICANTLY INFLUENCES OTHER DETERMINANTS OF HEALTH AND MUST BE ADDRESSED FIRST BEFORE OTHER ISSUES CAN BE TACKLED. SEVERAL PARTICIPANTS DISCUSSED THAT RISING RENT AND THE SHORTAGE OF AVAILABLE AFFORDABLE HOUSING ARE LIMITING THE ABILITY OF THE COMMUNITY TO PRIORITIZE THEIR HEALTH AND ACCESS NEEDED RESOURCES. BOTH KEY INFORMANTS AND COMMUNITY MEMBERS POINTED TO THE BARRIER THAT LACK OF HOUSING PRESENTS IN TRYING TO RECRUIT AND MAINTAIN HEALTHCARE PROVIDERS.

MENTAL AND BEHAVIORAL HEALTH



52%

OF RESIDENTS IN HAWAI'I ISLAND SAID THAT THEIR CURRENT LEVELS OF STRESS HAVE A POSITIVE IMPACT ON THEIR HEALTH, SIGNIFICNATLY HIGHER THAN RESIDENTS OF MAUI AND LĀNA'I (31%-35%).



23%

RESIDENTS AGED 65 OR OLDER SAID THAT THEIR CURRENT LEVELS OF STRESS HAVE A NEGATIVE IMPACT ON THEIR HEALTH, SIGNIFICNALTY LOWER THAN RESIDENTS AGED 35 OR LESS (58%), AGED 35-54 (50%), AND AGED 55-64 (41%).



61% OF RESIDENTS WHO WERE CONSIDERED "LESS HEALTHY" SAID THAT THEIR CURRENT LEVELS OF STRESS HAVE A NEGATIVE IMPACT ON THEIR HEALTH, SIGNIFICANTLY HIGHER THAN 32% OF RESIDENTS WHO WERE CONSIDERED "HEALTHY."

55% OF RESIDENTS WHO WERE NATIVE HAWAIIANS SAID THAT THEIR CURRENT LEVELS OF STRESS HAVE A NEGATIVE IMPACT ON THEIR HEALTH, SIGNIFICANTLY HIGHER THAN CAUCASIAN, CHIINESE, JAPANESE, AND PACIFIC ISLANDER RESIDENTS (21-39%).



↑ 22%

INCREASE IN CALLS TO HAWAI'I CARES, THE CRISIS HOTLINE STAFFED BY TRAINED COUNSELORS. THEY FIELDED 1,494 MORE CALLS IN JULY 2024 THAN IN JULY 2023.



11%

OF ADULTS REPORTED THEIR MENTAL HEALTH WAS NOT GOOD FOR 14 OR MORE OF THE PAST 30 DAYS IN 2021. THIS INCLUDED RESIDENTS WHO EXPERIENCED STRESS, DEPRESSION, AND EMOTIONAL PROBLEMS.



18.0

PER 100,000 WAS HAWAI'I'S DRUG OVERDOSE RATE IN 2021, WHICH REPRESENTS A 17% INCREASE OVER THE 2017-2019 FIGURES AND A 49% INCREASE OVER THE 2014-2016 FIGURES.

↑ 16%



IN 2022, THE HEAVY DRINKING RATE ROSE RELATIVELY SHARPLY FROM 7.0% IN 2021 TO 8.1% IN 2022. WHILE THE DIFFERENCE IS JUST 1.1 PERCENTAGE POINTS, IT IS A 16% INCREASE FROM 2021 TO 2022.

THOUGH HAWAI'I'S SUICIDE DEATH RATES HAS DECREASED BY 7% SINCE 2019 (14.8 TO 13.7 PER 100,000), HONOLULU COUNTY SAW THE ONLY INCREASE ACROSS THE FOUR COUNTIES FROM 10.7 TO 11.0 SUICIDE DEATHS PER 100,000.

ACCORDING TO KEY INFORMANTS AND COMMUNITY MEMBERS, MENTAL AND BEHAVIORAL HEALTH IS THE MOST WIDELY PERCEIVED SIGNIFICANT HEALTH NEED TO HAVE WORSENED SINCE 2021. THOSE STAFFING HAWAI'I'S EMERGENCY ROOMS SAY THAT THE NUMBER OF TEENS AND YOUTH PRESENTING WITH MENTAL AND BEHAVIORAL HEALTH ISSUES ARE INCREASING, WITH MOST PROVIDERS FEELING THERE ARE TOO FEW COMMUNITY RESOURCES AVAILABLE TO PROVIDE THE NECESSARY FOLLOWUP TO THESE INDIVIDUALS. LGBTQIA2S+ ORGANIZATIONS ALSO SAW GREATER IMPACTS TO THE COMMUNITY MEMBERS THEY SERVE.

MANY PARTICIPANTS INTERVIEWED FREQUENTLY HIGHLIGHTED THAT THE LACK OF SUFFICIENT MENTAL HEALTH SUPPORT IS A DIRECT RESULT OF A SEVERE SHORTAGE OF MENTAL HEALTH PROVIDERS ON ALL OTHER ISLANDS EXCLUDING O'AHU. THE SHORTAGE HAS BEEN EXACERBATED BY A NUMBER OF FACTORS INCLUDING LOSS OF PROVIDERS DURING THE PANDEMIC, THE RETIREMENT OF PRACTICING PHYSICIANS, AND LOW REIMBURSEMENT OF PRIVATE PRACTICE PROVIDERS, MAKING IT INCREASINGLY DIFFICULT FOR PROVIDERS TO PRACTICE.

WHILE THE LACK OF RESOURCES IS A SIGNIFICANT NEED, MANY PARTICIPANTS URGED A BROADER LOOK AT THE ENVIRONMENTAL FACTORS IMPACTING MENTAL HEALTH, INCLUDING THE INTERSECTIONALITY OF THE COMMUNITY HEALTH NEEDS, AND GREATER OPPORTUNITY FOR INTERVENTIONS THAT CAN MINIMIZE TRIGGERS AND IMPROVE OVERALL QUALITY OF LIFE.

FOOD SECURITY



30%

RESIDENTS WHO HAVE CHILDREN IN THEIR HOUSEHOLD WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR CURRENT ABILITY TO AFFORD BALANCED MEALS HAS A STRONG NEGATIVE IMPACT ON THEIR HEALTH THAN RESIDENTS WHO DON'T HAVE CHILDREN IN THEIR HOUSEHOLD (17%)



↓7%

THE STATE DEPARTMENT OF HUMAN SERVICES REPORTED THAT HAWAI'I HAD AN AVERAGE OF 178,386 SNAP RECIPIENTS PER MONTH IN 2022, WHICH IS DOWN FROM 2021 WITH AN AVERAGE OF 190,791



50% OF HOUSEHOLDS RECEIVING SNAP BENEFITS HAVE CHILDREN

28% RESIDENTS WHO HAVE KŪPUNA OVER THE AGE OF 65 IN THEIR HOUSEHOLD WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THE IMPACT OF THEIR ABILITY TO AFFORD BALANCED MEALS ON THEIR HEALTH HAS GOTTEN WORSE THAN RESIDENTS WITHOUT KŪPUNA IN THEIR HOUSEHOLD (19%)

32% RURAL RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THE IMPACT OF THEIR ABILITY TO AFFORD BALANCED MEALS ON THEIR HEALTH HAS WORSENED THAN SUBURBAN RESIDENTS (22%)

3.27 NATIVE HAWAIIANS HAD A SIGNIFICANTLY LOWER AVERAGE RATING OF THE IMPACT OF THEIR ABILITY TO AFFORD BALANCED MEALS (THAT IS, A MORE NEGATIVE IMPACT) THAN CAUCASIAN, CHINESE, FILIPINO, AND JAPANESE RESIDENTS (3.83-4.13)

ACCORDING TO THE 2023 FOOD INSECURITY INDEX, CREATED BY CONDUENT HEALTHY COMMUNITIES INSTITUTE, THE ZIP CODES IN HAWAI'I WITH THE HIGHEST LEVELS OF SOCIOECONOMIC NEED ARE FOUND IN THE SCHOFIELD AREA ON O'AHU, ALL OF MOLOKA'I, AND THE PĀHOA, KURTISTOWN AND MOUNTAIN VIEW AREAS IN HAWAI'I COUNTY.



96857



96729 96770
96757 96748
96742



96778
96760
96771

FEEDING AMERICA AND THE HAWAI'I FOODBANK HAVE BOTH PRODUCED STATISTICS FOR FOOD INSECURITY IN HAWAI'I THAT ARE SIGNIFICANTLY DIFFERENT FROM EACH OTHER. FEEDING AMERICA HAS HAWAI'I'S FOOD INSECURITY RATE AT 13.1% WHILE THE HAWAI'I FOODBANK HAS IT AT 29.8%. THE 2023 HAWAI'I FOODBANK REPORT DISCUSSES THAT MANY NATIONAL FOOD SECURITY ESTIMATES LIKELY UNDERESTIMATE FOOD SECURITY IN HAWAI'I IN PART DUE TO HAWAI'I'S DISTINCT AND UNIQUE POPULATION WHEN COMPARED TO THE REST OF THE COUNTRY.

SEVERAL KEY INFORMANTS INVOLVED IN COMMUNITY HEALTH, HOUSING, AND FOOD SECURITY, DISCUSSED GROWING NEEDS AMONG SENIORS, WHO ARE GRAPPLING WITH DIFFICULT DECISIONS DUE TO THEIR FIXED INCOME. AS ONE PUBLIC OFFICIAL WORKING ON SUPPORTING KŪPUNA DISCUSSED, MANY ARE FORCED TO PRIORITIZE FOODS THAT MAY MEET THEIR "CALORIC INTAKE BUT NOT THEIR NUTRITIONAL VALUE."

THE FIRES IN MAUI ALSO HAD A RIPPLE EFFECT ON LOCAL FOOD DISTRIBUTION PROGRAMS. MANY RESOURCES AND EFFORTS WERE REDIRECTED TO PROVIDE SUPPORT FOR RECOVERY EFFORTS ON MAUI. THIS IMPACTED THEIR ABILITY TO FOCUS ON GRANT APPLICATIONS AND FUNDRAISING FOR LONG-TERM SUPPORT OF THEIR PROGRAMS. AS A RESULT THESE ORGANIZATIONS ARE NOW FACING A POSSIBLE GAP IN RESOURCES EXPRESSING THAT THEY DON'T FEEL LIKE THEY'VE "GOTTEN THEIR HEAD ABOVE WATER SINCE MAUI."

A FEW INTERVIEWED THAT ARE DIRECTLY INVOLVED IN COMMUNITY FOOD DISTRIBUTION, SAY THAT FOOD INSECURITY HAS WORSENED, WITH ONE RESPONDENT INVOLVED IN FOOD SECURITY, STATING THAT THE CURRENT DEMAND IS COMPARABLE TO WHAT WAS SEEN DURING THE PANDEMIC. THIS INCREASING DEMAND IS DRIVEN BY DIFFICULTIES RESIDENTS ARE FACING INCLUDING RISING FOOD COSTS, HOUSING COSTS, AND INFLATION, AS HIGHLIGHTED EARLIER.

EQUITABLE ACCESS



28%

OF MOLOKA'I RESIDENTS SAID THEIR CURRENT ACCESS TO HEALTH CARE HAS A NEGATIVE IMPACT ON THEIR HEALTH, WHICH WAS SIGNIFICANTLY HIGHER THAN RESIDENTS OF KAUA'I, O'AHU, HAWAI'I ISLAND (10%-13%).



22%

RESIDENTS IN RURAL NEIGHBORHOODS SAID THAT THEIR ACCESS TO HEALTHCARE HAS A NEGATIVE IMPACT ON THEIR HEALTH HAS GOTTEN WORSE OVER THE PAST THREE YEARS THAN RESIDENTS OF URBAN NEIGHBORHOODS (10%) AND SUBURBAN NEIGHBORHOODS (12%)



ACCORDING TO THE U.S. CENSUS - AMERICAN COMMUNITY SURVEY, 18.0% OF HAWAI'I RESIDENTS WERE FOREIGN BORN COMPARED TO 13.7% IN THE U.S. SIMILARLY, HAWAI'I HAS A HIGHER SHARE OF RESIDENTS WHO SPEAK ENGLISH LESS THAN "VERY WELL" AT 11.0% COMPARED TO 8.2% NATIONALLY.

THOSE THAT SPEAK A LANGUAGE OTHER THAN ENGLISH IN HAWAI'I CAN EARN 10-34% LESS THAN ENGLISH SPEAKERS EVEN IF THEY HAVE THE SAME EXPERIENCE, EDUCATION, GENDER, AND OCCUPATION





24%

OF RESIDENTS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME WERE SIGNIFICANTLY MORE LIKELY TO SAY THE IMPACT OF THEIR ACCESS TO HEALTHCARE ON THEIR HEALTH HAS IMPROVED THAN RESIDENTS WHO SPEAK ENGLISH AT HOME (12%)



28%

RESIDENTS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME WERE SIGNIFICANTLY MORE LIKELY TO SAY THE IMPACT OF THEIR EXPERIENCES WITH HEALTHCARE PROFESSIONALS ON THEIR HEALTH HAS IMPROVED THAN RESIDENTS WHO SPEAK ENGLISH AT HOME (13%)



↓30%

DECREASE IN THE STATE FOR PEOPLE AVOIDING A DOCTOR'S VISIT. HAWAI'I AND MAUI COUNTIES SAW THE BIGGEST DECREASE AT 35% AND 36% RESPECTIVELY. ACROSS THE NATION, LESS PEOPLE ARE AVOIDING A DOCTOR VISIT BECAUSE OF THE COST. THE NATION SAW A 20% DECREASE FROM 2019 IN THE RATE OF PEOPLE FOREGOING A DOCTOR VISIT BECAUSE OF THE COST.



OVERALL, HAWAI'I'S RATE OF PRIMARY CARE PHYSICIANS (PCPS) PER CAPITA HAS STAYED RELATIVELY STABLE SINCE 2015 AND DOES NOT KEEP UP WITH THE PACE OF POPULATION GROWTH IN HAWAI'I. HONOLULU COUNTY LED ALL OTHER COUNTIES WITH 93 PCPS PER 100,000. HAWAI'I COUNTY HAD THE LOWEST RATE AT 77 PER 100,000. THIS COMPARES TO A NATIONAL AVERAGE OF 80.8 PER 100,000 IN 2021.

HAWAI'I FARED BETTER THAN THE CONTINENTAL U.S. WHEN IT CAME TO INSURANCE COVERAGE AND THE COST OF SEEING THEIR DOCTOR. ONLY 5.5% OF HAWAI'I ADULTS REPORTED HAVING NO HEALTHCARE INSURANCE. BOTH HAWAI'I (25.8%) AND KAUA'I (25.5%) COUNTIES HAD A HIGHER PERCENTAGE OF RESIDENTS COVERED BY ONLY PUBLIC HEALTH INSURANCE THAN WAS TRUE NATIONALLY (21.0%). OVERALL, 18.2% OF RESIDENTS ARE COVERED BY PUBLIC HEALTH INSURANCE ONLY.

A COMMON THEME DISCUSSED PARTICULARLY AMONG KAUA'I AND MAUI COUNTY KEY INFORMANTS WAS THAT RESIDENTS COMMONLY HAD TO FLY TO O'AHU FOR THESE APPOINTMENTS, WHICH ADDED COMPLEX COORDINATION ISSUES AND INTRODUCED ADDITIONAL OBSTACLES TO CARE INCLUDING COST, TIME, AND FEASIBILITY. IN KEY INFORMANT INTERVIEWS AND COMMUNITY FOCUS GROUPS, SEVERAL LĀNA'I RESIDENTS REPORTED THAT PATIENTS SOMETIMES MISSED CRITICAL APPOINTMENTS, SUCH AS FOR CHEMOTHERAPY TREATMENT, DUE TO DELAYED AND/OR CANCELED FLIGHTS. PEOPLE IN SIMILARLY IMPACTED COMMUNITIES SHARED THAT MANY PEOPLE DO NOT GO AND REMAIN UNTREATED.

WHILE SOME HEALTHCARE STAFF INTERVIEWED DESCRIBED THEIR EXPERIENCE THAT THE SYSTEM DOES PROVIDE EQUAL ACCESS FOR THOSE THAT COME TO THE FACILITIES, SEVERAL KEY INFORMANTS ACROSS MULTIPLE DIFFERENT SECTORS INCLUDING COMMUNITY HEALTH, MENTAL HEALTH, AND KŪPUNA CARE, DISCUSSED A PRESSING NEED FOR MEETING COMMUNITIES WHERE THEY ARE IN ORDER TO ENSURE GREATER EQUITY OF ACCESS. BASED ON SEVERAL KEY INFORMANT INTERVIEWS, THE TRUST IN THE PUBLIC HEALTH SECTOR AND IN THE HEALTHCARE SYSTEM THAT HAS DETERIORATED OVER TIME IS BEING RESTORED IN PARTS BUT CONTINUES TO BE A MEANINGFUL BARRIER TO CARE.

C. Overview of Significant Health Needs

The following sections include highlights of the significant health needs beyond those that were identified as 2021 Key Priorities and have a large role in the overall health environment of Hawai'i.

Kūpuna Care

According to the state Department of Business, Economic Development and Tourism, the number of Hawai'i residents aged 65 and older is expected to be about 29% of Hawai'i's population by 2040. Currently, this age group makes up for 19.3% of Hawai'i's population. Hawai'i's high cost of living for housing rent, food, taxes, medical insurance, prescriptions, and transportation has made it difficult for many kūpuna to retire at age 65. About 21.3% of Hawai'i's seniors reported they are still working, compared with 17.9% in the U.S. overall.

According to the American Community Survey - U.S. Census, 22,936 of Hawai'i's 279,708 seniors fell below the poverty level. This means that in 2018-2022, about 8.2% of our kūpuna still lived below the federal poverty level, compared to 10.0% nationally. Hawai'i County (10.2%) had the highest level of kūpuna living in poverty, which was the only county higher than the national figure. The share of seniors in Hawai'i over the age of 65 who spoke English less than "very well" nearly doubled that of the national rate at 16.3% compared to 8.6% nationally.

O'ahu residents were significantly more likely to say their caregiving responsibilities had a negative impact on their health than Kaua'i and Hawai'i Island residents (20% vs. 11%-12%). Residents ages 35-54 and 55-64 were significantly more likely to say that caregiving responsibilities had a negative impact on their health than residents 65 and over (21%-26% vs. 9%). Residents ages 65 and over were significantly more likely to say that caregiving responsibilities had no impact on their health than residents ages 35-54 (29% vs. 18%).

Many of the key informants participating in the interview process recommended elevating levels of planning for this growing segment of the population. In particular, participants pointed to the dearth of long-term care facilities in our state, a condition that strains the families involved and can prevent the timely discharge of kupuna from acute care hospitals.

Key informants shared that too often, kūpuna on fixed income are forced to choose between buying food that will meet their caloric requirements or food that will meet their nutritional requirements rather than having healthier nutritional and locally grown options. Secondary data shows that 8.4% of those that are 65 years or older are food insecure.

"Many homeless clients are seniors,
highlighting the urgent need to address housing affordability for seniors in Hawai'i.
This issue presents a growing challenge for the state as more seniors reach retirement age".

Homeless Service Provider

Healthy Starts

The birth rate in the state and nationally has decreased since 2018. Hawai'i's birth rate decreased to 10.8, while nationally the rate dropped to 11.0 per 1,000 total population in 2022. Unfortunately, Hawai'i had a higher rate of newborns at low birth weight than the national figure of 7.6%. Hawai'i County accounted for the highest at 9.4%. While the proportion of birth mothers with adequate prenatal care during pregnancy has decreased overall in the state (66.4% from 70.8%) and Honolulu County (63.4% from 72.7%) from 2013 to 2019, other counties saw a positive increase. Maui County saw the highest improvement from 67.3% to 83.1%, while Kaua'i County remained the highest level of prenatal care delivered, at 91.7%. Teen pregnancy rates in the U.S and Hawai'i have reflected a dramatic decrease from 2018, with a 22% and 32% decrease respectively.

Kaua'i residents were significantly more likely to say that their current access to educational opportunities had a positive impact on their health than Moloka'i residents (51% vs. 36%). O'ahu residents were significantly more likely to say that their current access to educational opportunities had no impact on their health than Kaua'i residents (38% vs. 26%), and they were also more likely to say that the impact had worsened over time than Moloka'i residents (8% vs. 2%). Residents of O'ahu and Moloka'i were more likely than residents of Kaua'i to say their current access to educational opportunities had a negative impact on their health (10%-13% vs. 4%).

Men, māhū, and nonbinary residents were significantly more likely to say that their current access to educational opportunities had a positive impact on their health than female residents (49%-79% vs. 37%), though care should be taken when interpreting these percentages due to small sample sizes of māhū and nonbinary residents.

Residents with Medicaid were significantly more likely to say the impact of their access to educational opportunities on their health has worsened than residents with Medicare (14% vs. 3%). Residents enrolled in Medicaid were significantly less likely to say the impact of their access to educational opportunities on their health has stayed the same than residents with insurance through an employer, Medicare or insurance directly from the insurance company (43% vs. 68%-72%).

Strong Families

In 2022, Hawai'i's population included 305,319 children under age 18 and 570,857 women over age 18. The population of women over age 18 in Hawai'i decreased when compared to the nation overall. The share of the state's population under 18 (21.0%) was smaller than the U.S. overall (22.1%) as of 2022. Hawai'i's female population is slightly older than the rest of the country, with a median age of 41.5 in 2019, compared to 39.7 for the nation.

Since the beginning of the pandemic, there has been an increase of residents enrolled in Medicaid coverage. Hawai'i County (25.5%) had the highest portion of residents enrolled under Medicaid since March 2020 compared to 19.2% nationally. According to the official Medicaid website, in May 2024, there were 157,810 children enrolled in Medicaid or Children Health Insurance Programs (CHIP), representing 52% of the children in Hawai'i. In May of 2022, 164,261 children were enrolled in Medicaid or Children Health Insurance Programs (CHIP), representing 56% of the children in Hawai'i.

Accounting for data collected during and immediately following the height of the pandemic (2018-2022), overall early childhood education enrollment has dropped from 48.3% in 2019 to 45.6% in 2022. Maui County had the biggest decrease, going from 44.6% to 36.2%, while Kaua'i County saw the only increase across the counties going from 41.8% to 59.6% during the same time period. Hawai'i saw a significant increase in children aged 5-17 with a disability going from 3.9% in 2019 to 5.9% in 2022, representing a 51% increase. The U.S. is on a different trend and saw a decrease in this measure going from 5.5% in 2019 to 4.3% in 2022, representing a 22% decrease. More teens were experiencing mental distress (i.e., feeling sad, empty, hopeless, angry, anxious) in 2021 (73.0%) than in 2019 (66.7%). Among those youth, only 1 in 5 youth (20.1%) reported being able to get the help they need when they need it.

Hawai'i Island, Kaua'i, and Moloka'i residents were significantly more likely to say the day-to-day safety of themselves and their family has a positive impact on their health than residents of Maui (75%-76% vs. 60%). By contrast, residents of O'ahu and Maui were significantly more likely to say the day-to-day safety of themselves and their family has a negative impact on their health than Kaua'i residents (10%-11% vs. 3%), and O'ahu residents were also significantly more likely to say the day-to-day safety of themselves and their family has no impact on their health compared to residents of Lāna'i (10% vs. 4%).

Emergency Preparedness

With about 90% of our food being imported, food security is a high priority area when it comes to emergency preparedness. In the latest year where data is available, 2018, 104.6 million pounds of food were produced in Hawai'i which is down from 127.5 million pounds in 2017, an 18% decrease. From 1988 (218.3 million pounds) to 2018, Hawai'i's local food production has decreased by 52%.

The Maui Wildfires were deadly for more than 100 people and displaced thousands more. Suicide has taken lives in the aftermath as well. More than a year after the fires, many displaced families are still living in temporary housing situations and are facing uncertainty in their futures, with some families having already made the decision to leave Hawai'i. Seven in ten (72%) of Maui County believes they were directly or indirectly impacted by the fires. Six in ten (61%) of those that were impacted by the wildfires lost their housing. Without their physical needs being met (i.e. housing, food, safety, etc.), it is hard for fire-impacted families to think about their health.

According to the Maui Wildfire Assessment by the Hawai'i State Rural Health Association, more than six in ten (64%) of the fire-impacted population report mental health that has worsened since the wildfires. More than one in two (52%) report a worse physical health since the wildfires, and seven in ten (69%) report that they are in a worse financial situation. The majority (56%) of fire-impacted residents are now living in temporary housing including hotels, shelters, or staying with a friend. Just one in ten (10%) have a new permanent location, while the remaining 34% are in their original homes.

The wildfire significantly worsened Maui's housing crisis, displacing thousands of residents and worsening existing challenges related to housing affordability, food insecurity, and unemployment—issues already strained by the COVID-19 pandemic. Adding to housing challenges post-disaster, a few participants mentioned that emergency housing payments offered by FEMA exceeded the average rental costs in Maui, encouraging landlords to evict existing tenants to instead rent to families funded through FEMA's program. Several interview participants discussed that the loss of homes, jobs, and community ties has contributed to rising levels of stress, depression, and suicidal ideation, with some noting that the full impact on mental health has yet to be seen.

The shortage of mental health providers and the destruction of healthcare facilities in West Maui have further limited access to necessary care for residents forcing residents to travel long distances to receive services. Further, the loss of several childcare facilities as a result of the fire, has added to caregiving challenges for families. A few discussed that the downturn in tourism following the fires has further strained the community's economic stability, leaving many residents facing unemployment and financial insecurity. Some also discussed the need for greater healing and diversification away from

single industries that may be unstable and towards sustainable industries that help with long-term economic, food, and health resilience.

Residents 65 and older were significantly more likely to say that their level of emergency preparedness had a positive impact on their health than residents between the ages of 55 and 64 (68% vs. 52%). Additionally, residents with household incomes above $95,000 were more likely than residents with incomes below $95,000 to say their level of emergency preparedness had a positive impact on their health (67% vs. 50%-54%), and residents considered "Healthy" were more likely than those considered "Less Healthy" to agree that emergency preparedness had a positive impact on their health (63% vs. 49%).

"In terms of emergency preparedness, I actually think our state does a great job of trying to prepare both healthcare organizations as well as the community. But with climate change, we're going to be more vulnerable than ever. And so that ties together both environmental changes and emergency preparedness."

Hospital Administrator

Environment

2015 and 2016 were Hawai'i's warmest years on record, and average air temperatures are 2 degrees warmer than they were in 1950. In 2019, Honolulu experienced its hottest recorded day three times, representing the hottest year ever recorded in the city. The five years between 2018 and 2022 have seen peak average annual temperatures across all islands. 2022 was the fifth warmest year recorded, which was particularly notable since it was a La Niña cool-phase year, meaning that naturally occurring climatic feedback loops which keep atmospheric temperatures moderate are being disrupted. Heating is occurring an estimated 170 times faster than naturally expected.

In 2017, and again in 2020, the Honolulu Harbor Tide gauge recorded its highest daily mean water levels observed over its 112-year history. These record high water levels were produced by a combination of phenomena that included long-term global sea level rise, peak annual astronomical tides ("king tides"), wave setup, and migration of warm buoyant waters brought in by winds and currents. Local impacts were observed throughout the State in the form of increased coastal erosion, minor wave overwash flooding, backshore flooding from groundwater rise and storm drain backflow, and impeded and potentially hazardous beach access.

Drought is a natural, frequent occurrence in Hawai'i with impacts on all islands. Droughts are often associated with El Niño events, which are part of a natural climate cycle in the Pacific Ocean. As isolated islands in the Pacific, Hawai'i has limited water resources, making the islands highly sensitive to reductions in water availability.

Connection with land was identified by many key informants as an important element impacting physical, mental, cultural, and spiritual health. Conversely, disconnection from land was pointed to throughout the qualitative data as a barrier to overall healthier lives and communities, and in particular food security, mental and behavioral health, and trust and equitable access. While it was highlighted for Native Hawaiian residents by some, it was seen as a shared value across communities.

Residents who reside on islands other than Oʻahu were significantly more likely to say their ability to connect with nature had a positive impact on their health compared to residents of Oʻahu (69% vs. 55%). Residents over the age of 55 were also more likely to say their ability to connect with nature had a positive impact on their health than residents under the age of 35 (62%-67% vs. 42%). Residents who are considered "Healthy" and Caucasians were also more likely than others to affirm their ability to connect with nature had a positive impact on their health.

Community Cohesiveness

Through the survey, residents of Kauaʻi were significantly more likely to say their current sense of community has a positive impact on their health than residents of Maui (63% vs. 49%). Residents of Maui and Oʻahu were significantly more likely to say that their current sense of community has no impact on their health compared to residents of Kauaʻi (26%-31%% vs. 17%). Residents 65 or older in age were significantly more likely to say their current sense of community has a positive impact on their health than residents between 35 and 64 years of age (67% vs. 43%-50%). Interviewees across all counties indicated community connectedness positively impacts community health.

Residents without health insurance were significantly more likely to say that their current sense of community has a negative impact on their health than residents who have insurance through an employer, Medicare, or purchase insurance directly from an insurance company (53% vs. 9%-15%).

Residents who speak a language other than English at home were significantly more likely to say that their current sense of community had worsened than residents who solely speak English at home (22% vs. 12%). Residents who had a household member who had experienced intimate partner violence (IPV) were significantly more likely to say the impact of their sense of community on their health has improved than residents who did not have a household member who had experienced IPV (38% vs. 19%).

In 2022-2023, the percentage of students eligible for free student lunch remained steady from 2019-2020 with decreases in Hawai'i County and increases in Maui and Kaua'i Counties. The percentage of children living in single parent households has increased in recent years. Today, single-parent families make up a large segment among family households at more than one out of three. Overall, the state is just above (35.0%) the national level (34.0%), although Honolulu continues to have lower levels at 24.5%. Most children come from households where all parents are in the workforce. Overall, Hawai'i (73.7%) and its counties continued to have more households with all parents holding down a job than was true nationally (72.2%), and, of course, multiple jobs are often necessary to keep up with the cost of living. Kaua'i County (81.4%) had the highest among the counties; while Honolulu was at 72.8%.

"What I think is the best that we can do as a hospital is be a hospital.

We shouldn't say, "we don't do this" -- we should say "we don't do this alone". And then we have a warm handoff to an organization that does it better, and we've established trust with the patient because we didn't punt the problem. It's not "your time with us is done, bye".

But there's real meaningful collaboration and not everyone trying to be everything to everyone."

Hospital Administrator, O'ahu

Poor experiences in healthcare can travel quickly in the community via word-of-mouth which leads to reinforced perceptions of a lack of understanding, of respect, and of cultural sensitivity, serving to discourage others in that community from seeking care. This is especially true for marginalized communities including immigrants, women, domestic abuse and other trauma survivors, and LGBTQIA+ individuals, and underscores the need for professional development and staff training to expand cultural competence and sensitivity.



ONE-PAGE HIGHLIGHTS OF UNIQUE NEEDS

- Islands of Residence
- Rural Communities
- Native Hawaiians

KAUA'I COUNTY

FINANCIAL SECURITY



KAUA'I COUNTY SHARES THE LOWEST POVERTY RATE IN THE STATE WITH MAUI COUNTY

AND HAS THE LOWEST UNEMPLOYMENT RATE IN THE STATE, AT 4.1%

BUT...



NEARLY 1 IN 2 KAUA'I COUNTY RESIDENTS ARE BELOW THE ALICE + POVERTY THRESHOLD

$89K

KAUA'I COUNTY HAS THE SECOND LOWEST MEDIAN HOUSEHOLD INCOME

HOUSING

66.1 PER 10K

KAUA'I COUNTY HAS THE HIGHEST RATE OF HOUSELESSNESS, WITH ABOUT 20 PER 10,000 MORE THAN OTHER COUNTIES



OF KAUA'I COUNTY RESIDENTS ARE HOMEOWNERS, WHICH IS THE LOWEST IN THE STATE

MENTAL AND BEHAVIORAL HEALTH

23 PER 100K

IN 2021, KAUA'I COUNTY HAD 23 DRUG OVERDOSE DEATHS PER 100,000 PEOPLE, A 42% INCREASE FROM 2019

20

SUICIDE DEATHS PER 100,000 PEOPLE WERE IN KAUA'I COUNTY, MAKING IT THE SECOND HIGHEST IN THE STATE

EQUITABLE ACCESS



OF KAUA'I RESIDENTS WERE LIKELY TO NEVER HAVE RECEIVED SERVICES FROM A HOSPITAL



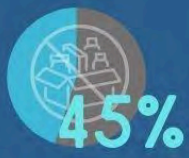
OF KAUA'I RESIDENTS SAID THEY HAVE RECEIVED SERVICES AT AN URGENT CARE ONCE PER YEAR, SIGNIFICANTLY HIGHER THAN RESIDENTS OF O'AHU, MAUI, MOLOKA'I AND LĀNA'I (10-27%)

FOOD SECURITY



OF KAUA'I COUNTY RESIDENTS ARE FOOD INSECURE, WHICH IS THE LOWEST FOOD INSECURITY RATE IN THE STATE

BUT...



OF FOOD INSECURE KAUA'I COUNTY RESIDENTS ARE NOT ELIGIBLE TO RECEIVE SNAP BENEFITS

HONOLULU COUNTY

CHRONIC DISEASE



HONOLULU COUNTY HAS THE LARGEST PROPORTION OF ADULTS WHO'VE BEEN TOLD THEY HAVE PREDIABETES (COMPARED TO 12-15%) AND DEMONSTRATED THE LARGEST INCREASE IN RATES OF DIABETES OF ALL COUNTIES FROM 2019 TO 2022 (10.2% TO 11.8%)

OTHER HEALTH OUTCOMES DATA ARE GENERALLY BETTER FOR RESIDENTS OF O'AHU THAN FOR THOSE ON THE OTHER ISLANDS, LIKELY DUE TO GREATER ACCESS TO SCREENING AND PREVENTIVE CARE.

FINANCIAL SECURITY

27% OF O'AHU RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THE IMPACT OF THEIR FINANCES ON THEIR HEALTH HAS IMPROVED OVER THE PAST THREE YEARS COMPARED TO RESIDENTS OF KAUA'I AND MOLOKA'I (8-17%)



BUT...

MORE THAN 2 IN 5 HONOLULU COUNTY RESIDENTS LIVE UNDER THE ALICE + POVERTY THRESHOLD

HOUSING

41% OF RENTER-OCCUPIED UNITS ARE IN HONOLULU COUNTY, MAKING IT THE HIGHEST RATE AMONG ALL COUNTIES

MENTAL AND BEHAVIORAL HEALTH

11.0 HONOLULU COUNTY HAD THE LOWEST SUICIDE DEATH RATE COMPARED TO 18.0 TO 21.0 FOR OTHER COUNTIES.

↑0.3 HOWEVER, HONOLULU COUNTY HAD THE ONLY INCREASE IN SUICIDE DEATH RATES, GOING FROM 10.7 IN 2019 TO 11.0 IN 2021.

EQUITABLE ACCESS

3.98 O'AHU RESIDENTS HAD A HIGHER AVERAGE RATING OF CONVENIENT ACCESS TO HEALTHCARE SERVICES THAN RESIDENTS OF HAWAI'I ISLAND, MOLOKA'I AND LĀNA'I (3.79-3.47)



OF O'AHU RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT LANGUAGE ACCESS WAS A BARRIER THAN RESIDENTS OF HAWAI'I ISLAND, KAUA'I AND MOLOKA'I (1-2%)



OF O'AHU RESIDENTS WERE ALSO SIGNIFICANTLY MORE LIKELY TO SAY THAT THE COST OF CARE WAS A BARRIER THAN RESIDENTS OF KAUA'I (26%)

FOOD SECURITY



OF HONOLULU COUNTY RESIDENTS ARE FOOD INSECURE, MAKING IT THE SECOND LOWEST COUNTY IN THE STATE

BUT...



OF HONOLULU COUNTY RESIDENTS WHO ARE FOOD INSECURE ARE NOT ELIGIBLE TO RECEIVE SNAP BENEFITS

MAUI COUNTY

CHRONIC DISEASE



11% MAUI COUNTY HAS THE LARGEST PROPORTION OF ADULTS WITH ASTHMA (COMPARED TO 7-10%)...

... BUT HAS THE LOWEST PREVALENCE OF CHILDREN WITH ASTHMA (COMPARED TO 10-13%)

7%



FINANCIAL SECURITY



NEARLY 1 IN 10 RESIDENTS FROM MAUI COUNTY LIVE IN POVERTY, SHARING THE LOWEST POVERTY RATE WITH KAUA'I COUNTY

BUT...



NEARLY 5 IN 10 MAUI COUNTY RESIDENTS ARE BELOW THE ALICE + POVERTY THRESHOLD

MORE THAN 11% OF MAUI COUNTY RESIDENTS WHO WERE PREVIOUSLY EMPLOYED FILED FOR UNEMPLOYMENT AFTER THE WILDFIRES

HOUSING

NEARLY 50% OF HOMES ARE OWNED BY RESIDENTS IN MAUI COUNTY, MAKING IT THE SECOND LOWEST OWNERSHIP RATE IN THE STATE

$800K

MEDIAN HOUSING VALUE IS THE SECOND HIGHEST IN THE STATE



26% OF MAUI COUNTY RESIDENTS REPORTED HAVING SEVERE HOUSING PROBLEMS, MAKING IT THE HIGHEST IN THE STATE

MENTAL AND BEHAVIORAL HEALTH

DUE TO THE IMPACTS BY THE LAHAINA AND KULA WILDFIRES, MANY MAUI-BASED KEY INFORMANTS HAVE NOTED THAT HOUSING LOSS HAS DIRECTLY AFFECTED MENTAL HEALTH AND STRAINED FAMILY DYNAMICS. YOUTH ON MAUI SHARED STORIES OF HOW DIFFICULT IT WAS TO GET SUPPORT THEY NEEDED.

EQUITABLE ACCESS



31% ISLAND OF MAUI RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO NEVER HAVE RECEIVED SERVICES FROM A HOSPITAL THAN O'AHU AND MOLOKA'I RESIDENTS (11-19%)

SEVERAL KEY INFORMANTS FROM MAUI COUNTY WHO WORK IN MENTAL HEALTH, HOUSING, RESOURCE CENTERS, AND HEALTHCARE DISCUSSED THAT HAVING TO TRAVEL TO O'AHU TO GET NECESSARY SPECIALIST, IMAGING OR CANCER CARE WAS A MAJOR BARRIER TO HEALTH.

FOOD SECURITY



OF MAUI COUNTY RESIDENTS ARE FOOD INSECURE, MAKING IT THE SECOND HIGHEST IN THE STATE



OF FOOD INSECURE MAUI COUNTY RESIDENTS ARE NOT ELIGIBLE FOR SNAP BENEFITS

LĀNA'I

EQUITABLE ACCESS

LĀNA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT DENTAL CARE IS A SERVICE MISSING NEAR THEIR HOME THAN RESIDENTS O'AHU, HAWAI'I ISLAND, MAUI AND KAUA'I (9-27%)

55%



27%

LĀNA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT PEDIATRIC CARE IS A SERVICE MISSING NEAR THEIR HOME THAN RESIDENTS OF O'AHU, HAWAI'I ISLAND, MAUI AND KAUA'I (6-10%)

32%

LĀNA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT LACK OF TRANSPORTATION WAS A BARRIER THAN RESIDENTS O'AHU, HAWAI'I ISLAND, MAUI AND KAUA'I (9-12%)



86%

LĀNA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO HAVE TRAVELED OFF-ISLAND TO ANOTHER HAWAIIAN ISLAND IN THE PAST 3 YEARS FOR A DOCTOR THAN RESIDENTS OF O'AHU, HAWAI'I ISLAND, MAUI, AND KAUA'I (3-40%)

SEVERAL LĀNA'I RESIDENTS REPORTED THAT PATIENTS SOMETIMES MISSED CHEMOTHERAPY APPOINTMENTS DUE TO DELAYED AND/OR CANCELED FLIGHTS. THESE DELAYED AND CANCELED FLIGHTS ALSO IMPACT THE SPECIALISTS FLYING IN TO SEE PATIENTS, RESULTING IN APPOINTMENTS BEING CANCELED DUE TO NON- OR LATE-ARRIVAL. THE CANCELED FLIGHTS ALSO CAN PREVENT SPECIALISTS FROM FLYING BACK, CAUSING THEM TO STAY OVERNIGHT ON-ISLAND AND FORCING THEM TO CANCEL THEIR APPOINTMENTS IN HONOLULU THE NEXT MORNING. THIS CAN LEAD TO FEWER SPECIALISTS WILLING TO MAKE THE TRIP TO LĀNA'I TO SEE PATIENTS.



<1%

LĀNA'I RESIDENTS WERE SIGNIFICANTLY LESS LIKELY TO SAY THAT THE IMPACT OF THEIR EXPERIENCES WITH HEALTHCARE PROFESSIONALS ON THEIR HEALTH HAS GOTTEN WORSE THAN RESIDENTS OF O'AHU, MAUI, KAUA'I, AND MOLOKA'I (10-18%).

MOLOKA'I

EQUITABLE ACCESS



28%

MOLOKA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR CURRENT ACCESS TO HEALTH CARE HAS A NEGATIVE IMPACT ON THEIR HEALTH THAN RESIDENTS OF O'AHU, HAWAI'I ISLAND AND KAUA'I (13-14%)



33%

MOLOKA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THE IMPACT OF THEIR ACCESS TO HEALTHCARE ON THEIR HEALTH HAS GOTTEN WORSE OVER THE PAST THREE YEARS THAN RESIDENTS OF O'AHU, HAWAI'I ISLAND AND KAUAI (11-16%)

3.73

MOLOKA'I RESIDENTS WERE SIGNIFICANTLY MORE IMPACTED BY THE DIFFICULTY OF FINDING PROVIDERS IN A CONVENIENT LOCATION THAN O'AHU, HAWAI'I ISLAND, MAUI, AND KAUA'I RESIDENTS ON AVERAGE (2.80-3.16)

3.69

MOLOKA'I RESIDENTS WERE SIGNIFICANTLY MORE IMPACTED BY THE DIFFICULTY OF FINDING PROVIDERS TAKING NEW PATIENTS THAN O'AHU, MAUI, KAUA'I, AND LĀNA'I RESIDENTS ON AVERAGE (2.95-3.15)



19%

MOLOKA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR EXPERIENCES WITH HEALTHCARE PROFESSIONALS HAD A NEGATIVE IMPACT ON THEIR HEALTH THAN RESIDENTS OF KAUA'I (5%)

55%

MOLOKA'I RESIDENTS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT LACK OF TRANSPORTATION WAS A BARRIER THAN RESIDENTS OF ALL OTHER ISLANDS (9-12%)



85%

RESIDENTS OF MOLOKA'I WERE SIGNIFICANTLY MORE LIKELY TO HAVE TRAVELED OFF-ISLAND TO ANOTHER HAWAIIAN ISLAND IN THE PAST 3 YEARS THAN RESIDENTS OF O'AHU, HAWAI'I ISLAND, MAUI, AND KAUA'I (3-40%)

DELAYED AND CANCELED FLIGHTS IMPACT SPECIALISTS FLYING IN TO SEE PATIENTS, RESULTING IN APPOINTMENTS BEING CANCELED DUE TO NON- OR LATE-ARRIVAL. THE CANCELED FLIGHTS ALSO CAN PREVENT SPECIALISTS FROM FLYING BACK, CAUSING THEM TO STAY OVERNIGHT ON-ISLAND AND FORCING THEM TO CANCEL THEIR APPOINTMENTS IN HONOLULU THE NEXT MORNING. THIS CAN LEAD TO FEWER SPECIALISTS WILLING TO MAKE THE TRIP TO MOLOKA'I TO SEE PATIENTS.

HAWAI'I COUNTY

CHRONIC DISEASE



HAWAI'I COUNTY HAS THE LARGEST PROPORTION OF ADULTS WHO'VE BEEN TOLD THEY HAVE HIGH BLOOD PRESSURE (COMPARED TO 28-32% FOR NEIGHBOR COUNTIES) AND COPD (COMPARED TO 5-6% FOR NEIGHBOR COUNTIES)



HOUSING AND FINANCIAL SECURITY



50% OF HOUSEHOLDS IN HAWAI'I COUNTY ARE ALICE HOUSEHOLDS AND LIVE BELOW THE FEDERAL POVERTY LEVEL

$74,238

IS THE MEDIAN HOUSEHOLD INCOME IN HAWAI'I COUNTY, MAKING IT THE LOWEST COMPARED TO NEIGHBOR COUNTIES ($88,869-$99,816)



HAWAI'I COUNTY HAS THE HIGHEST UNEMPLOYMENT RATE IN THE STATE (COMPARED TO 4-5% FOR NEIGHBOR COUNTIES)

HAWAI'I COUNTY HAS HAWAI'I'S SECOND HIGHEST RATE OF PERSONS EXPERIENCING HOMELESSNESS AT 48.6 PER 10,000 PEOPLE, YET HAD BY FAR THE GREATEST DECREASE AMONG COUNTIES IN 2024 OF 28%

HAWAI'I COUNTY HAS THE LOWEST MEDIAN HOUSING VALUE ($454,900) AND THE HIGHEST HOME-OWNERSHIP RATE (52%). THE PROPORTION OF SINGLE PARENT HOUSEHOLDS IS ALSO THE HIGHEST.

19% OF HAWAI'I ISLAND SURVEY PARTICIPANTS SAID THAT THE IMPACT OF THEIR FINANCES ON THEIR HEALTH HAS IMPROVED OVER THE PAST THREE YEARS, SIGNIFICANTLY HGIHER COMPARED TO RESIDENTS OF MOLOKA'I (8%).

MENTAL AND BEHAVIORAL HEALTH

12.0 HAWAI'I COUNTY HAD THE LOWEST RATE OF DRUG OVERDOSE DEATHS PER 100,000, COMPARED TO 18.0-23.0 FOR OTHER COUNTIES.

FOOD SECURITY



40% OF HAWAI'I COUNTY RESIDENTS ARE FOOD INSECURE, THE HIGHEST RATE IN THE STATE.



64% OF HAWAI'I COUNTY RESIDENTS WHO ARE FOOD INSECURE ARE ELIGIBLE FOR SNAP BENEFITS, WHICH IS ALSO THE HIGHEST RATE IN THE STATE.

EQUITABLE ACCESS



7% HAWAI'I COUNTY HAD THE HIGHEST RATES OF ADULTS AVOIDING A DOCTOR VISIT DUE TO COST, AND ALSO UNINSURED ADULTS (7%).

RURAL COMMUNITIES

RESIDENTS IN RURAL NEIGHBORHOODS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THE FOLLOWING SERVICES WERE MISSING NEAR THEIR HOMES THAN RESIDENTS IN URBAN AND SUBURBAN NEIGHBORHOODS:

HEALTH SERVICES	RURAL	URBAN/SUB-URBAN	HEALTH SERVICES	RURAL	URBAN/SUB-URBAN
BEHAVIORAL HEALTH	40%	19-23%	PEDIATRIC CARE	18%	3-4%
DENTAL CARE	30%	7-10%	PRIMARY CARE	26%	9-13%
FOOD SERVICES	14%	5%	SOCIAL SERVICES	20%	10%
KUPUNA CARE	24%	8-13%	SPECIALTY CARE	37%	11-21%
MEN'S HEALTH	21%	7-10%	TRADITIONAL HEALTH PRACTICES	17%	9%
NATIVE HAWAIIAN HEALING	23%	10%			

3.45 RESIDENTS IN RURAL NEIGHBORHOODS WERE SIGNIFICANTLY MORE IMPACTED BY THE DIFFICULTY OF FINDING PROVIDERS TAKING NEW PATIENTS THAN RESIDENTS IN URBAN NEIGHBORHOODS (3.01). RESIDENTS IN RURAL NEIGHBORHOODS WERE ALSO MORE IMPACTED BY FINDING PROVIDERS IN A CONVENIENT LOCATION THAN RESIDENTS IN URBAN OR SUBURBAN NEIGHBORHOODS (AVERAGE: 3.42 VS. 2.93 AND 2.92)



27% RESIDENTS IN RURAL NEIGHBORHOODS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT LACK OF TRUST IN THE HEALTHCARE SYSTEM WAS A BARRIER TO ACCESSING HEALTH CARE THAN RESIDENTS IN URBAN NEIGHBORHOODS (15%)



19%

RESIDENTS IN RURAL NEIGHBORHOODS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THE IMPACT OF THEIR EXPERIENCES WITH HEALTHCARE PROFESSIONALS ON THEIR HEALTH HAS GOTTEN WORSE THAN RESIDENTS OF SUBURBAN NEIGHBORHOODS (10%)



22%

RESIDENTS IN RURAL NEIGHBORHOODS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR ABILITY TO ACCESS HEALTHCARE HAD A NEGATIVE IMPACT ON THEIR HEALTH THAN RESIDENTS IN URBAN OR SUBURBAN NEIGHBORHOODS (10-12%)



34% RESIDENTS IN RURAL NEIGHBORHOODS WERE SIGNIFICANTLY MORE LIKELY TO SAY THEY HAD TRAVELED TO ANOTHER HAWAIIAN ISLAND IN THE LAST THREE YEARS TO SEE A DOCTOR THAT WAS NOT AVAILABLE ON THE ISLAND THEY LIVE ON THAN RESIDENTS IN URBAN AND SUBURBAN NEIGHBORHOODS (6-11%).

ACROSS THE STATE, BROADBAND ACCESS IS SPOTTY, WITH RURAL POPULATIONS SUFFERING THE MOST AND ENTIRE COMMUNITIES UNABLE TO REGULARLY CONNECT TO INTERNET SERVICE. THE RISE OF TELEHEALTH HAS BROADENED THE BARRIER TO CARE AMONG FOLKS WITHOUT INTERNET, A DEVICE, OR THE TRAINING TO USE ONE.

A COMMON THEME DISCUSSED AMONG KEY INFORMANTS WAS THAT RESIDENTS HAD TO EITHER WAIT UNTIL A SPECIALIST ARRIVED FROM O'AHU, OR FLY TO O'AHU FOR THESE APPOINTMENTS, WHICH ADDED COMPLEX COORDINATION ISSUES AND INTRODUCED ADDITIONAL OBSTACLES TO CARE. THESE CHALLENGES ARE PRESENT FOR EVEN ROUTINE CARE FOR RURAL COMMUNITIES THAT SHARE STORIES OF HAVING TO COORDINATE OFF-ISLAND CARE FOR THEIR DERMATOLOGY, OPTOMETRY, AND DENTAL HEALTH. STRENGTHENING THE SYSTEMS THAT ALLOW VISITING SPECIALISTS TO COME INTO RURAL COMMUNITIES CAN MAKE A TREMENDOUS DIFFERENCE FOR THOSE RESIDENTS.

NATIVE HAWAIIANS



22% OF HAWAI'I'S POPULATION IS NATIVE HAWAIIAN



39% NATIVE HAWAIIANS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR CURRENT FINANCES HAVE A NEGATIVE IMPACT ON THEIR HEALTH THAN CAUCASIAN, CHINESE, AND JAPANESE AND PACIFIC ISLANDER RESIDENTS (7-25%)



24% NATIVE HAWAIIANS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR CURRENT HOUSING SITUATION HAS A NEGATIVE IMPACT ON THEIR HEALTH THAN CHINESE RESIDENTS (6%)



55% NATIVE HAWAIIANS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR CURRENT LEVELS OF STRESS HAVE A NEGATIVE IMPACT ON THEIR HEALTH THAN CAUCASIAN, CHINESE, JAPANESE, AND PACIFIC ISLANDER RESIDENTS (11-39%)



35% NATIVE HAWAIIANS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THEIR CURRENT ABILITY TO AFFORD BALANCED MEALS HAS A NEGATIVE IMPACT ON THEIR HEALTH THAN CAUCASIAN, CHINESE, AND JAPANESE RESIDENTS (6-15%)



11% NATIVE HAWAIIANS WERE MORE LIKELY TO SAY THEY HAD VISITED A CLINIC OR DOCTOR'S OFFICE ONCE EVERY THREE YEARS OR LESS THAN CAUCASIAN AND FILIPINO RESIDENTS (1%).



59% NATIVE HAWAIIANS WERE SIGNIFICANTLY MORE LIKELY TO SAY THEY HAD NEVER RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER THAN CAUCASIAN, FILIPINO, AND PACIFIC ISLANDER RESIDENTS (19-38%).



18% NATIVE HAWAIIANS WERE SIGNIFICANTLY MORE LIKELY TO SAY THEY HAVE RECEIVED SERVICES AT AN URGENT CARE ONCE PER MONTH OR LESS THAN CAUCASIAN AND CHINESE RESIDENTS (3-7%)

NATIVE HAWAIIANS WERE SIGNIFICANTLY MORE LIKELY TO SAY THAT THE FOLLOWING HEALTHCARE SERVICES WERE MISSING WITHIN 60 MINUTES' TRAVEL TIME OF THEIR HOME:

1. BEHAVIORAL HEALTH
3. KŪPUNA CARE
4. NATIVE HAWAIIAN HEALING
4. TRADITIONAL HEALTH PRACTICES
5. WOMEN'S HEALTH









2024 HAWAIʻI BASELINE COMMUNITY HEALTH NEEDS SURVEY

A. Participant Demographics

B. What is Healthy? Residents' Views of their Health

C. Impacts of Priorities and Significant Health Needs on Health

D. Access to Healthcare

In 2024, the Community Health Needs Assessment included a quantitative survey for the first time. This statewide survey provided valuable insights into individuals' needs and experiences regarding the 2024 Priorities and Significant Health Needs. Designed to gather data from a broad sample, the survey enables numerical representation and statistical analysis of responses. By using a random sample, the survey reduces bias and allows for broader generalizations about the population. When combined with qualitative insights from interviews and community meetings—offering deeper understanding, particularly among Communities of Need and other key subpopulations—the assessment aims to present a comprehensive view of community health needs, priorities, and opportunities.

Developed by Ward Research in collaboration with HAH, the Steering Committee, and the Community Advisory Committee, the survey instrument was a 4-page, 27-question survey, including multiple open-ended questions that were reviewed and coded. Methodology for data collection included mail and online panel. Large sample research allows for the analysis and comparison of subsample data. For the CHNA, the data was analyzed by island/county and other demographic data. Additionally, the survey was designed to collect open-ended responses that are analyzed and added to the overall findings. The questions included topics such as health status, impact of the Priorities and Specific Health Needs on health, and access to healthcare. Specifically, the Needs Assessment sought to address research questions around:

Understanding current health

- The meaning of "healthy"
- The importance of health to quality of life
- Self-reported health status
- Supports for improving health
- Needs for improving health

Understanding impacts of priorities and significant health needs on health

- Current impact of priorities and significant health needs on health
- Impact over time of priorities and significant health needs on health

Understanding access to healthcare

- Frequency of utilization of healthcare services
- Access to healthcare services
- Programs that support healthcare access
- Barriers to access
- Healthcare-related travel

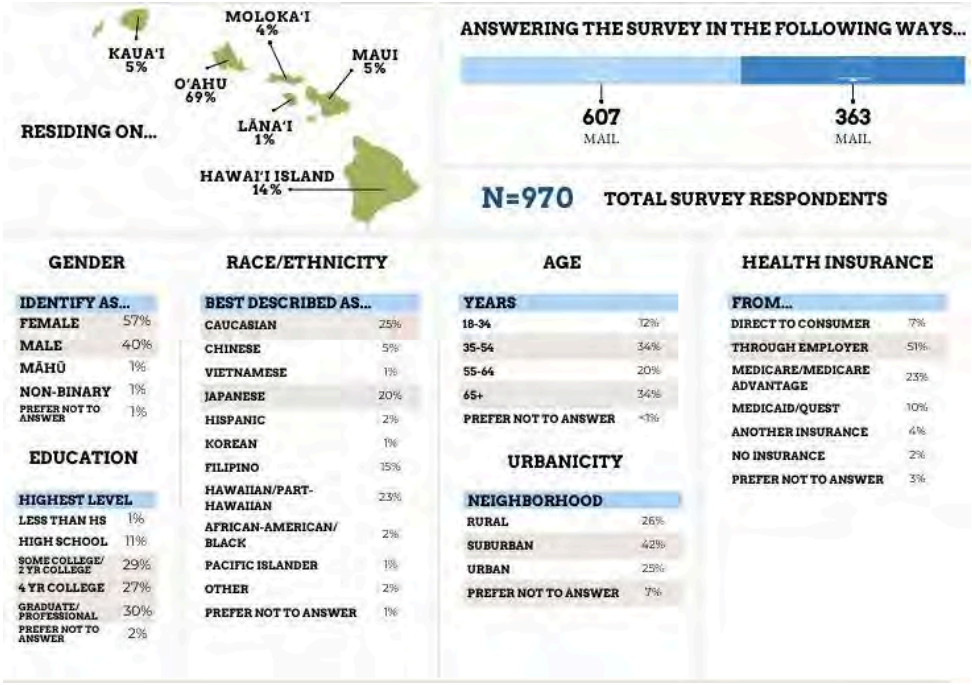
Ward Research primarily developed original questions for the survey; however, a few questions designed to track data against existing metrics were included, such as self-reported health status.

A. Participant Demographics

The 2024 Hawai'i Baseline Community Health Needs Survey was conducted via a mixed-methodology survey distributed to Hawai'i residents statewide. Mail surveys were distributed to 12,500 residents statewide, and 1,290 survey panelists across the state were invited to complete the online version of the survey. A total of n=970 participants completed the survey with a sampling error of +/-3.1%. This higher number of completions (compared to typical healthcare surveys in Hawai'i) was selected due to the research questions seeking to reach and gain insights into subgroups, comparing across the islands and among specific communities.

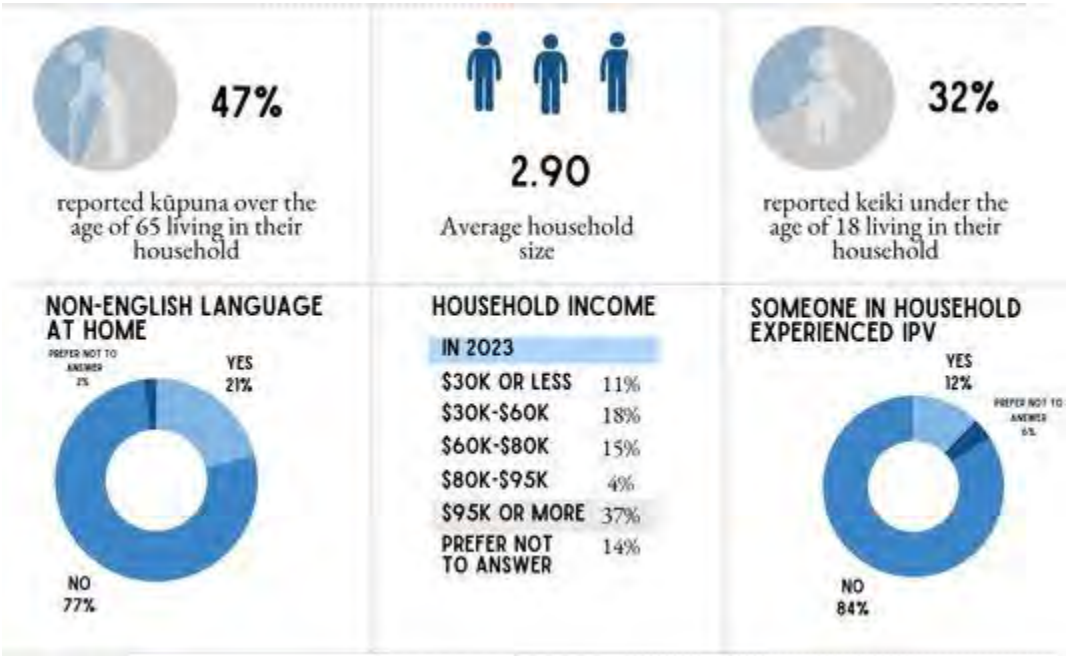
Figure 3-1 below shows a sample profile breakdown of the participants that responded to the quantitative survey instrument online or via mail. All survey respondents self-reported the demographic data, with the exception of island of residence, which was derived from their self-reported zip codes. The participant profile largely mirrors that of the state as a whole, when compared with data from the 2020 Census. Of note, we oversampled all other islands outside of O'ahu for greater reliability when comparing data by county or island. We weighted the data based on island of residence and race/ethnicity to reflect the state's demographics as a whole.

Figure 3-1. Quantitative Respondent Profile



Participants also reported on characteristics of their household, including size, income, and language, and any experiences of domestic violence, as seen in Figure 3-2. Overall, average household size was just under three people (average = 2.90). About a quarter (21%) of households speak a language other than English at home. In our sample, one in ten (12%) participants reported that someone in their household has experienced intimate partner violence (IPV), but due to the question design, it is unclear whether the person completing the survey has experienced IPV. The rate of IPV reported in the sample is likely an underreporting of the actual prevalence of IPV in our communities, for recent data from the Hawai'i State Coalition Against Domestic Violence shows that 18% of Hawai'i residents have experienced IPV in the past five years, and other studies suggest the figure might be closer to 25%.[5,6]

Figure 3-2. Household Characteristics



[5] SCARS ON THE HEART: Barriers to Safety for Survivors of Domestic Violence, Hawai'i State Coalition Against Domestic Violence, 2024. *Available at:* https://www.hscadv.org/wp-content/uploads/2024/05/Scars-on-the-Heart-FNL-web.pdf

[6] Unreported cases of domestic violence against women: towards an epidemiology of social silence, tolerance, and inhibition, Enrique Gracia. *Available at:* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732820/pdf/v058p00536.pdf

B. What is Healthy? Residents' Views of their Health

What Does "Healthy" Mean?

Residents' responses included mention of 2024 CHNA Priorities:



Responses were also coded for different themes that came directly from participants' written responses on the survey. Hawai'i residents' definitions of "healthy" include mentions of physical health, such as eating well and staying active (64%) and being able to do everything they need or want to do (20%). Just over one-third (36%) of residents included being in a good mental state, including practicing self-care and managing stress, in their definition of "healthy." Others associated "healthy" with not getting sick, feeling good, or not needing medical treatment or medicine (33%).

Table 3-1. What Does "Healthy" Mean?

RESPONSES INCLUDED MENTION OF...			
Physically healthy (eating well, staying active)	64%	My health is not a burden to me or my family	5%
Being in a good mental state (practicing self-care, managing stress)	36%	Having a strong connection to my culture/life passions or purposes	3%
Not getting sick / Feeling good / Not need medical treatment/medicine	33%	My health conditions are manageable	2%
Being able to do everything I need/want to do	20%	No bad habits / Not smoking/drinking/abusing drugs	2%
Managing relationships and emotions well	12%	Being alive / Waking up	1%
Not being overweight	12%	Other	4%
Getting good sleep	10%	Don't know/Refused	<1%
Getting preventive care / Doctor checkups	5%		

Q: Please think about being healthy. How would you describe what you consider to be healthy? (Base = 970)

Across subgroups of survey participants, significant differences emerged for coded responses by island of residence, neighborhood urbanicity, age, health insurance, and other household characteristics.

READING THIS REPORT

Throughout this report, **we compared subgroups based on the demographic and household characteristics.** Where relevant, we report significant differences between groups. If we see a difference between groups, the difference is significant when the probability of seeing the difference by chance is very small (less than 5%). **A significant difference means the responses are reliably different from each other.**

Island of Residence

RESPONSES INCLUDED MENTION OF...	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Physically healthy (eating well, staying active)	70%	50%
My health is not a burden to me or my family	3%	9%
Getting preventive care/ Doctor checkups	4%	9%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

O'ahu residents were significantly more likely to mention being physically healthy in their definition of healthy compared to residents on all other islands (70% vs. 50%). Non-O'ahu residents were significantly more likely to mention that health is not a burden to themselves or their family than O'ahu residents (9% vs. 3%), and getting preventive care than O'ahu residents (9% vs. 4%).

Neighborhood Urbanicity

RESPONSES INCLUDED MENTION OF...	NEIGHBORHOOD URBANICITY		
	Urban	Suburban	Rural
Physically healthy (eating well, staying active)	71%	69%	53%
Being alive/Waking up	4%	<1%	<1%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents in urban and suburban neighborhoods were significantly more likely to mention being physically healthy in their definition of healthy than rural residents (71%-69%% vs. 53%). Residents in urban neighborhoods were significantly more likely to mention being alive or waking up than residents in suburban or rural neighborhoods (4% vs. <1%).

Age

Younger residents (ages 18-54) were significantly more likely to mention being physically healthy in their definition of healthy than residents over age 55 (74%-76% vs. 52%-61%%). Residents ages 18-34 were also significantly more likely to mention having a strong connection to their culture, life passions, or purpose than those 35 or older (20% vs. <1%-3%). Residents 35-54 were more likely to mention getting good sleep compared to other age groups (14% vs. 5%-12%). Residents 35 or older were significantly more likely to reference being able to do everything they need or want to do than residents aged 18-34 (19%-27% vs. 7%). On the other hand, older residents (ages 55+) were significantly more likely to include not getting sick, feeling good, or not needing medical care in their definition of healthy than residents ages 18-54 (38%-42% vs. 22%-25%). Residents 65 or older were significantly more likely to make comments about managing relationships and emotions well than residents between 35 and 64 years old (17% vs. 8-9%), and references to their health not being a burden to themselves or their family compared to residents 64 or younger (10% vs. <1%-4%).

RESPONSES INCLUDED MENTION OF...	AGE			
	<35	35-54	55-64	65+
Physically healthy (eating well, staying active)	**74%**	**76%**	61%	52%
Managing relationships and emotions well	14%	8%	9%	**17%**
Getting good sleep	12%	**14%**	9%	5%
Being able to do everything I need/want to do	7%	**19%**	**27%**	**21%**
Having a strong connection to my culture/life passions or purposes	**20%**	<1%	<1%	3%
My health is not a burden to me or my family	<1%	2%	4%	**10%**
Not getting sick/Feeling good/Not need medical treatment/medicine	22%	25%	**42%**	**38%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents without health insurance were significantly more likely to mention not getting sick, feeling good, or not needing medical care in their definition of healthy than residents with health insurance (though employer, from insurance company, Medicare, or Medicaid; 88% vs. 13%-35%). In addition, they were significantly more likely to include being able to do everything I need or want to do as part of their definition of "healthy" (64% vs. 9%-21%).

RESPONSES INCLUDED MENTION OF...	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Not getting sick / Feeling good / Not need medical treatment/medicine	34%	35%	27%	**88%**	13%
Being able to do everything I need/want to do	21%	21%	10%	**64%**	9%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

RESPONSES INCLUDED MENTION OF...	KEIKI IN HH		KŪPUNA IN HH		LANGAUGE OTHER THAN ENGLISH AT HOME	
	Yes	No	Yes	No	Yes	No
Physically healthy (eating well, staying active)	**74%**	60%	57%	**71%**	69%	63%
Managing relationships and emotions well	10%	14%	**17%**	8%	12%	21%
Having a strong connection to my culture/life passions or purposes	**7%**	4%	**7%**	<1%	**8%**	2%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with keiki under the age of 18 in their household were more likely to mention being physically healthy in their definition of healthy than households without children (74% vs. 60%). Residents with keiki were also more likely to mention having a strong connection to their culture or life passions or purposes than residents without keiki in their homes (7% vs. 4%).

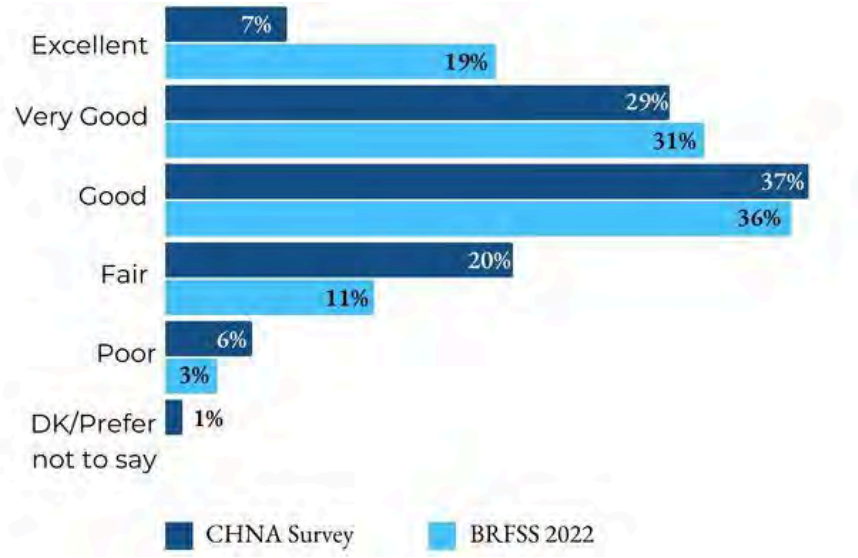
Residents with kūpuna over the age of 65 in their household were less likely to mention being physically healthy in their definition of healthy than residents in households without kūpuna (57% vs. 71%). Residents with kūpuna over the age of 65 in their household were more likely to mention managing relationships and emotions well than residents in households without kūpuna (17% vs. 8%). Residents with kūpuna over the age of 65 in their household were also more likely to mention having a strong connection to their culture, life passions, or purpose than residents in households without kūpuna (7% vs. <1%).

Residents who spoke a language other than English at home were significantly more likely to mention having a strong connection to their culture, life passions, or purpose than those who speak English at home (8% vs. 2%).

Self-Reported Health Status

Though the majority of questions on the 2024 Baseline Community Health Needs Assessment Survey were original, for self reported health status, we used the same item as in the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS) to be able to compare the data. As shown in Figure 3-3, residents have a positive view of their health with 73% saying that their health is "Excellent," "Very Good," or "Good." Respondents of the quantitative survey rated their health slightly worse than those who participated in the 2022 BRFSS, where 19% said their health was "Excellent," 31% said "Very Good," 36% said "Good," 11% said "Fair," and 3% said "Poor."

Figure 3-3. Self-Reported Health Status



Q: Would you say that in general your health is: (Base = 970)

Across subgroups of survey participants, few differences emerged for the answer choices, with an overall pattern of socioeconomic status driving self-reported health.

Household Income

SELF-REPORTED HEALTH STATUS	HOUSEHOLD INCOME		
	<$45,000	$45,000-$95,000	$95,000+
Poor	11%	9%	2%

Note: Categories with blue percentages are significantly higher than those of categories in tan.

Residents with a household income of less than $45,000 or more than $45,000 but less than $95,000 were significantly more likely to say their health is "Poor" than residents with household incomes of over $95,000 (9%-11% vs. 2%).

Educational Attainment

Residents whose highest level of education is a high school degree or less were significantly more likely to say their health is "Poor" when compared with those who have a graduate or professional degree (13% vs. 3%).

SELF-REPORTED HEALTH STATUS	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Poor	13%	6%	6%	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

SELF-REPORTED HEALTH STATUS	HEALTH INSURANCE			
	Through Employer	Medicare	Medicaid	No Insurance
Fair	20%	15%	30%	4%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

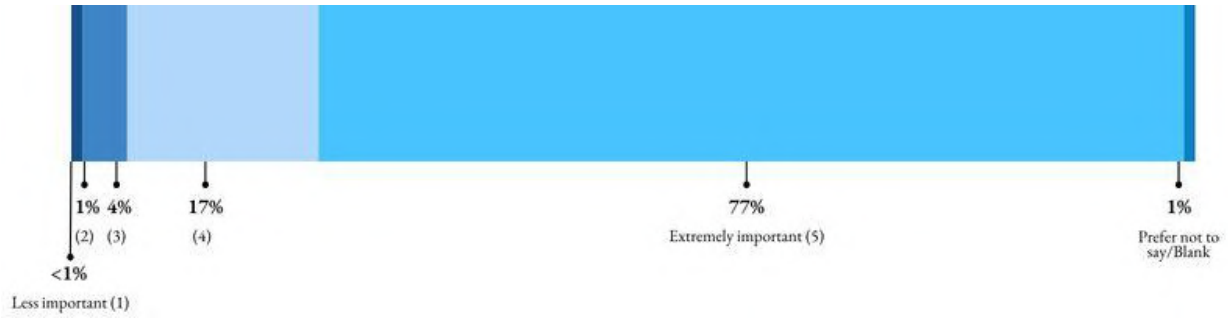
Residents who have Medicaid were significantly more likely to say their health is "Fair" than residents with Medicare (30% vs. 15%).

Subgroup comparisons on subsequent questions using groups arising from data from this question will compare "Healthy" residents (those who rated their health as "Excellent," "Very Good," or "Good") with "Less Healthy" residents (those who rated their health as "Fair" or "Poor).

Importance of Health to Quality of Life

As shown in Figure 3-4, health is an important factor in residents' quality of life, with 93% rating the importances of their health as a 4 or 5 on a five-point scale, with 5 being that their health is "Extremely Important" to their quality of life.

Figure 3-4. Importance of Health to Quality of Life



Q: On a scale of 1-5, with 1 being "Less Important" and 5 being "Extremely Important," how important would you say your health is to your overall quality of life? (Base = 970)

Average importance ratings for different groups varied across island of residence, age, ethnicity, and other household characteristics.

Island of Residence

O'ahu residents as a group had a significantly lower average rating than residents of islands other than O'ahu (4.66 vs. 4.80).

IMPORTANCE OF HEALTH TO QUALITY OF LIFE	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Average Ratings	4.66	4.80

Note: Categories in blue have that are significantly higher than those of categories in tan.

IMPORTANCE OF HEALTH TO QUALITY OF LIFE	AGE			
	<35	35-54	55-64	65+
Average Ratings	4.29	4.68	**4.72**	**4.86**

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Age

Residents over the age of 55 had significantly higher average ratings than residents under the age of 54 (4.72-4.86 vs. 4.29-4.68).

Educational Attainment

Residents who have some college or a two-year college degree or greater had a significantly higher rating than those with a high school degree or less (4.72-4.76 vs. 4.49).

IMPORTANCE OF HEALTH TO QUALITY OF LIFE	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Average Ratings	4.49	**4.73**	**4.76**	**4.72**

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Other Household Characteristics

IMPORTANCE OF HEALTH TO QUALITY OF LIFE	KEIKI IN HOUSEHOLD		LANGUAGE OTHER THAN ENGLISH AT HOME	
	Yes	No	Yes	No
Average Ratings	4.54	**4.79**	4.51	**4.78**

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Residents who have keiki under the age of 18 in their household had a significantly lower average rating than residents who do not (4.54 vs. 4.79).

Residents who spoke a language other than English at home also had a significantly lower average rating than residents who speak English at home (4.51 vs. 4.78).

Supports for Improving Health

Residents were asked, "What do you feel is working to help you thrive or improve your physical, mental, or spiritual health?" The most common responses included physical activities (34%), such as exercise, hobbies, or sports; their relationships, community, and family (27%); and their attitude, outlook, and lack of stress (23%).

Table 3-2. Supports for Improving Health

RESPONSES INCLUDED MENTION OF...			
Activities/Exercise/Hobbies/Sports	34%	Self-Care/Taking charge of my own health	8%
Relationships/Community/Family	27%	Good sleep/Being well rested	4%
Attitude/Outlook/Lack of stress	23%	Nothing	4%
Healthcare/Access to healthcare/Good providers/ Good health insurance	17%	Being retired	2%
Food/Eating healthy food/Balanced diet	14%	Supplements/Alternative healthcare	1%
God/Church/Prayer	10%	Living in a rural community/off-grid/small community	1%
Finances/Having enough to live comfortably	10%	Other	4%
Nature/Beauty/Outdoors	9%		

Q: What do you feel is working to help you thrive or improve your physical, mental, or spiritual health? (Base = 970)

Across subgroups of survey participants, differences emerged on the different coded responses across island of residence, neighborhood urbanicity, gender, age, health insurance and other household characteristics.

Though less common, some residents said that nothing is working to help them thrive or improve their physical, mental, or spiritual health.

RESPONSES INCLUDED MENTION OF...	HOUSEHOLD INCOME			HEALTH INSURANCE				
	<$45K	$45K - $95K	$95K+	Through Employer	Medicare	Medicaid	None	Direct from company
Nothing	10%	5%	2%	3%	5%	6%	30%	1%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

About one in ten residents with household incomes of less than $45,000 (10%), and less than one-third who don't have health insurance (30%) said that nothing is working, and these folks were significantly more likely than their counterparts to respond with responses coded as "Nothing."

Island of Residence

O'ahu residents were significantly more likely than residents on other islands to mention activities, exercise, hobbies, and sports as part of what is working (39% vs. 24%). O'ahu residents were also significantly more likely to mention their attitude, outlook, or lack of stress (26% vs. 16%), food, eating

SUPPORTS FOR IMPROVING HEALTH	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Activities	**39%**	24%
Attitude	**26%**	16%
Food	**16%**	10%
Work	**12%**	4%
Finances	**12%**	6%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

healthy food, or a balanced diet (16% vs. 10%), work or still working (12% vs. 4%), and finances or having enough to live comfortably (12% vs. 6%).

Neighborhood Urbanicity

Residents in rural neighborhoods were significantly more likely to mention God, church, and prayer than residents in urban neighborhoods (15% vs. 5%).

SUPPORTS FOR IMPROVING HEALTH	URBANICITY	
	Urban	Rural
Religion	5%	**15%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

SUPPORTS FOR IMPROVING HEALTH	GENDER	
	Male	Female
Activities	**40%**	29%
Religion	6%	**12%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Gender

Men were significantly more likely to mention activities, exercise, hobbies, and sports as part of what is working than women (40% vs. 29%). Women were significantly more likely to mention God, church, and prayer than men (12% vs. 6%).

Age

Younger residents under 35 were significantly more likely to mention activities, exercise, hobbies, and sports as part of what is working than residents over 65 (51% vs. 27%). They were also more likely to mention nature, beauty, or the outdoors than residents 35-54 and residents 65+ (25% vs. 4%-9%). Residents under the age of 35 and those aged 55-64 were more inclined to mention attitude, outlook, and lack or stress than those 65 or older (28%-41% vs. 15%). Older residents 65+

SUPPORTS FOR IMPROVING HEALTH	AGE			
	< 35	35-54	55-64	65+
Activities	**51%**	34%	36%	27%
Attitude	**41%**	21%	**28%**	15%
Nature	**25%**	9%	12%	4%
Finances	4%	11%	7%	**13%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

were significantly more likely to reference finances and the ability to live comfortably than residents aged 35 or less and those aged 55-64 (13% vs. 4%-7%).

Health Insurance

SUPPORTS FOR IMPROVING HEALTH	HEALTH INSURANCE			
	Through Employer	Medicaid	Medicare	Direct from Company
Healthcare	16%	**28%**	16%	7%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with Medicaid were more likely to mention healthcare, access to healthcare, good providers, or good insurance than those with insurance directly from the insurance company (28% vs. 7%).

Other Household Characteristics

Residents who have keiki under the age of 18 in their household were significantly less likely to mention healthcare, access to healthcare, good providers, or good insurance than those without keiki in their household (11% vs. 20%).

SUPPORTS FOR IMPROVING HEALTH	KEIKI IN HH		LANGUAGE OTHER THAN ENGLISH AT HOME	
	Yes	No	Yes	No
Healthcare	11%	**20%**	11%	19%
Finances	8%	11%	4%	**12%**
Nature	13%	8%	**19%**	7%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly less likely to mention finances or having enough to live comfortably than residents who speak English at home (4% vs. 12%), but they were significantly more likely to mention nature, beauty or outdoors (19% vs. 7%).

Needs for Improving Health

Residents were asked, "What do you feel is needed to help you thrive or improve your physical, mental, or spiritual health?" The most common responses included better healthcare and access to healthcare (26%), a better financial situation or help with cost of living (22%), and engaging in physical activities (19%), such as exercise, hobbies, or sports.

Table 3-3. Needs for Improving Health

RESPONSES INCLUDED MENTION OF...			
Better healthcare/Better access to healthcare/More doctors/specialists	26%	More/better housing	4%
Better finances/Help with cost of living	22%	Nothing	4%
Exercise/Sports/Activities/Hobbies	19%	Better transportation options for healthcare/ shopping	3%
More quality food/Access to good food/Healthy diet	13%	More God/Jesus/Church/Prayer/Zen	3%
Less stress	11%	Less political turmoil	3%
Relationships/Family/Community	11%	More help/more services kupuna/homeless	2%
More time	8%	Other	12%
More motivation/desire	5%	Don't know/refused	1%

Q: What do you think is needed to help you thrive or improve your physical, mental, or spiritual health? (Base = 970)

Across subgroups of survey participants, differences emerged on the coded responses across island of residence, gender, age, health status, health insurance type, urbanicity, and other household characteristics.

Island of Residence

O'ahu residents were significantly more likely than all other residents on other islands to mention better finances as a part of what they need (25% vs. 16%). O'ahu residents were also significantly more likely to mention needing to engage in physical activities, such as exercise, hobbies, or sports than residents of islands other than O'ahu (21% vs. 13%), less stress (14% vs. 5%), and more motivation or desire (6% vs. 2%). Residents on all other islands excluding O'ahu were significantly more likely to mention needing better transportation options for healthcare and shopping than O'ahu residents (8% vs. 1%).

NEEDS FOR IMPROVING HEALTH	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Better Finances	**25%**	16%
Better Transport	1%	**8%**
More Exercise	**21%**	13%
Less Stress	**14%**	5%
More Motivation/ Desire	**6%**	2%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

NEEDS FOR IMPROVING HEALTH	URBANICITY		
	Urban	Suburban	Rural
Less Stress	**12%**	**15%**	5%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Neighborhood Urbanicity

Residents in urban neighborhoods and suburban neighborhoods were significantly more likely to mention needing less stress than residents in rural neighborhoods (12%-15% vs. 5%).

Gender

Women were significantly more likely to mention needing better healthcare and access to healthcare than men (30% vs. 20%).

NEEDS FOR IMPROVING HEALTH	GENDER	
	Male	Female
Better Healthcare	20%	30%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Age

Residents between the ages of 35 and 54 were significantly more likely to mention needing better finances or help with cost of living than residents 65 or older (32% vs. 12%) and more exercise, sports, activities or hobbies than residents 55-64 and residents 65 or older (26% vs. 14%-15%). By contrast, residents between the ages of 55 and 64 were significantly more likely to mention better healthcare and access to healthcare than residents under 35 (35% vs. 17%), and more help, or more services for kūpuna and/or the homeless than residents aged 35-54 (7% vs. 1%). Younger residents under the age of 35 and residents aged 35-54 were significantly more likely to mention needing more or better housing than residents 65 or older (6%-10% vs. 1%). On the other hand, residents between the ages of 35 and 54 and those between 55 and 64 were more inclined than residents 65 or older to mention more quality food, access to good food, and a healthy diet (14%-20% vs. 5%) and less stress (15%-18% vs. 3%). Residents between the ages of 55 and 64 were significantly more likely to mention needing better healthcare and access to healthcare than all other age groups (38% vs. 16%-25%). Residents who were under 65 years of age were significantly more likely to report needing better finances or help with cost of living than residents 65 and over years of age (22%-34% vs. 11%). Residents under 55 were significantly more likely to mention needing more or better housing than residents over 55 (7%-12% vs. 2%). Residents between the ages of 35 and 64 were more likely to mention needing less stress than residents 65 and over (4%-19% vs. 3%) and more quality food, access to good food, or a healthy diet than residents 65 and over (13%-16% vs. 5%).

NEEDS FOR IMPROVING HEALTH	AGE			
	< 35	35-54	55-64	65+
Better Finances	26%	32%	20%	12%
Better Housing	10%	6%	2%	1%
More Quality Food	13%	20%	14%	5%
Better Healthcare	17%	22%	35%	25%
More Help	1%	1%	7%	2%
More Exercise	19%	26%	14%	15%
Less Stress	9%	15%	18%	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

NEEDS FOR IMPROVING HEALTH	HEALTH INSURANCE			
	Through Employer	Medicaid	Medicare	Direct from Company
More Time	13%	5%	1%	<1%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Those with health insurance through an employer were significantly more likely to include needing more time than those who have Medicare, Medicaid, or insurance directly from the company (13% vs. <1%-5%)

Health Status

Those who were considered "Less Healthy" (with a self-reported health status of "Fair" or "Poor") were significantly more likely to say they needed less stress than those considered "Healthy" (with a self-reported health status of "Excellent," "Very Good," or "Good"; 18% vs. 8%).

NEEDS FOR IMPROVING HEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Less Stress	8%	18%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Household Income

NEEDS FOR IMPROVING HEALTH	HOUSEHOLD INCOME		
	<$45K	$45K - $95K	$95K+
Relationships	6%	17%	10%
More Time	3%	4%	15%
More Motivation	2%	2%	9%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with a household income of between $45,000 and $95,000 were significantly more likely to say they needed relationships, family or community than residents with a household income below $45,000 or above $95,000 (17% vs. 6%-10%). Residents with a household income of more than $95,000 were significantly more likely to say they needed more time (15% vs. 3%-4%) or more motivation/desire (9% vs. 2%).

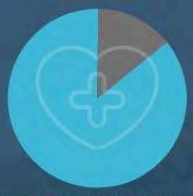
HEALTH AND NEEDS

HEALTHY



OVER 6 IN 10 RESIDENTS MENTIONED BEING "HEALTHY" MEANS BEING PHYSICALLY HEALTHY (EATING WELL, STAYING ACTIVE)

2022



86% OF HAWAI'I RESIDENTS REPORTED THEIR HEALTH WAS GOOD, VERY GOOD, OR EXCELLENT

BUT...

2024



73% OF HAWAI'I RESIDENTS STATED THEIR HEALTH IS GOOD, VERY GOOD, OR EXCELLENT

RESIDENT SUGGESTIONS FOR MAINTAINING HEALTH: TOP 3

1. ACTIVITIES/EXERCISE/HOBBIES/SPORTS (34%)
2. RELATIONSHIPS/COMMUNITY/FAMILY (27%)
3. ATTITUDE/OUTLOOK/LACK OF STRESS (23%)

RESIDENT SUGGESTIONS FOR IMPROVING HEALTH: TOP 3

1. BETTER HEALTHCARE/BETTER ACCESS TO HEALTHCARE/MORE DOCTORS/SPECIALISTS (26%)
2. BETTER FINANCES/HELP WITH COST OF LIVING (22%)
3. EXERCISE/SPORTS/ACTIVITIES/HOBBIES (19%)

C. Impacts of Priorities and Significant Health Needs on Health

Residents were asked to rate the impact of their current supports and barriers related to the Significant Health Needs on their health on a scale of 1-5, with 1 and 2 representing a negative impact, 3 representing a neutral or no impact, and 4 and 5 representing a positive impact. The attributes with the most positive impact on health were the day-to-day safety of residents and their ʻohana (69% of residents reporting this had a positive impact on their health) and residents' experiences with doctors, nurses, and other healthcare professionals (68% of residents reporting this had a positive impact on their health). The attributes with the most negative impact on health were residents' current levels of stress (40% of residents reporting this had a negative impact on their health) and residents' current finances (27% of residents reporting this had a negative impact on their health).

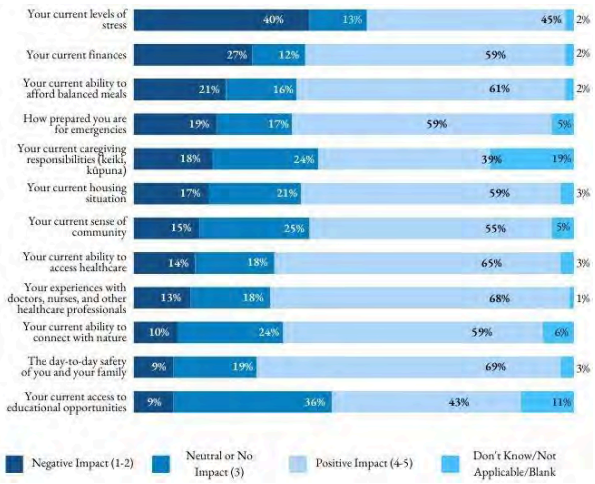
Residents were also asked to rate the impact of their supports and barriers related to the Significant Health Needs on their health over the past three years, taking in account COVID-19 and the Maui wildfires. As seen in Figure 3-5, many (43-70%) reported no change in the impact of the supports and barriers on their health over time. Nearly four in ten (37%) residents reported that the impact of their stress levels on their health has gotten worse over time, the highest of the supports and barriers. Surprisingly, nearly one quarter (24%) of residents reported that the impact of their current finances on their health improved over time, the highest of the supports and barriers. However, current finances was also the second-highest reported impact that had gotten worse over time, with three in ten (28%) residents reporting that the impact of their finances on their health has gotten worse over time.

For this section, we will discuss subgroup differences of the 2024 Priorities, and their impact on residents' health currently and over time. As seen in the qualitative section below, we focus on the five identified 2021 Hawaiʻi CHNA Priorities that have remained priorities in 2024:



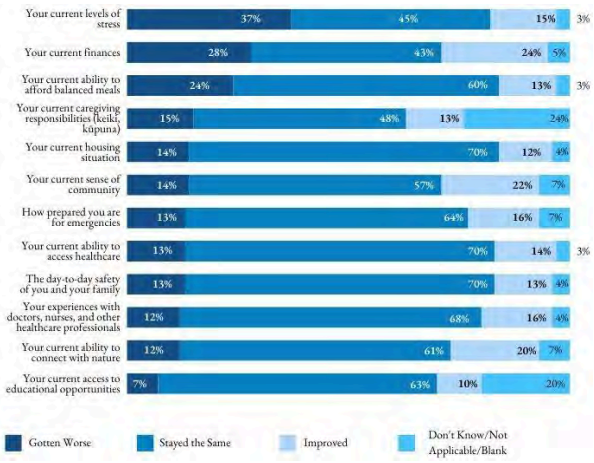
Figure 3-5. Current Impact and Impact over Time of Priorities and Significant Health Needs on Health

Current Impact



Q: How do the following impact your ability to maintain or improve your physical, mental, and spiritual health? (Base = 970)

Impact over Time (2021-2024)



Q: Looking back over the past three years, taking into account COVID-19 and the Maui wildfires, would you say that the impact of the following on your physical, mental, and spiritual health has: (Base = 970)

Across subgroups of survey participants, differences emerged on the current impact of the 2024 Priorities and Significant Health Needs on health across island of residence, neighborhood urbanicity, gender, age, ethnicity, educational attainment, health insurance, health status, household income and other household characteristics.



Financial Security

Island of Residence

IMPACT OF FINANCIAL SECURITY ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Stayed the Same	39%	**57%**	44%	**50%**	**55%**	56%
Improved	**27%**	**19%**	**18%**	**17%**	8%	15%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents of Hawai'i Island, Kaua'i, and Moloka'i were significantly more likely to say the impact of their finances on their health has stayed the same over the past three years compared to residents of O'ahu (50%-57% vs. 39%). By contrast, residents of O'ahu, Hawai'i

Island, Maui and Kaua'i were more likely to say the impact of their finances on their health has improved over the past three years compared to residents of Moloka'i (17%-27% vs. 8%).

Ethnicity

Residents who are Native Hawaiians were significantly more likely to say that their current finances have a negative impact on their health than Caucasian, Chinese, and Japanese residents (39% vs. 7%-22%). Caucasian, Filipino and Japanese residents were significantly more likely to say that their current finances have a negative impact on their health than Chinese residents (22%-26% vs. 7%). Caucasian, Chinese and Japanese residents were significantly more likely to say that their current finances have a positive impact on their health than Native Hawaiians (63%-73% vs. 46%).

IMPACT OF FINANCIAL SECURITY ON HEALTH	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Negative	**25%**	7%	**39%**	**26%**	**22%**
Positive	**63%**	**73%**	46%	62%	**63%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Educational Attainment

Residents with a graduate or professional degree were more likely to say that the impact of their finances on their health has improved over the past three years compared to residents with lower educational attainment (38% vs. 14%-19%).

IMPACT OF FINANCIAL SECURITY ON HEALTH	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Improved	14%	19%	18%	**38%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Status

IMPACT OF FINANCIAL SECURITY ON HEALTH	SELF-REPORTED HEALTH	
	Healthy	Less Healthy
Negative	19%	**49%**
Positive	**66%**	39%
Gotten Worse	23%	**42%**
Improved	**28%**	13%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who were considered "Less Healthy" were significantly more likely to say that their current finances have a negative impact on their health than residents who were considered "Healthy" (49% vs. 19%), and residents who were considered "Healthy" were significantly more likely to say that their current finances have a positive impact on their health than residents who were considered "Less Healthy" (66% vs. 39%). Residents who were considered "Less Healthy" were significantly more likely to say that the impact of their current finances on their health has gotten

worse than residents who were considered "Healthy" (42% vs. 23%), and residents who were considered "Healthy" were significantly more likely to say that the impact of their current finances on their health has improved than residents who were considered "Less Healthy" (28% vs. 13%).

Health Insurance

IMPACT OF FINANCIAL SECURITY ON HEALTH	HEALTH INSURANCE		
	Through Employer	Medicare	Medicaid
Gotten Worse	25%	26%	**47%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with Medicaid were significantly more likely to say that the impact of their finances on their health has gotten worse than residents who obtain health insurance through an employer or Medicare (47% vs. 25%-26%).

Household Income

IMPACT OF FINANCIAL SECURITY ON HEALTH	HOUSEHOLD INCOME		
	<$45K	$45K - $95K	$95K+
Negative	**38%**	**33%**	20%
Positive	52%	53%	**67%**
Gotten Worse	**41%**	28%	22%
Improved	12%	16%	**40%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who have a household income of over $95,000 were significantly more likely to say that their current finances have a positive impact on their health than residents with household incomes less than $45,000 or between $45,000 and $95,000 (67% vs. 33%-38%). Residents who have a household income of less than $45,000 or between $45,000 and $95,000 were significantly more likely to say that their current finances have a negative impact on their health than residents with household incomes over $95,000 (33%-38% vs. 20%). Residents who have a household income of over $95,000 were significantly more likely to say that the impact of their finances on their health has improved over the past three years than those with an household income below $95,000 (40% vs. 12%-16%), and residents who have a household income of less than $45,000 were significantly more likely to say that the impact of their finances on their health has gotten worse over the past three years than those with a household income above $95,000 (41% vs. 22%).

Other Household Characteristics

Residents who do not have keiki under the age of 18 in their household were significantly more likely to say that their current finances have a positive impact on their health than residents with keiki in their household (66% vs. 43%). By contrast, residents who do have keiki were more likely to say their current

finances have a negative impact on their health compared to residents who do not have keiki in their households (39% vs. 21%).

IMPACT OF FINANCIAL SECURITY ON HEALTH	KEIKI IN HH		LANGUAGE OTHER THAN ENGLISH AT HOME		IPV IN HH	
	Yes	No	Yes	No	Yes	No
Negative	**39%**	21%	**36%**	24%	**44%**	24%
Positive	43%	**66%**	52%	61%	52%	60%
Gotten Worse	30%	27%	**44%**	24%	**45%**	26%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say that the impact of their finances on their health has gotten worse over the past three years compared to residents who speak English at home (44% vs. 25%). They were also more likely to say their current finances have a negative impact on health than residents who exclusively speak English at home (36% vs. 24%).

Residents for whom a member of their household has experienced intimate partner violence (IPV) were significantly more likely to say that their current finances have a negative impact on their health than residents who did not have a household member who had experienced IPV (44% vs. 24%). They also were significantly more likely to say that the impact of their finances on their health has gotten worse over the past three years compared to residents who did not have a household member who had experienced IPV (45% vs. 26%).

Housing

Island of Residence

IMPACT OF HOUSING ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Negative	**19%**	8%	**26%**	12%	12%	10%
Positive	**60%**	**65%**	46%	**57%**	**55%**	30%
Gotten Worse	**16%**	4%	**23%**	**17%**	7%	4%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

O'ahu and Maui residents were significantly more likely to say that their current housing situation has a negative impact on their health than residents of Hawai'i Island, Kaua'i, Moloka'i, and Lāna'i (19%-26% vs. 8%-12%). Residents of Lāna'i were significantly less likely than residents of O'ahu, Hawai'i Island, Kaua'i, and Moloka'i to state their current housing situation has a positive impact on their health (30% vs.

55%-65%). O'ahu, Maui, and Kaua'i residents were significantly more likely to say that the impact of their housing situation on their health has gotten worse than residents of Hawai'i Island, Moloka'i, and Lāna'i (16%-23% vs. 4%-7%).

IMPACT OF HOUSING ON HEALTH	GENDER	
	Male	Female
Improved	16%	9%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Gender

Men were significantly more likely to say that the impact of their housing situation on their health has improved than women (16% vs. 9%).

Age

IMPACT OF HOUSING ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Negative	21%	22%	21%	8%
Positive	66%	54%	50%	68%
Gotten Worse	41%	16%	10%	4%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents aged 35-54 and 55-64 were significantly more likely to say that their current housing situation has a negative impact on their health than residents 65 and over (21%-22% vs. 8%). Residents 35-54 and 55-64 were significantly less likely to say that their current housing situation has a positive impact on their health than residents 65 or older (50%-54% vs. 68%). Residents under 35 were significantly more likely to say that the impact of their housing situation on their health has gotten worse than residents in all other age groups (41% vs. 4%-16%).

Ethnicity

IMPACT OF HOUSING ON HEALTH	ETHNICITY	
	Chinese	Native Hawaiian
Negative	6%	24%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Native Hawaiians were significantly more likely to say that their current housing situation has a negative impact on their health than Chinese residents (24% vs. 6%).

Educational Attainment

IMPACT OF HOUSING ON HEALTH	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Positive	46%	52%	63%	71%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with a graduate or professional degree were significantly more likely to say that their current housing situation has a positive impact on their health than residents who have

a high school degree or less, some college, or a two-year college degree (71% vs. 46%-52%).

Health Status

IMPACT OF HOUSING ON HEALTH	SELF-REPORTED HEALTH	
	Healthy	Less Healthy
Negative	12%	**30%**
Positive	**66%**	43%
Gotten Worse	10%	**25%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who were considered "Less Healthy" were significantly more likely to say that their current housing situation has a negative impact on their health than residents who were considered "Healthy" (30% vs. 12%), and residents who were considered "Healthy" were significantly more likely to say that their current housing situation has a positive impact on their health than residents who were considered "Less Healthy" (66% vs. 43%).

Residents who were considered "Less Healthy" were significantly more likely to say that the impact of their housing situation on their health has gotten worse than residents who were considered "Healthy" (25% vs. 10%).

Household Income

IMPACT OF HOUSING ON HEALTH	HOUSEHOLD INCOME		
	<$45K	$45K - $95K	$95K+
Negative	**24%**	**20%**	11%
Positive	48%	60%	**66%**
Gotten Worse	17%	**18%**	9%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with a household income less than $45,000 and those with household incomes between $45,000 and $95,000 were significantly more likely to say that their current housing situation has a negative impact on their health than residents with a household income over $95,000 (20%-24% vs. 11%). Residents with a household income over $95,000 were significantly more likely to say that their current housing situation has a positive impact on their health than residents with a household income under $45,000 (66% vs. 48%).

Residents who have a household income between $45,000 and $95,000 were significantly more likely to say that the impact of their finances on their health has gotten worse over the past three years than those with a household income above $95,000 (18% vs. 9%).

Other Household Characteristics

Residents who speak a language other than English at home were significantly more likely to say the impact of their housing situation on their health has either gotten worse than residents who speak English at home (22% vs. 11%).

IMPACT OF HOUSING ON HEALTH	LANGUAGE OTHER THAN ENGLISH AT HOME		IPV IN HH	
	Yes	No	Yes	No
Positive	54%	61%	44%	**62%**
Gotten Worse	**22%**	11%	25%	12%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents for whom a member of their household has experienced intimate partner violence (IPV) were significantly less likely to say that their current housing situation has a positive impact on their health than residents who did not have a household member who had experienced IPV (44% vs. 62%).



Mental and Behavioral Health

While mental and behavioral health symptoms (e.g., depression, anxiety, substance use, etc.) were not directly queried through the baseline survey, impacts of current stress levels were measured and varied across subgroups.

Island of Residence

Maui and Lānaʻi residents were significantly less likely to say that their current levels of stress have a positive impact on their health than residents of Hawaiʻi Island (31%-35% vs. 52%). Oʻahu residents were significantly less likely to say their current stress levels have no impact on their health than Maui, Kauaʻi, Molokaʻi, and Lānaʻi residents (10% vs. 19%-36%).

IMPACT OF STRESS ON HEALTH	ISLAND OF RESIDENCE					
	Oʻahu	Hawaiʻi Island	Maui	Kauaʻi	Molokaʻi	Lānaʻi
Positive	44%	**52%**	35%	47%	41%	31%
No Impact	10%	14%	**22%**	**19%**	**21%**	**36%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

IMPACT OF STRESS ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Negative	**58%**	**50%**	**41%**	23%
No Impact	7%	8%	10%	**21%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Age

Residents under 65 were significantly more likely to say that their current levels of stress have a negative impact on their health than residents 65 and over

(41%-58% vs. 23%). Residents 65 and over were more likely to say their current stress levels have no impact on their health than residents under 65 (21% vs. 7%-10%).

Ethnicity

IMPACT OF STRESS ON HEALTH	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Negative	39%	21%	**55%**	39%	36%
Gotten Worse	39%	16%	**38%**	39%	39%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Native Hawaiians were significantly more likely to say that their current levels of stress have a negative impact on their health than Caucasian, Chinese, and Japanese residents (55% vs. 21%-39%). Native Hawaiian residents were also significantly more likely to say that the impact of their stress levels on their health has gotten worse over the past three years than Chinese residents (38% vs. 16%).

Educational Attainment

Residents who have some college education or a two year degree, or a four-year college degree were significantly more likely to say that their current stress levels have a negative impact on their health than residents with a high school degree or less (43% vs. 28%). Residents who have a graduate or professional degree were significantly more likely to say that the impact of their stress level on their health has improved than residents with a high school degree or less, or some college, or a two-year college degree (22% vs. 9%).

IMPACT OF STRESS ON HEALTH	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Negative	28%	**43%**	**43%**	40%
Improved	9%	9%	15%	**22%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents who have insurance through an employer, Medicaid, direct from an insurance company, and those who have no insurance were significantly more likely to say that their current levels of stress have a negative impact on their health than residents who have Medicare (42%-68% vs. 27%). Residents who

IMPACT OF STRESS ON HEALTH	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No insurance	Direct from company
Negative	**42%**	27%	**51%**	**68%**	**53%**
No impact	9%	**22%**	11%	1%	14%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

have Medicare were significantly more likely to say that their current levels of stress have no impact on their health than residents who have insurance through an employer or no insurance (22% vs. 1%-9%).

IMPACT OF STRESS ON HEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Negative	32%	**61%**
Positive	**51%**	28%
Gotten Worse	32%	**50%**
Improved	**17%**	8%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say that their current levels of stress have a negative impact on their health than residents who were considered "Healthy" (61% vs. 32%), and residents who were considered "Healthy" were significantly more likely to say that their current levels of stress have a positive impact on their health than residents who were considered "Less Healthy" (51% vs. 28%). Residents who were considered "Less Healthy" were also significantly more likely to say that the impact of their stress levels on their health has gotten worse over the past three years than residents who were considered "Healthy" (50% vs. 32%), and residents who were considered "Healthy" were significantly more likely to say that the impact of their stress levels on their health has improved over the past three years than residents who were considered "Less Healthy" (17% vs. 8%).

Other Household Characteristics

IMPACT OF STRESS ON HEALTH	KŪPUNA IN HH	
	Yes	No
Gotten Worse	32%	**42%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who do not have kūpuna over the age of 65 in their household were significantly more likely to say that the impact of their stress levels on their health has gotten worse than residents with kūpuna in their household (42% vs. 32%).



Food Security

Impact of food security was captured via questions regarding the impacts of residents' ability to afford balanced meals on their health.

Island of Residence

Residents of Oʻahu, Maui, and Molokaʻi were significantly more likely to say that their current ability to afford balanced meals had a negative impact on their health than Kauaʻi residents (22%-25% vs. 10%). Residents of Maui, Molokaʻi, and Lānaʻi were significantly less likely to say that the impact of

IMPACT OF FOOD SECURITY ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Negative	**22%**	18%	**25%**	10%	**22%**	17%
Improved	**14%**	12%	8%	**18%**	6%	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

their ability to afford balanced meals on their health has improved compared to residents of O'ahu and Kaua'i (3%-8% vs. 14%-18%).

Neighborhood Urbanicity

Residents who live in a rural or suburban neighborhood were significantly more likely to say that their current ability to afford balanced meals has a negative impact on their health than residents who live in an urban neighborhood (24%-26% vs. 10%).

IMPACT OF FOOD SECURITY ON HEALTH	URBANICITY		
	Urban	Suburban	Rural
Negative	10%	**26%**	**24%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

IMPACT OF FOOD SECURITY ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Negative	21%	**27%**	**25%**	12%
Positive	64%	56%	54%	**71%**
Gotten Worse	**37%**	**28%**	**29%**	13%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Age

Residents aged 35-54 and 55-64 were significantly more likely to say that their current ability to afford balanced meals has a negative impact on their health than residents 65 and over (25%-27% vs. 12%). Residents 65 and over were significantly more likely to say that their current ability to afford balanced meals has a positive impact on their health than residents ages 35-54 and 55-64 (71% vs. 54%-56%). Residents under the age of 65 were significantly more likely to say that the impact of their ability to afford balanced meals on their health has gotten worse over the past three years than residents 65 and over (28%-37% vs. 13%).

IMPACT OF FOOD SECURITY ON HEALTH	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Negative	15%	6%	**35%**	22%	11%
Positive	**69%**	**74%**	48%	63%	**67%**
Gotten Worse	**26%**	3%	**28%**	**28%**	**14%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Native Hawaiians were significantly more likely to say that their current ability to afford balanced meals has a negative impact on their health than Caucasian, Chinese, and Japanese residents (35% vs. 6%-15%). Caucasian, Chinese, and Japanese residents

were significantly more likely to say that their current ability to afford balanced meals has a positive impact on their health than Native Hawaiians (67%-74% vs. 48%). Chinese residents were less likely to say that the impact of their ability to afford balanced meals on their health has gotten worse than Caucasian, Native Hawaiian, Filipino, and Japanese residents (3% vs. 14%-28%).

Health Status

IMPACT OF FOOD SECURITY ON HEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Negative	15%	**36%**
Positive	**68%**	44%
Gotten Worse	21%	**32%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who were considered "Less Healthy" were significantly more likely to say that their current ability to afford balanced meals has a negative impact on their health than residents who were considered "Healthy" (36% vs. 15%), and residents who were considered "Healthy" were significantly more likely to say that their current ability to afford balanced meals has a positive impact on their health than residents who were considered "Less Healthy" (68% vs. 44%). Residents who were considered "Less Healthy" were also significantly more likely to say that the impact of their ability to afford balanced meals on their health has gotten worse over the past three years than residents who were considered "Healthy" (32% vs. 21%).

IMPACT OF FOOD SECURITY ON HEALTH	HOUSEHOLD INCOME		
	<$45K	$45K - $95K	$95K+
Negative	26%	**26%**	16%
Gotten Worse	**36%**	23%	19%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Household Income

Residents who have a household income between $45,000 and $95,000 were significantly more likely to say that their current ability to afford balanced meals has a negative impact on their health than those with a household income above $95,000 (26% vs. 16%). Residents who have a household income of less than $45,000 were significantly more likely to say that the impact of their ability to afford balanced meals on their health has gotten worse over the past three years than those with household incomes between $45,00 and $95,000, and those with incomes above $95,000 (36% vs. 19%-23%).

Other Household Characteristics

Residents who have keiki under the age of 18 in their household were significantly more likely to say that their current ability to afford balanced meals has a negative impact on their health than residents without keiki in their household (30% vs. 17%). Residents who have kūpuna over the age of 65 in their household were significantly more likely to say that the impact of their ability to afford balanced meals

on their health has gotten worse than residents without kūpuna in their household (28% vs. 19%).

IMPACT OF FOOD SECURITY ON HEALTH	KEIKI IN HH		KŪPUNA IN HH		LANGUAGE OTHER THAN ENGLISH AT HOME	
	Yes	No	Yes	No	Yes	No
Negative	**30%**	17%	23%	19%	28%	19%
Positive	54%	65%	59%	64%	48%	**65%**
Gotten Worse	31%	21%	19%	**28%**	29%	22%
Stayed the Same	54%	63%	64%	56%	48%	**64%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak English at home were significantly more likely to say that their current ability to afford balanced meals has a positive impact on their health than residents who speak a language other than English at home (65% vs. 48%). Residents who speak English at home were significantly more likely to say the impact of their ability to afford balanced meals has stayed the same than residents who speak a language other than English at home (64% vs. 48%).

Equitable Access

There were two indicators of equitable access tested through the baseline survey: ability to access healthcare and experiences with doctors, nurses, and other healthcare professionals.

Island of Residence

IMPACT OF EQUITABLE ACCESS ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Access to Healthcare						
Negative	13%	12%	19%	10%	**28%**	18%
Positive	**67%**	68%	59%	66%	54%	55%
Gotten Worse	11%	13%	22%	16%	**33%**	18%
Experiences with Healthcare Professionals						
Negative	**13%**	11%	**19%**	5%	**19%**	7%
Positive	67%	**74%**	55%	**77%**	64%	**74%**
Gotten Worse	**12%**	**10%**	**15%**	**13%**	**18%**	<1%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Moloka'i residents were significantly more likely to say that their current access to health care has a negative impact on their health than residents of O'ahu, Hawai'i Island, and Kaua'i (28% vs. 10%-13%). They were significantly less likely to say that their current access to health care has a positive impact on their health than residents of O'ahu (54%% vs. 67%). Moloka'i residents were also significantly more likely to say that the impact of their access to healthcare on their health has gotten worse over the past three years than residents of O'ahu, Hawai'i Island, and Kaua'i (33% vs. 11%-16%).

Residents of Oʻahu, Maui, and Molokaʻi residents were significantly more likely to say that their experiences with healthcare professionals had a negative impact on their health than residents of Kauaʻi (13%-19% vs. 5%). Hawaiʻi Island, Kauaʻi, and Lānaʻi residents were significantly more likely to say that their experiences with healthcare professionals had a positive impact on their health than residents of Maui (74%-77% vs. 55%). Lānaʻi residents were significantly less likely to say that the impact of their experiences with healthcare professionals on their health has gotten worse than residents of all other islands (<1% vs. 10%-18%).

Neighborhood Urbanicity

Residents in rural neighborhoods were significantly more likely to say that their current access to health care has a negative impact on their health than residents of urban and suburban neighborhoods (22% vs. 10%-12%). Residents in urban and suburban neighborhoods were significantly more likely to say that their current access to health care has a positive impact on their health than residents of rural neighborhoods (69%-73% vs. 55%). Residents in rural neighborhoods were significantly more likely to say that the impact of their access to healthcare on their health has gotten worse over the past three years than residents of suburban neighborhoods (23% vs. 7%-10%).

IMPACT OF EQUITABLE ACCESS ON HEALTH	URBANICITY		
	Urban	Suburban	Rural
Access to Healthcare			
Negative	10%	12%	**22%**
Positive	**73%**	**69%**	55%
Gotten Worse	7%	12%	**23%**
Experiences with Healthcare Professionals			
Negative	13%	11%	17%
Positive	**73%**	70%	60%
Gotten Worse	11%	10%	**19%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents in urban neighborhoods were significantly more likely to say that their experiences with health care professionals had a positive impact on their health than residents in rural neighborhoods (73% vs. 60%). Residents in rural neighborhoods were significantly more likely to say that the impact of their experiences with healthcare professionals on their health has gotten worse than residents of suburban neighborhoods (19% vs. 10%).

IMPACT OF EQUITABLE ACCESS ON HEALTH	GENDER	
	Male	Female
Experiences with Healthcare Professionals		
Negative	9%	**16%**
Positive	**75%**	62%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Gender

Women were significantly more likely to say that their experiences with health care professionals had a negative impact on their health than men (16% vs. 9%). Men were significantly more likely to say that their

experiences with health care professionals had a positive impact on their health than women (75% vs. 62%).

Age

Residents ages 55-64 were significantly less likely to say that the impact of their access to healthcare on their health has improved over the past three years than residents under 35 and those 65 or older (6% vs. 16%-25%).

IMPACT OF EQUITABLE ACCESS ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Access to Healthcare				
Improved	**25%**	15%	6%	**16%**
Experiences with Healthcare Professionals				
Gotten Worse	8%	15%	**18%**	8%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents ages 55-64 were significantly more likely to say that the impact of their experiences with healthcare professionals had worsened over the past three years than residents 65 or older (18% vs. 8%).

Health Insurance

Residents who have health insurance through their employer were significantly more likely to say that their current access to health care has a positive impact on their health than residents who have no insurance (69% vs. 36%). Residents with Medicaid or insurance directly from the insurance company were significantly more likely to say that the impact of their access to healthcare on their health has improved over the past three years than residents with insurance through an employer or Medicare (31%-35% vs. 9%-12%).

IMPACT OF EQUITABLE ACCESS ON HEALTH	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from Company
Access to Healthcare					
Positive	**69%**	64%	68%	36%	54%
Improved	12%	9%	**31%**	12%	**35%**
Experiences with Healthcare Professionals					
Improved	12%	17%	**28%**	8%	**35%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who have Medicaid, or insurance directly from the insurance company were significantly more likely to say the impact of their experiences with healthcare professionals on their health has improved than residents with insurance through an employer (28%-35% vs. 12%).

IMPACT OF EQUITABLE ACCESS ON HEALTH	SELF-REPORTED HEALTH	
	Healthy	Less Healthy
Access to Healthcare		
Negative	11%	**24%**
Positive	**69%**	56%
Improved	11%	**24%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say that their current access to health care has a negative impact on their health than residents who were considered "Healthy" (24% vs. 11%).

On the other hand, residents who were considered “Less Healthy” were significantly less likely to say that their current access to health care has a positive impact on their health than residents who are considered "Healthy" (56% vs. 69%). Residents who were considered “Less Healthy” were also significantly more likely to say that the impact of their access to healthcare on their health has improved than residents who were considered “Healthy” (24% vs. 11%).

IMPACT OF EQUITABLE ACCESS ON HEALTH	HOUSEHOLD INCOME		
	<$45K	$45K - $95K	$95K+
Access to Healthcare			
Negative	**21%**	**21%**	7%
Positive	55%	61%	**73%**
Experiences with Healthcare Professionals			
Negative	**18%**	**16%**	8%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Household Income

Residents with a household income over $95,000 were significantly more likely to say that their current access to health care has a positive impact on their health than residents with a household income less than $95,000 (73% vs. 55%-61%). Residents with a household income less than $45,000, or between $45,000 and $95,000 were significantly more likely to say that their current access to health care has a negative impact on their health than residents with a household income greater than $95,000 (21% vs. 7%).

Residents with a household income less than $45,000, or between $45,000 and $95,000 were significantly more likely to say that their experiences with healthcare professionals had a negative impact on their health than residents with a household income more than $95,000 (16%-18% vs. 8%).

IMPACT OF EQUITABLE ACCESS ON HEALTH	LANGUAGE OTHER THAN ENGLISH AT HOME	
	Yes	No
	Access to Healthcare	
Improved	**24%**	12%
Gotten Worse	**21%**	10%
	Experiences with Healthcare Professionals	
Improved	**28%**	13%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

The results reveal duality in the experiences of residents who speak a language other than English at home in terms of access to healthcare. On one hand, residents who speak a language other than English at home were significantly more likely to say the impact of their access to healthcare on their health has improved when compared to residents who speak English at home (24% vs. 12%). On the other hand, residents who speak another language at home were also more inclined to say the impact of their access to healthcare on their health

worsened over time compared to English-exclusive households (21% vs 10%).

Residents who speak a language other than English at home were significantly more likely to say the impact of their experiences with healthcare professionals on their health has improved than residents who speak English at home (28% vs. 13%).

Healthy Starts, Strong Families, and Kūpuna Care

There were three indicators that tested various aspects of healthy starts, strong families, and kūpuna care through the baseline survey: the day-to-day safety of the respondent and their family, the respondent's caregiving responsibilities, and the respondent's access to educational opportunities.

Island of Residence

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Day-to-Day Safety of Family						
Negative	**10%**	7%	**11%**	3%	6%	4%
Positive	68%	**76%**	60%	**75%**	**75%**	68%
Gotten Worse	**15%**	7%	16%	12%	9%	9%
Caregiving Responsibilities						
Negative	**28%**	16%	25%	18%	25%	25%
Access to Educational Opportunities						
Negative	**10%**	7%	8%	4%	**13%**	7%
Positive	43%	44%	39%	**51%**	36%	39%
Gotten Worse	**8%**	4%	5%	5%	2%	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

O'ahu and Maui residents were significantly more likely to say the day-to-day safety of themselves and their family had a negative impact on their health than residents of Kaua'i (10%-11% vs. 3%)., By contrast, Hawai'i Island, Kaua'i, and Moloka'i residents were more likely to say the day-to-day safety of themselves and their family had a positive impact on their health than residents of Maui (75%-76% vs. 60%). O'ahu residents were more likely than Hawai'i Island residents to indicate the day-to-day safety of themselves and their family on their health had improved over the past three years (15% vs. 7%).

O'ahu residents were also significantly more likely to say their caregiving responsibilities had a negative impact on their health than residents of Hawai'i Island, and Kaua'i (28% vs. 16%-18%).

Residents of O'ahu and Moloka'i were significantly more likely to say that their current access to educational opportunities has a negative impact on their health compared to residents of Kaua'i (103%-13% vs. 4%). Residents of Kaua'i were significantly more likely to say that their current access to educational opportunities had a positive impact on their health than Moloka'i residents (51% vs. 26%).

Oʻahu residents were significantly more likely to say that the impact of their current access to educational opportunities on their health had worsened over the past three years than residents of Molokaʻi (8% vs. 2%) (41% vs. 26%-28%).

Gender

Women were significantly more likely to say their current caregiving responsibilities had a negative impact on their health than men (23% vs. 13%). Women were significantly more likely to say that the impact of their caregiving responsibilities on their health has gotten worse than men (19% vs. 9%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	GENDER		
	Male	Female	Māhū/Non-Binary
Caregiving Responsibilities			
Negative	13%	**23%**	-
Access to Educational Opportunities			
Positive	**49%**	37%	**79%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Male, māhū, and nonbinary residents were significantly more likely to say that their current access to educational opportunities had a positive impact on their health than female residents (49%-79% vs. 37%), though care should be taken when interpreting these percentages due to small sample sizes of māhū and nonbinary residents.

Age

Residents less than 35 years of age and those aged 55-64 were significantly more likely to say that the day-to-day safety of themselves and their family had a negative impact on their health than residents ages 35-54 and residents 65 and over (14%-24% vs. 5%-6%%). Residents under 35 were significantly more likely to say that the impact of the day-to-day safety of themselves and their family on their

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Day-to-Day Safety of Family				
Negative	**24%**	6%	**14%**	5%
Gotten Worse	**27%**	10%	9%	14%
Caregiving Responsibilities				
Negative	19%	**26%**	**21%**	9%
Gotten Worse	17%	**18%**	**21%**	8%
Not Applicable: Current	10%	12%	12%	**27%**
Not Applicable: Over Time	14%	15%	18%	**33%**
Access to Educational Opportunities				
Negative	**16%**	**13%**	8%	4%
Gotten Worse	**16%**	**10%**	6%	1%
Not Applicable: Current	<1%	5%	5%	**17%**
Not Applicable: Over Time	1%	7%	**17%**	**23%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

health has gotten worse over the past three years than residents aged 35-54 and those aged 55-64 (27%% vs. 9%-10%).

Residents ages 35-54 and 55-64 were significantly more likely to say that their current caregiving responsibilities had a negative impact on their health than residents 65 and over (21%-26% vs. 9%), and that the impact of those responsibilities had gotten worse over the past three years (18%-21% vs. 8%). Residents 65 and over were significantly more likely to say that questions about caregiving impacts were not applicable to them than residents of all other age groups (current impact on health: 27% vs. 10%-12%; impact over time: 33% vs. 14%-18%).

Residents under 35, and those between 55-64 were significantly more likely to say that their current access to educational opportunities had a negative impact on their health than residents 65 and over (13%-16% vs. 4\4%)Residents under age 35 and ages 35-54 were significantly more likely to say that the impact of their current access to educational opportunities on their health has gotten worse over the past three years than residents 65 and over (10%-16% vs. 1%). Residents 65 and over were significantly more likely to say that questions about the impacts of access to educational opportunities were not applicable to them than younger residents (current impact on health: 17% vs. <1%-5%; impact over time: 23% vs. 1%-7%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Day-to-Day Safety of Family					
No Impact	**25%**	15%	22%	13%	13%
Positive	66%	76%	65%	69%	**78%**
Gotten Worse	11%	3%	**19%**	15%	8%
Caregiving Responsibilities					
Negative	10%	9%	**25%**	21%	19%
Access to Educational Opportunities					
Negative	4%	4%	**13%**	**17%**	3%
No Impact	39%	27%	36%	27%	**45%**
Gotten Worse	**7%**	3%	7%	**14%**	2%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Japanese residents were more likely to say that the day-to-day safety of themselves and their family had a positive impact on their health than Caucasian and Native Hawaiian residents (78% vs. 65%-66%), and Caucasian residents were more likely to say that the day-to-day safety of themselves and their family had no impact on their health than Japanese residents (25% vs. 13%). Native Hawaiians were more likely to say that the impact of the day-to-day safety of themselves and their family on their health has gotten worse than Chinese and Japanese residents (19% vs. 3%-8%).

Native Hawaiian residents were significantly more likely to state their caregiving responsibilities had a negative impact on their health than Caucasian and Chinese residents (25% vs. 9%-10%).

Native Hawaiians and Filipino residents were significantly more likely to say that their current access to educational opportunities had a negative impact on their health than Caucasian and Japanese residents (13%-17% vs. 3%-4%). Japanese residents were more likely to say that their current access to educational opportunities had no impact on their health than Filipino residents (45% vs. 27%). Caucasian and Filipino residents were more likely to say that the impact of their access to educational opportunities on their health had gotten worse than Japanese residents (7%-14% vs. 2%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Caregiving Responsibilities				
Stayed the Same	28%	**44%**	**57%**	**52%**
Gotten Worse	**22%**	**20%**	13%	9%
Access to Educational Opportunities				
Positive	38%	33%	**52%**	**46%**
Improved	11%	3%	9%	**18%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Educational Attainment

Residents with a high school degree or less were significantly less likely to say that the impact of their current caregiving responsibilities on their health has stayed the same than residents with all other levels of educational attainment (28% vs. 44%-57%). Residents with a high school degree or less and residents some college/two-year college degree were significantly more likely to say that the impact of their caregiving responsibilities on their health has gotten worse than residents with a graduate or professional degree (20%-22% vs. 9%).

Residents with a four-year college degree or a graduate or professional degree were significantly more likely to say that their access to educational opportunities had a positive impact on their health than residents with some college or a 2-year college degree (46%-52% vs. 33%). Residents with a graduate or professional degree were significantly more likely to say that the impact of their access to educational opportunities on their health has improved than residents with some college or a two-year college degree, or those with a four-year college degree (18% vs. 3%-9%).

Health Insurance

Residents with insurance directly from the insurance company were significantly more likely to say that the day-to-day safety of themselves and their family had a negative impact on their health than residents who have insurance through an employer or Medicare (28% vs. 6%-8%). Residents who have

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Day-to-Day Safety of Family					
Negative	6%	8%	12%	15%	**28%**
Positive	**74%**	70%	63%	39%	56%
Gotten Worse	11%	10%	19%	27%	**27%**
Stayed the Same	**73%**	**72%**	32%	27%	44%
Caregiving Responsibilities					
Negative	**22%**	13%	22%	21%	10%
Stayed the Same	**37%**	18%	18%	21%	21%
Improved	13%	9%	21%	21%	**30%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

insurance through an employer were significantly more likely to say that the day-to-day safety of themselves and their family had a positive impact on their health than residents that have no insurance (74% vs. 39%). Residents who have insurance through an employer or Medicare were significantly more likely to say the impact of the day-to-day safety of themselves and their family on their health has stayed the same than residents who have Medicaid or with insurance directly from the insurance company (72%-73% vs. 32%-44%). Residents with insurance directly from the insurance company were significantly more likely to say the impact of the day-to-day safety of themselves and their family on their health has gotten worse than residents who have insurance through their employer or residents with Medicare (27% vs. 10%-11%).

Residents who have insurance through an employer were significantly more likely to say their current caregiving responsibilities had a negative impact on their health than residents with Medicare (22% vs. 13%). Residents who have insurance through an employer were significantly more likely to say the impact of their caregiving responsibilities on their health has stayed the same than residents with Medicare or Medicaid (37% vs. 18%). Residents who receive insurance directly from the insurance company were significantly more likely to say the impact of their caregiving responsibilities on their health has improved than residents with Medicare (30% vs. 9%).

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say that the day-to-day safety of themselves and their family had a negative impact on their health than residents who were considered "Healthy" (17% vs. 7%). By contrast, "Healthy" residents were significantly more likely to say that the day-to-day safety of themselves and their family had a positive impact on their health when compared to those who are "Less Healthy" (73% vs. 60%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Day-to-Day Safety of Family		
Negative	7%	**17%**
Positive	**73%**	60%
Caregiving Responsibilities		
Negative	14%	**32%**
Access to Educational Opportunities		
Negative	6%	**19%**
Positive	**47%**	32%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

"Less Healthy" residents were also significantly more likely to say that their caregiving responsibilities had a negative impact on their health than residents who were considered "Healthy" (32% vs. 14%).

Residents who were considered "Less Healthy" were significantly more likely to say that their current access to educational opportunities had a negative impact on their health than residents who were considered "Healthy" (19% vs. 6%). Residents who were considered "Healthy" were significantly more likely to say that their current access to educational opportunities had a positive impact on their health than residents who were considered "Less Healthy" (47% vs. 32%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	HOUSEHOLD INCOME		
	<$45,000	$45,000-$95,000	$95,000+
Day-to-Day Safety of Family			
Negative	13%	**14%**	6%
Positive	57%	68%	**74%**
Gotten Worse	12%	**22%**	9%
Caregiving Responsibilities			
Negative	16%	**26%**	18%
Access to Educational Opportunities			
Negative	**16%**	**14%**	2%
Positive	29%	**43%**	**50%**
Gotten Worse	8%	**10%**	4%
Stayed the Same	54%	65%	**70%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Household Income

Residents with a household income over $95,000 were significantly more likely to say that the day-to-day safety of themselves and their family had a positive impact on their health than residents with a household income less than $45,000 (74% vs. 57%). Residents with a household income between $45,000 and $95,000 were significantly more likely to say that the day-to-day safety of themselves and their family had a negative impact on their health than residents with a household income above $95,000 (14% vs. 6%).

Residents with a household income between $45,000 and $95,000 were significantly more likely to say that their current caregiving responsibilities had a negative impact on their health than residents with a household income less than $45,000 (26% vs. 16%).

Residents with a household income below $45,000 and between $45,000 and $95,000 were significantly more likely to say that their current access to educational opportunities had a negative impact on their health than residents with a household income over $95,000 (14%-16% vs. 2%). Residents with a household income between $45,000 and $95,000 and over $95,000 were significantly more likely to say that their current access to educational opportunities had a positive impact on their health than residents with a household income below $45,000 (43%-50% vs. 29%). Residents with a household income between $45,000 and $95,000 were significantly more likely to say that the impact of their access to educational opportunities on their health has gotten worse than residents with a household income over $95,000 (10% vs. 4%). Residents with a household income $95,000 and above were significantly more likely to say that the impact of their access to educational opportunities on their health has stayed the same than residents with a household income below $45,000 (70% vs. 54%).

Other Household Characteristics

Residents who have keiki under the age of 18 in their household were significantly more likely to say that the impact of the day-to-day safety of themselves and their family on their health had a negative impact on health than residents without keiki in their household (15% vs. 6%).Residents who do not have keiki under the age of 18 in their household were significantly more likely to say that the impact of day-to-day safety of themselves and their family on their health has stayed the same than residents without keiki in their household (75% vs. 61%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	KEIKI IN HH		LANGUAGE OTHER THAN ENGLISH AT HOME		IPV IN HH	
	Yes	No	Yes	No	Yes	No
	Day-to-Day Safety		Day-to-Day Safety		Day-to-Day Safety	
Negative	**15%**	6%	11%	9%	18%	8%
Positive	64%	72%	66%	71%	49%	**73%**
Gotten Worse	18%	11%	**21%**	11%	**28%**	11%
Stayed the Same	61%	**75%**	53%	**76%**	49%	**73%**
Improved	18%	11%	**25%**	10%	21%	12%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say the impact of the day-to-day safety of themselves and their family on their health has either improved or gotten worse than residents who speak English at home (gotten worse: 21% vs. 11%; improved: 25% vs. 10%), and residents who speak English at home were significantly more likely to say the impact of the day-to-day safety of themselves and their family on their health has stayed the same than residents who speak a language other than English at home (76% vs. 53%).

Residents who did not have a household member who had experienced IPV were significantly more likely to say the day-to-day safety of themselves and their family had a positive impact on their health than residents for whom a member of their household has experienced IPV (73% vs. 49%). Residents for whom a member of their household has experienced intimate partner violence (IPV) were significantly more likely to say the impact of the day-to-day safety of themselves and their family on their health has gotten worse than residents who did not have a household member who had experienced IPV (28% vs. 11%), and residents who did not have a household member who had experienced IPV were significantly more likely to say the impact of the day-to-day safety of themselves and their family on their health has stayed the same than residents for whom a member of their household has experienced IPV (73% vs. 49%).

Residents who have keiki under the age of 18 in their household were significantly more likely to say that their current caregiving responsibilities have a positive impact on their health than residents without keiki in their household (56% vs. 31%). Residents who do not have keiki under the age of 18 in their household were significantly more likely to say that their current caregiving responsibilities have no impact on their health than residents with keiki in their household (28% vs. 17%). Residents who have keiki under the age of 18 in their household were significantly more likely to say that the impact of their caregiving responsibilities on their health has improved than residents without keiki in their household (21% vs. 9%). Residents who do not have keiki under the age of 18 in their household were significantly more likely to say that questions about caregiving impacts were not applicable to them than residents with keiki in their household (current impact on health: 24% vs. 1%; impact over time: 31% vs. 1%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	KEIKI IN HH		LANGUAGE OTHER THAN ENGLISH AT HOME		IPV IN HH	
	Yes	No	Yes	No	Yes	No
	Caregiving Responsibilities		Caregiving Responsibilities		Caregiving Responsibilities	
Negative	24%	15%	**27%**	16%	22%	18%
No Impact	17%	**28%**	26%	24%	15%	25%
Positive	**56%**	31%	41%	38%	42%	39%
Not Applicable: Current	1%	**24%**	5%	**20%**	20%	16%
Gotten Worse	19%	12%	**25%**	12%	**28%**	13%
Stayed the Same	54%	46%	43%	50%	30%	**51%**
Improved	**21%**	9%	**21%**	10%	16%	13%
Not Applicable: Over Time	1%	**31%**	9%	**25%**	20%	22%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say that their current caregiving responsibilities have a negative impact on their health than residents who exclusively speak English at home (27% vs. 16%). Residents who speak a language other than English at home were significantly more likely to say that the impact of their caregiving responsibilities on their health have either gotten worse or improved than residents who speak English at home (gotten worse: 25% vs. 12%; improved: 21% vs. 10%). Residents who speak English at home were significantly more likely to say that questions about caregiving impacts were not applicable to them than residents who speak a language other than English at home (current impact on health: 20% vs. 5%; impact over time: 25% vs. 9%).

Residents for whom a member of their household has experienced intimate partner violence (IPV) were significantly more likely to say the impact of their caregiving responsibilities on their health has gotten worse than residents who did not have a household member who had experienced IPV (28% vs. 13%), and residents who did not have a household member who had experienced IPV were significantly more likely to say the impact of their caregiving responsibilities on their health has stayed the same than residents for whom a member of their household has experienced IPV (51% vs. 30%).

IMPACT OF HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE ON HEALTH	KEIKI IN HH		IPV IN HH	
	Yes	No	Yes	No
	Access to Educational Opportunities		Access to Educational Opportunities	
Negative	**17%**	5%	**22%**	7%
Not Applicable: Current	2%	**12%**	4%	9%
Gotten Worse	**15%**	3%	14%	6%
Stayed the Same	64%	63%	44%	**65%**
Not Applicable: Over Time	4%	**19%**	13%	14%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who have keiki under the age of 18 in their household were significantly more likely to say that their current access to educational opportunities have a negative impact on their health than residents without keiki in their household (17% vs. 5%). Residents who have keiki under the age of 18 in their household were also significantly more likely to say that the impact of their access to educational opportunities on their health has gotten worse than residents without keiki in their household (15% vs. 3%). Residents who do not have keiki under the age of 18 in their household were significantly more likely to say that questions about the impacts of their access to educational opportunities were not applicable to them than residents with keiki in their household (current impact on health: 12% vs. 2%; impact over time: 19% vs. 4%).

Residents for whom a member of their household has experienced intimate partner violence (IPV) were significantly more likely to say their current access to educational opportunities had a negative impact on their health than residents who did not have a household member who had experienced IPV (22% vs. 7%). Residents who did not have a household member who had experienced IPV were significantly more likely to say the impact of their access to educational opportunities on their health has stayed the same than residents for whom a member of their household has experienced IPV (65% vs. 44%).

Emergency Preparedness

Island of Residence

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Negative	**21%**	13%	21%	13%	10%	18%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

O'ahu residents were significantly more likely to say that their level of emergency preparedness had a negative

impact on their health than residents of Molokaʻi (21% vs. 10%).

Age

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Negative	22%	21%	**24%**	13%
Positive	55%	56%	52%	**68%**
Gotten Worse	18%	15%	**17%**	8%
Stayed the Same	47%	64%	**70%**	**67%**
Improved	24%	16%	9%	**18%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents 65 and over were significantly more likely to say that their level of emergency preparedness had a positive impact on their health than residents ages 55-64 (68% vs. 52%). Residents ages 55-64 were significantly more likely to say that their level of emergency preparedness had a negative impact on their health than residents 65 and over (24% vs. 13%). Residents ages 55-64 were significantly more likely to say that the impact of their level of emergency preparedness on their health had gotten worse than residents 65 and over (17% vs. 8%). Residents 65 and over were significantly more likely to say that the impact of their level of emergency preparedness on their health had improved than residents ages 55-64 (18% vs. 9%). Residents ages 55-64, and 65 and over were significantly more likely to say that the impact of their level of emergency preparedness on their health had stayed the same than residents under age 35 (67%-70% vs. 47%).

Ethnicity

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Negative	15%	6%	**35%**	9%	17%
Gotten Worse	8%	-	**22%**	13%	11%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Native Hawaiians were significantly more likely to say that their level of emergency preparedness had a negative impact on their health than Caucasian, Chinese, Filipino and Japanese residents (35% vs. 6%-17%). Native Hawaiians were significantly more likely to say that the impact of their level of emergency preparedness on their health had gotten worse than Caucasian and Japanese residents (22% vs. 8%-11%).

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Negative	**34%**	15%	16%	20%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Educational Attainment

Residents who have a high school degree or less were significantly more likely to say that their level of emergency preparedness had a negative impact on their health than residents who had achieved higher levels of education (34% vs. 15%-20%).

Health Insurance

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Improved	16%	13%	24%	2%	**37%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with insurance directly from the insurance company were significantly more likely to say that the impact of their level of emergency preparedness on their health had improved than residents with insurance through an employer, Medicare, or no insurance (37% vs. 2%-16%).

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Negative	16%	**29%**
Positive	**63%**	49%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Healthy" were significantly more likely to say that their level of emergency preparedness had a positive impact on their health than residents who were considered "Less Healthy" (63% vs. 49%). Residents who were considered "Less Healthy" were significantly more likely to say that their level of emergency preparedness had a negative impact on their health than residents who were considered "Healthy" (29% vs. 16%).

Household Income

Residents with a household income over $95,000 were significantly more likely to say that their level of emergency preparedness had a positive impact on their health than residents with a household income below $45,000 and

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	HOUSEHOLD INCOME		
	<$45K	$45-95K	$95K+
Negative	**30%**	23%	14%
Positive	50%	54%	**67%**
Gotten Worse	**24%**	12%	10%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

those with household incomes between $45,000 and $95,000 (67% vs. 50%-54%). Residents with a household income below $45,000 were significantly more likely to say that their level of emergency preparedness had a negative impact on their health than residents with a household income over $95,000 (30% vs. 14%). Residents with a household income below $45,000 were significantly more likely to say that the impact of their level of emergency preparedness on their health had gotten worse than residents with a household income between $45,000 and $95,000, and those with incomes over $95,000 (24% vs. 10%-12%).

IMPACT OF EMERGENCY PREPAREDNESS ON HEALTH	LANGUAGE OTHER THAN ENGLISH AT HOME		IPV IN HH	
	Yes	No	Yes	No
Negative	30%	16%	35%	17%
No Impact	17%	18%	3%	19%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents who speak a language other than English at home were significantly more likely to say that their level of emergency preparedness had a negative impact on their health than residents who speak English at home (30% vs. 16%).

Residents for whom a member of their household has experienced intimate partner violence (IPV) were significantly more likely to say their level of emergency preparedness had a negative impact on their health than residents who did not have a household member who had experienced IPV (35% vs. 17%). Residents who did not have a household member who had experienced IPV were significantly more likely to say their level of emergency preparedness had no impact on their health than residents for whom a member of their household has experienced IPV (19% vs. 3%).

Environment

Island of Residence

IMPACT OF ENVIRONMENT ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Negative	11%	7%	8%	5%	7%	9%
Positive	55%	71%	61%	70%	69%	69%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents of Hawai'i Island, Kaua'i, and Moloka'i were significantly more likely to say that their current ability to connect with nature had a positive impact on their health than residents of O'ahu (69%-7'% vs. 55%). O'ahu residents were significantly more likely to say that their current ability to connect with nature had a negative impact on their health than residents of Kaua'i (11% vs. 5%).

IMPACT OF ENVIRONMENT ON HEALTH	URBANICITY		
	Urban	Suburban	Rural
Negative	7%	9%	**15%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Neighborhood Urbanicity

Residents of rural neighborhoods were significantly more likely to say that their current ability to connect with nature had a negative impact on their health than residents of urban neighborhoods (15% vs. 7%).

Age

IMPACT OF ENVIRONMENT ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Positive	42%	56%	**62%**	**67%**
Don't Know: Current	**19%**	5%	1%	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents aged 55-64, and 65 or over were significantly more likely to say that their current ability to connect with nature had a positive impact on their health than residents under 35 (62%-67% vs. 42%). Residents under age 35 were significantly more likely to respond "Don't Know" to the question on the impact of their current ability to connect with nature on their health than all other age groups (19% vs. 1%-5%).

Residents under 35 were significantly more likely to say that the impact of their ability to connect with nature on their health had improved than residents aged 55-64, and 65 and over (34% vs. 13%-16%). Residents ages 55-64 were significantly more likely to say that the impact of their ability to connect with nature on their health had gotten worse than residents 65 and over (15% vs. 7%). Residents aged 55-64 and those 65 and over were significantly more likely to say that the impact of their ability to connect with nature on their health had stayed the same compared to residents under the age of 35 (66%-70% vs. 46%).

IMPACT OF ENVIRONMENT ON HEALTH	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Positive	**67%**	62%	55%	49%	60%
Stayed the Same	63%	64%	49%	57%	**73%**
Improved	**24%**	22%	**27%**	16%	13%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Caucasian residents were significantly more likely to say that their current ability to connect with nature had a positive impact on their health than Filipino residents (67% vs. 49%). Japanese residents were significantly more likely to say that the impact of their ability to connect with nature on their health stayed the same than Native Hawaiians (73% vs. 49%). Caucasian and Native Hawaiians were significantly more likely to say that the impact of their ability to connect with nature on their health had improved than Japanese residents (24%-27% vs. 13%).

Educational Attainment

IMPACT OF ENVIRONMENT ON HEALTH	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Gotten Worse	**21%**	8%	10%	13%
Stayed the Same	39%	**66%**	**68%**	**60%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with a high school degree or less were significantly more likely to say that the impact of their ability to connect with nature on their health had gotten worse than residents who had completed some college, a 2-year college degree, or a 4-year college degree (21% vs. 8%-10%). Residents who had completed some college, a 2-year college degree, a 4-year college degree, or a graduate or professional degree were significantly more likely to say that the impact of their ability to connect with nature on their health had stayed the same than residents with a high school degree or less (60%-68% vs. 39%).

IMPACT OF ENVIRONMENT ON HEALTH	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Improved	21%	14%	25%	18%	**35%**
Stayed the Same	**65%**	**66%**	46%	55%	44%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents who purchased health insurance directly from an insurance company were significantly more likely to say that the impact of their ability to connect with nature on their health had improved than residents with health insurance through Medicare (35% vs. 14%). Residents with health insurance through an employer or Medicare were significantly more likely to say that the impact of their ability to connect with nature on their health had stayed the same than residents with Medicaid (65%-66% vs. 46%).

Health Status

IMPACT OF ENVIRONMENT ON HEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Negative	6%	**20%**
Positive	**64%**	47%
Gotten Worse	8%	**22%**
Stayed the Same	**64%**	53%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who were considered "Healthy" were significantly more likely to say that their current ability to connect with nature had a positive impact on their health than residents who were considered "Less Healthy" (64% vs. 47%). Residents who were considered "Less Healthy" were significantly more likely to say that their current ability to connect with nature had a negative impact on their health than residents who were considered "Healthy" (20% vs. 6%). Residents who were considered "Less Healthy" were significantly more likely to say that the

impact of their ability to connect with nature on their health had gotten worse than residents who were considered "Healthy" (22% vs. 8%). Residents who were considered "Healthy" were significantly more likely to say that the impact of their ability to connect with nature on their health had stayed the same than residents who were considered "Less Healthy" (64% vs. 53%).

IMPACT OF ENVIRONMENT ON HEALTH	KEIKI IN HH		IPV IN HH	
	Yes	No	Yes	No
Gotten Worse	15%	10%	**29%**	9%
Stayed the Same	47%	**68%**	37%	**66%**
Improved	**28%**	17%	30%	18%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents with keiki under the age of 18 in their household were significantly more likely to say that the impact of their ability to connect with nature on their health had improved than residents without keiki in their household (28% vs. 17%). Residents without keiki under the age of 18 in their household were significantly more likely to say that the impact of their ability to connect with nature on their health had stayed the same than residents with keiki in their household (68% vs. 47%).

Residents who had a household member who had experienced intimate partner violence (IPV) were significantly more likely to say the impact of their ability to connect with nature on their health has gotten worse than residents who did not have a household member who had experienced IPV (29% vs. 9%). Residents who did not have a household member who had experienced IPV were significantly more likely to say the impact of their ability to connect with nature on their health has stayed the same than residents who had a household member who had experienced IPV (66% vs. 37%).

Community Cohesiveness

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	ISLAND OF RESIDENCE					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Positive	53%	60%	49%	**63%**	57%	64%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Island of Residence

Kaua'i residents were significantly more likely to say that their current sense of community had a positive impact on their health than residents of Maui (63% vs. 49%).

Age

Residents 65 and over were significantly more likely to say that their current sense of community had a positive impact on their health than residents ages 35-54 and 55-64 (67% vs. 43%-50%). Residents aged 55-64 were significantly more likely to say that their current sense of community had no impact on their health than residents over the age of 65 (34% vs. 24%). Residents ages 35-54 and 55-64 were

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	AGE			
	< 35	35-54	55-64	65+
Negative	19%	**21%**	**19%**	7%
No Impact	24%	25%	**34%**	24%
Positive	56%	50%	43%	**67%**
Gotten Worse	**22%**	**20%**	14%	6%
Stayed the Same	41%	52%	59%	**67%**
Improved	**35%**	23%	19%	18%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

significantly more likely to say that their current sense of community had a negative impact on their health than residents 65 and over (19%-21% vs. 7%).

Residents under 35 were significantly more likely to say that the impact of their sense of community on their health had improved than residents 65 or older (35% vs. 18%). Residents 65 and over were significantly more likely to say that the impact of their sense of community on their health had stayed the same than residents under 35 and those 35-54 (67% vs. 41%-52%). Residents under 35 and ages 35-54 were significantly more likely to say that the impact of their sense of community on their health had gotten worse than residents 65 and over (20%-22% vs. 6%).

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Negative	15%	4%	15%	**23%**	14%
Stayed the Same	56%	67%	52%	57%	**70%**
Improved	**26%**	21%	**28%**	17%	14%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Filipino residents were significantly more likely to say that their current sense of community had a negative impact on their health than Chinese residents (23% vs. 4%). Japanese residents were significantly more likely to say that the impact of their sense of community on their health had stayed the same than Native Hawaiians and Caucasian residents (70% vs. 52%-56%). Native Hawaiian and Caucasian residents were significantly more likely to say that the impact of their sense of community on their health had improved than Japanese residents (26%-28% vs. 14%).

Educational Attainment

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Positive	41%	48%	57%	**64%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who have completed a graduate or professional degree were significantly more likely to say that their current sense of community has a positive impact on their health than residents with a high school degree or less, some college, or a 2-year college degree (64% vs. 41%-48%).

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Negative	7%	7%	19%	**25%**	7%
Gotten Worse	17%	6%	**25%**	27%	17%
Stayed the Same	**62%**	**62%**	40%	36%	44%
Improved	**25%**	13%	24%	20%	32%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents without health insurance were significantly more likely to say that their current sense of community has a negative impact on their health than residents who have insurance through their employer, those with Medicare, and those who purchased insurance directly from an insurance company (25% vs. 7%). Residents with Medicaid were significantly more likely to say that the impact of their sense of community on their health had gotten worse than residents with Medicare (25% vs. 6%). Residents who have insurance through their employer and those with Medicare were significantly more likely to say that the impact of their sense of community on their health had stayed the same than residents with Medicaid (62% vs. 40%). Residents who have health insurance through their employer were more inclined to state that the impact of their sense of community on their health had improved compared to residents with Medicare (25% vs. 13%).

Health Status

Residents who were considered "Healthy" were significantly more likely to say that their current sense of community had a positive impact on their health than residents who were considered "Less Healthy" (58% vs. 48%), and were less likely to state their sense of community had a negative impact on their health compared to those "Less Healthy" (13% vs. 23%).

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Negative	13%	**23%**
Positive	**58%**	48%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	HOUSEHOLD INCOME		
	<$45K	$45K-$95K	$95K+
Negative	**23%**	**20%**	11%
No Impact	**35%**	21%	23%
Positive	34%	**56%**	**65%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Household Income

Residents who had household incomes less than $45,000, and those who had incomes between $45,000 and $95,000 were significantly more likely to say their current sense of community had a negative impact on their health than

residents with household incomes of over $95,000 (20%-23% vs. 11%). Residents with a household income between $45,000 and $95,000 or over $95,000 were significantly more likely to say that their current sense of community had a positive impact on their health than residents with a household income below $45,000 (56%-65% vs. 34%). Residents with a household income below $45,000 were significantly more likely to say that their current sense of community had no impact on their health than residents with a household income between $45,000 and $95,000 or over $95,000 (35% vs. 21%-23%).

Other Household Characteristics

IMPACT OF COMMUNITY COHESIVENESS ON HEALTH	LANGUAGE OTHER THAN ENGLISH AT HOME		IPV IN HH	
	Yes	No	Yes	No
Gotten Worse	**22%**	12%	24%	13%
Stayed the Same	43%	**62%**	23%	**61%**
Improved	29%	19%	**38%**	19%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say that the impact of their sense of community on their health had either gotten worse than residents who speak English at home (22% vs. 12%). Residents who speak English at home were significantly more likely to say that the impact of their current sense of community preparedness on their health had stayed the same than residents who speak a language other than English at home (62% vs. 43%).

Residents who had a household member who had experienced intimate partner violence (IPV) were significantly more likely to say the impact of their sense of community on their health has improved than residents who did not have a household member who had experienced IPV (38% vs. 19%). Residents who did not have a household member who had experienced IPV were significantly more likely to say the impact of their sense of community on their health has stayed the same than residents who had a household member who had experienced IPV (61% vs. 23%).

IMPACTS OF PRIORITIES & SIGNIFICANT HEALTH NEEDS

POSITIVE IMPACTS ON HEALTH

NEARLY 7 IN 10 RESIDENTS REPORTED DAY-TO-DAY SAFETY AND THEIR 'OHANA HAD A POSITIVE IMPACT ON THEIR CURRENT HEALTH

NEARLY 7 IN 10 RESIDENTS REPORTED THEIR EXPERIENCES WITH DOCTORS, NURSES AND OTHER HEALTHCARE PROFESSIONALS HAD A POSITIVE IMPACT ON THEIR CURRENT HEALTH

NEARLY 6 IN 10 RESIDENTS REPORTED THEIR CURRENT FINANCES HAD A POSITIVE IMPACT ON THEIR HEALTH OVER TIME

NEARLY 7 IN 10 RESIDENTS REPORTED THEIR CURRENT ABILITY TO ACCESS HEALTHCARE HAD A POSITIVE IMPACT ON THEIR HEALTH OVER TIME

NEGATIVE IMPACTS ON HEALTH

4 IN 10 RESIDENTS REPORTED THEIR CURRENT LEVELS OF STRESS HAD A NEGATIVE IMPACT ON THEIR CURRENT HEALTH

ABOUT 3 IN 10 RESIDENTS REPORTED THEIR CURRENT FINANCES HAD A NEGATIVE IMPACT ON THEIR CURRENT HEALTH

ABOUT 4 IN 10 RESIDENTS REPORTED THEIR CURRENT LEVELS OF STRESS HAD A NEGATIVE IMPACT ON THEIR HEALTH OVER TIME

ABOUT 3 IN 10 RESIDENTS REPORTED THEIR CURRENT FINANCES HAD A NEGATIVE IMPACT ON THEIR HEALTH OVER TIME

HEALTH IMPROVEMENT IMPACTS OVER TIME

DESPITE MOST RESIDENTS REPORTED NO CHANGES IN THE IMPACT OF THEIR HEALTHY STARTS, STRONG FAMILIES, AND KŪPUNA CARE...



OF RESIDENTS MENTIONED THEIR DAY-TODAY SAFETY OF THEMSELVES AND THEIR FAMILY HAS IMPROVED THEIR HEALTH OVER TIME, AND THE SAME % OF RESIDENTS MENTIONED IT WORSENED



OF RESIDENTS MENTIONED THEIR EXPERIENCE WITH HEALTHCARE PROFESSIONALS IMPROVED THEIR HEALTH OVER TIME, WHILE 12% OF RESIDENTS MENTIONED IT WORSENED



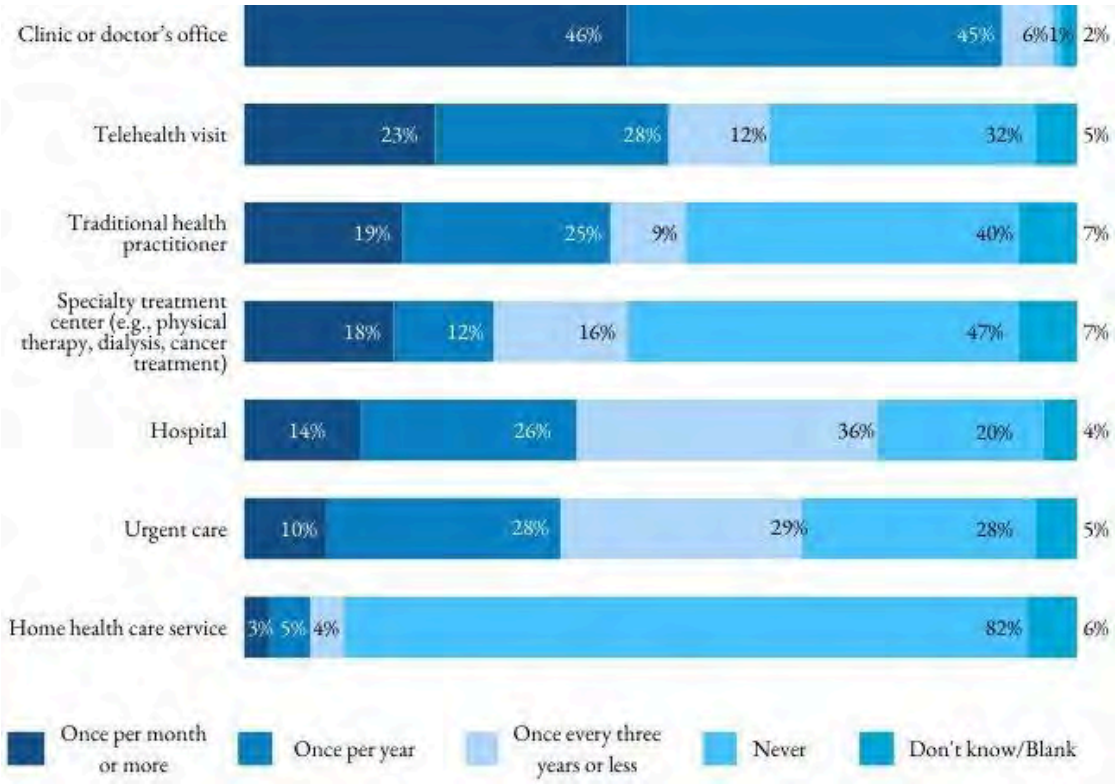
OF RESIDENTS MENTIONED THEIR EMERGENCY PREPAREDNESS HAD IMPROVED THEIR HEALTH OVER TIME, WHILE 13% MENTIONED IT HAD WORSENED THEIR HEALTH.

D. Access to Healthcare

Frequency of Utilization of Healthcare Services

Residents were asked how frequently they use certain types of healthcare services. The majority of residents (58%) have never received care from hospitals or have received care from hospitals once every three years or less. The most common location/provider types were a clinic or doctor's office (46% received services at least once per month), followed by a telehealth visit, a specialty treatment center, and a traditional health practitioner (18%-23% received services at least once per month).

Figure 3-6. Frequency of Utilization of Healthcare Services



Q: How often do you receive healthcare services through a/an: (Bases = 970)

There were differences by island, neighborhood urbanicity, gender, age, ethnicity, health insurance, health status, household income, and other household characteristics on the frequency with which residents visited various healthcare services. Selected significant differences can be found in Table 3-4; additional data are below.

Table 3-4. Selected Significant Differences in Frequency of Utilization of Healthcare Services

MORE LIKELY TO HAVE...					
VISITED A CLINIC OR DOCTOR'S OFFICE ONCE EVERY THREE YEARS OR LESS	NEVER USED TELEHEALTH	NEVER VISITED A TRADITIONAL HEALTH PRACTITIONER	VISITED A HOSPITAL ONCE PER YEAR OR MORE FREQUENTLY	VISITED URGENT CARE ONCE PER MONTH OR LESS	RECEIVED HOME HEALTHCARE SERVICES ONCE PER MONTH OR MORE FREQUENTLY
Race/Ethnicity • Native Hawaiian • Japanese **Health Insurance** • No insurance **Other Household Characteristics** • Keiki in HH	**Island** • Non-O'ahu **Age** • > 65 **Other Household Characteristics** • No keiki in HH • HH member experienced IPV	**Island** • Non-O'ahu **Age** • < 35 **Race/Ethnicity** • Native Hawaiian **HH income** • < $45K **Other Household Characteristics** • Keiki in HH	**Island** • Moloka'i • O'ahu **Urbanicity** • Rural • Suburban **Gender Identity** • Māhū and nonbinary • Women **Age** • < 35 **Race/Ethnicity** • Chinese • Japanese • Pacific Islander • Caucasian **Health Insurance** • Medicare **Other Household Characteristics** • HH member experienced IPV	**Island** • O'ahu **Age** • < 35 **Race/Ethnicity** • Native Hawaiian **Health Status** • Less Healthy **Other Household Characteristics** • Keiki in HH • Kūpuna in HH • Non-English in HH • HH member experienced IPV	**Island** • O'ahu • Kaua'i **Urbanicity** • Rural **Age** • < 35 • 55-64 **Race/Ethnicity** • Caucasian **Educational Attainment** • HS or less • Graduate or professional degree **Health Insurance** • Medicare • Medicaid **Health Status** • Less Healthy **Other Household Characteristics** • Keiki in HH • Non-English in HH • HH member experienced IPV

Note: HH = Household; IPV = Intimate Partner Violence. Categories listed have percentages that are significantly higher than those of categories that are not. They do not reflect overall trends for each group.

Clinic or Doctor's Office

There were differences by age, ethnicity, urbanicity, health status, and other household characteristics on the frequency with which residents visited doctor's offices or clinics.

VISITED A CLINIC OR DOCTOR'S OFFICE	NEIGHBORHOOD URBANICITY	
	Suburban	Rural
Once per year	50%	36%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Neighborhood Urbanicity

Residents in suburban neighborhoods were significantly more likely to say that they had visited a clinic or doctor's office once per year than residents of rural neighborhoods (50% vs. 36%).

Age

Residents between the ages of 55 and 64 were significantly more likely to say that they had visited a clinic or doctor's office once per month or less than residents under the age of 35 (53% vs. 31%).

VISITED A CLINIC OR DOCTOR'S OFFICE	AGE	
	< 35	55-64
Once per month or less	31%	**53%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

VISITED A CLINIC OR DOCTOR'S OFFICE	ETHNICITY				
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese
Once per month or less	**55%**	32%	31%	49%	**41%**
Once per year	37%	54%	**53%**	41%	45%
Once every 3 years or less	1%	4%	**11%**	1%	**8%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Caucasian and Japanese residents were significantly more likely to say that they had visited a clinic or doctor's office once per month or less compared to Chinese and Native Hawaiian residents (41%-55% vs. 31%-32%). Native Hawaiian residents were significantly more likely to say that they had visited a clinic or doctor's office once per year than Caucasian residents (53% vs. 37%). Native Hawaiians and Japanese residents were more likely to say they had visited a clinic or doctor's office once every three years or less than Caucasian and Filipino residents (8%-11% vs. 1%).

Health Status

Residents who were considered "Healthy" were significantly more likely to say they had visited a clinic or doctor's office once every three years or less than residents who were considered "Less Healthy" (7% vs. 2%) and were also significantly more likely to say they had visited a clinic or doctor's office once per year than residents who were considered "Less Healthy" (50% vs. 34%). Residents who were considered "Less Healthy" were significantly more likely to say they had visited a clinic or doctor's office once per month or less than residents who were considered "Healthy" (53% vs. 38%).

VISITED A CLINIC OR DOCTOR'S OFFICE	HEALTH STATUS	
	Healthy	Less Healthy
Once every 3 years or less	**7%**	2%
Once per year	**50%**	34%
Once per month or less	38%	**53%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

VISITED A CLINIC OR DOCTOR'S OFFICE	KEIKI IN HOUSEHOLD	
	Yes	No
Once every 3 years or less	11%	3%
Once per month or less	32%	47%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents who have keiki under the age of 18 in their household were significantly more likely to say that they had visited a clinic or doctor's office once every three years or less than residents without keiki in their household (11% vs. 3%), and residents who do not have keiki under the age of 18 in their household were significantly more likely to say that they had visited a clinic or doctor's office once per month or less than residents with keiki in their household (47% vs. 32%).

Telehealth

There were differences by island, age, ethnicity, household income, and health status for the frequency with which different groups have received services via telehealth.

RECEIVED SERVICES VIA TELEHEALTH	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Never	30%	39%
Once per year	32%	19%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Island of Residence

Residents of islands other than O'ahu were significantly more likely to say they have never received services through telehealth than O'ahu residents (39% vs. 30%). O'ahu residents were significantly more likely to say that they had received services via telehealth once per year than residents of islands other than O'ahu (32% vs. 19%).

Age

Residents 65 and over were significantly more likely to say that they had never received services via telehealth than residents between the ages of 35 and 54 (40% vs. 24%).

RECEIVED SERVICES VIA TELEHEALTH	AGE	
	35-54	65+
Never	24%	40%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

RECEIVED SERVICES VIA TELEHEALTH	HEALTH STATUS	
	Healthy	Less Healthy
Once per month or less	17%	30%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say they had received services via telehealth once per month or less than residents who were considered "Healthy" (30% vs. 17%).

Other Household Characteristics

RECEIVED SERVICES VIA TELEHEALTH	KEIKI IN HOUSEHOLD		IPV IN HOUSEHOLD	
	Yes	No	Yes	No
Never	23%	**36%**	10%	**33%**
Once per month	21%	20%	**42%**	17%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents who do not have keiki under the age of 18 in their household were significantly more likely to say that they had never received services via telehealth than residents with keiki in their household (36% vs. 23%).

Residents who did not have a household member who had experienced intimate partner violence (IPV) were significantly more likely to say that they had never received services via telehealth than residents for whom a member of their household has experienced IPV (33% vs. 10%). On the other hand, residents who did have a household member with this type of experience were significantly more likely to say they had received telehealth services once per month or less compared to those residents who did not have a household member who had experienced IPV (42% vs. 17%).

Traditional Health Practitioner

There were differences by island, age, ethnicity, urbanicity, household income, and health status for the frequency with which different groups have received services from a traditional health practitioner.

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Never	38%	**47%**
Once per month or less	**20%**	12%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Island of Residence

Residents of islands other than O'ahu were significantly more likely to say they have never received services from a traditional health practitioner than O'ahu residents (47% vs. 38%). O'ahu residents were significantly more likely to say that they had received services from a traditional health practitioner once per month or less than residents of islands other than O'ahu (20% vs. 12%).

Age

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	AGE			
	< 35	35-54	55-64	65+
Never	20%	**39%**	**42%**	**48%**
Once every 3 years or less	**28%**	**12%**	2%	3%
Once per month or less	11%	**22%**	22%	13%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents over 35 were significantly more likely to say that they had never received services from a traditional health practitioner than residents between the ages of 18 and 35 (20% vs. 39%-48%), and residents under 55 were

significantly more likely to say that they had received services from a traditional health practitioner once every three years or less than residents over 55 (12%-28% vs. 2%-3%). Residents aged 35-54 were more likely to say that they received services from a traditional health practitioner once per month or less than residents 65 or older (22% vs. 13%).

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Never	35%	42%	**59%**	29%	38%	19%
Once per month or less	**21%**	6%	15%	**18%**	**18%**	--
Once per year	**25%**	**43%**	11%	**36%**	**28%**	**52%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Native Hawaiians were significantly more likely to say they had never received services from a traditional health practitioner than Caucasian, Filipino, Japanese, and Pacific Islander residents (59% vs. 19%-42%), and significantly less likely to say they had received services from a traditional health practitioner once per year than residents of all other ethnicities (11% vs. 25%-52%). Chinese residents were significantly less likely to say they had received services from a traditional health practitioner once per month or less than Caucasian, and Japanese residents (6% vs. 18%-21%).

Educational Attainment

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	EDUCATIONAL ATTAINMENT			
	HS or less	Some college/2-yr college degree	4-yr college degree	Graduate or professional degree
Once per month or less	**28%**	14%	18%	16%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who have a high school degree or less were significantly more likely to say that they had received services from a traditional health practitioner once per month or less than residents with some college or a 2-year college degree (28% vs. 14%).

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	HEALTH INSURANCE	
	Medicare	Medicaid
Once per month or less	12%	**30%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Health Insurance

Residents with Medicaid were significantly more likely to say that they had received services from a traditional health care provider once per month or less than residents with Medicare (30% vs. 12%).

Household Income

Residents with a household income under $45,000 were significantly more likely to say that they had never received services from a traditional health practitioner than residents with a household income between $45,000 and $95,000 (49% vs. 34%), and residents with a household income over $45,000 were significantly more likely to say that received services from a traditional health practitioner once per year than residents with a household income less than $45,000 (25%-30% vs. 15%). Residents with a household income between $45,000 and $95,000 were significantly more likely to say that they had received services from a traditional health practitioner once every three years or less than residents with a household income of less than $45,000 or more than $95,000 (15% vs. 7%).

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	HOUSEHOLD INCOME		
	< $45,000	$45,000-$95,000	$95,000+
Never	**49%**	34%	41%
Once per year	15%	**25%**	**30%**
Once every 3 years or less	7%	**15%**	7%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents who have keiki under the age of 18 in their household were significantly more likely to say that they had received services from a traditional health practitioner once every three years or less than residents without keiki in their household (19% vs. 4%).

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	KEIKI IN HOUSEHOLD		LANGUAGE OTHER THAN ENGLISH AT HOME	
	Yes	No	Yes	No
Once every 3 years or less	**19%**	4%	**15%**	7%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say that they had received services from a traditional health practitioner once every three years or less than residents who speak English at home (15% vs. 7%).

Residents for whom a member of their household has experienced intimate partner violence (IPV) were significantly less likely to say that they had received services from a traditional health practitioner once per year than residents who did not have a household member who had experienced IPV (12% vs. 27%).

RECEIVED SERVICES FROM A TRADITIONAL HEALTH PRACTITIONER	IPV IN HOUSEHOLD	
	Yes	No
Once per year	12%	**27%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Specialty Treatment Center

There were differences by island, neighborhood urbanicity, gender, age, ethnicity, educational attainment, health status, household income, and other household characteristics for the frequency with which different groups have received services from a specialty treatment center, such as physical therapy, dialysis, or cancer treatment.

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Once per week or less	3%	5%	9%	7%	**9%**	--
Once per month or less	10%	**14%**	10%	5%	**16%**	3%
Never	**49%**	**48%**	42%	**47%**	30%	41%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Island of Residence

Moloka'i residents were significantly more likely to say they have received services at a specialty treatment center once per week or less than O'ahu residents (9% vs. 3%). Hawai'i Island and Moloka'i residents were significantly more likely to say that they had received services at a specialty treatment center once per month or less than residents of Kaua'i and Lāna'i (14%-16% vs. 3%-5%). Moloka'i residents were significantly less likely to say they have never received services at a specialty treatment center when compared to residents of O'ahu, Hawai'i Island, and Kaua'i (30% vs. 42%-49%).

Neighborhood Urbanicity

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	NEIGHBORHOOD URBANICITY		
	Urban	Suburban	Rural
More than once per week	1%	1%	**6%**
Once per month or less	11%	7%	**17%**
Never	**51%**	**50%**	37%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents in rural neighborhoods were significantly more likely to say they have received services at a specialty treatment center more than once per week and once per month or less than residents in suburban and urban neighborhoods (6% vs. 1%), and once per month or less compared to residents in suburban neighborhoods (17% vs. 7%). By contrast, residents in urban and suburban neighborhoods were significantly more likely to have never received services at a specialty treatment center (50%-51% vs. 37%)..

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	GENDER	
	Male	Female
Once per year	19%	8%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Gender

Men were significantly more likely to say they have received services at a specialty treatment center once per year than women (19% vs. 8%).

Age

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	AGE			
	< 35	35-54	55-64	65+
More than once per week	2%	<1%	6%	3%
Once per month or less	21%	10%	13%	6%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents above the age of 55 were significantly more likely to say they have received services at a specialty treatment center more than once per week than residents between the ages of 35 and 54 (3%-6% vs. <1%). Residents below the age of 35 were significantly more likely to say they have received services at a specialty treatment center once per month or less than residents 65 or older (21% vs. 6%).

Ethnicity

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Never	33%	48%	58%	63%	44%	52%
Once per week or less	9%	2%	2%	<1%	2%	--
Once per year	17%	11%	6%	5%	18%	11%
Once every 3 years or less	22%	22%	16%	6%	20%	14%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Caucasian residents were significantly more likely to say they have received services at a specialty treatment center once per week or less than Filipino and Japanese residents (9% vs. <1%-2%). Caucasian and Japanese residents were significantly less likely to say they have received services at a specialty treatment center once per year than Native Hawaiian and Filipino residents (17%-18% vs. 5%-6%). Caucasian and Japanese residents were significantly more likely to say they have received services at a specialty treatment center once every three years or less than Filipino residents (20%-22% vs. 6%). Native Hawaiians and Filipino residents were significantly more likely to say they have never received services at a specialty treatment center than Caucasian residents (58%-63% vs. 33%).

Educational Attainment

Residents with a graduate or professional degree were significantly more likely to say they have received services at a specialty treatment center once every three years or less than residents with a high school

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	EDUCATIONAL ATTAINMENT		
	High School or less	4-year college degree	Graduate or professional degree
Once every 3 years or less	9%	15%	**24%**
Once per month or less	**20%**	9%	7%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

degree or less (24% vs. 9%). Those with a high school degree or less, by comparison, were more likely to say they received services at a specialty treatment center once per month or less than residents with a four year college degree, or a graduate or professional degree (20% vs. 7%-9%).

Health Insurance

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	None	Direct from company
Once per month or less	8%	10%	**23%**	33%	2%
Once every three years or less	17%	17%	6%	11%	**29%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with Medicaid were significantly more likely to say they have received services at a specialty treatment center once per month or less than residents with health insurance through an employer, Medicare, or purchased directly from an insurance company (23% vs. 2-10%). Residents with Medicaid were significantly less likely to say they have received services at a specialty treatment center once every three years or less than residents with insurance directly from the insurance company (6% vs. 29%).

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	HEALTH STATUS	
	Healthy	Less Healthy
Once per month or less	8%	**17%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say they have received services at a specialty treatment center once per month or less than residents who were considered "Healthy" (8% vs. 17%).

Household Income

Residents with a household income between $45,000 and $95,000 were significantly more likely to say they have received services at a specialty treatment center more than once per week than residents with a household income above $95,000 (4% vs. <1%). Residents with a

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	HOUSEHOLD INCOME		
	<$45,000	$45,000-$95,000	$95,000+
More than once per week	3%	**4%**	<1%
Once per year	6%	12%	**18%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

household income above $95,000 were significantly more likely to say they have received services at a specialty treatment center once per year than residents with a household income below $45,000 (18% vs. 6%).

Other Household Characteristics

RECEIVED SERVICES FROM A SPECIALTY TREATMENT CENTER	IPV IN HOUSEHOLD	
	Yes	No
Never	39%	42%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents whose households do not include a member who has experienced intimate partner violence were significantly more likely than those with household members who have that experience to say they have never received services at a specialty treatment center (49% vs. 32%).

Hospital

There were differences by island of residence, neighborhood urbanicity, gender, age, ethnicity, educational attainment, health insurance, health status, and other household characteristics for the frequency with which different groups have received services from a hospital.

RECEIVED SERVICES FROM A HOSPITAL	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Never	19%	22%	31%	23%	11%	25%
Once per month or less	11%	7%	4%	11%	16%	15%
Once per year	29%	16%	16%	21%	37%	24%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Island of Residence

Moloka'i and O'ahu residents were significantly more likely to have received services from a hospital once per year than Hawai'i Island and Maui residents (29%-37% vs. 16%). Residents of O'ahu, Kaua'i, and Moloka'i were significantly more likely to have received services from a hospital once per month or less than Maui residents (11%-16% vs. 4%). Hawai'i Island, Maui, and Kaua'i residents were significantly more likely to never have received services from a hospital than Moloka'i residents (22%-31% vs. 11%).

Gender

Male, māhū, and nonbinary residents were significantly more likely to say they have received services at a hospital once per year than female residents (31%-72% vs. 21%), though care should be taken when interpreting these percentages due to small sample sizes. Women were more

RECEIVED SERVICES FROM A HOSPITAL	GENDER		
	Male	Female	Non-Binary & Māhū
Once per year	31%	21%	72%
Once every 3 years or less	28%	43%	4%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

likely to say they have received services at a hospital once every three years or less than male, māhū, and nonbinary residents residents (43% vs. 4%-28%).

RECEIVED SERVICES FROM A HOSPITAL	AGE			
	<35	35-54	55-64	65+
Never	9%	19%	19%	**24%**
Once per month or less	11%	**15%**	6%	9%
Once per year	**43%**	20%	**32%**	24%
Once every 3 years or less	21%	**46%**	36%	33%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Age

Residents between the ages of 35 and 54 were significantly more likely to say they have received hospital services once per month or less compared to residents between the ages of 55 and 64 (15% vs. 6%). Residents under the age of 35, and those 55-64 were significantly more likely to say they have received services at a hospital once per year than residents between the ages of 35 and 54 and residents over the age of 65 (32%-43% vs. 20%). Residents between the ages of 35 and 54 were significantly more likely to say they have received services at a hospital once every three years or less than residents under 35 and those 65 or older (46% vs. 21%-33%). Surprisingly, residents above the age of 65 were significantly more likely to say they had never received services at a hospital than residents under the age of 35 (24% vs. 9%).

RECEIVED SERVICES FROM A HOSPITAL	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Once per month or less	**12%**	4%	**16%**	**16%**	4%	11%
Once per year	**35%**	12%	22%	26%	18%	**61%**
Once every 3 years or less	36%	39%	31%	30%	**48%**	11%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Japanese residents were significantly less likely to say they have received services at a hospital once per month or less than Caucasian and Filipino residents and Native Hawaiians (4%% vs. 12%-16%). Pacific Islander (not including Native Hawaiians) and Caucasian residents were significantly more likely to say they have received services at a hospital once per year than Chinese and Japanese residents and Native Hawaiians (35%-61% vs. 12%-22%). Japanese residents were significantly more likely to say they have received services at a hospital once every three years or less than Filipino and Pacific Islander residents and Native Hawaiians (48% vs. 11%-31%).

Educational Attainment

Residents who have completed a four-year college degree were significantly more likely to say they

RECEIVED SERVICES FROM A HOSPITAL	EDUCATIONAL ATTAINMENT			
	High School or less	Some college	Completed college	Graduate or professional degree
Once every 3 years or less	27%	29%	**43%**	42%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

have received services at a hospital once every three years or less than residents with a high school degree or less and residents with some college or a two-year college degree (43% vs. 27-29%).

Health Insurance

RECEIVED SERVICES FROM A HOSPITAL	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Never	**20%**	**22%**	**25%**	**39%**	1%
Once per week or less	1%	2%	<1%	**21%**	4%
Once per month or less	7%	12%	14%	--	**27%**
Once per year	25%	23%	**40%**	8%	38%
Once every three years or less	**45%**	33%	19%	21%	28%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who have no insurance were significantly more likely than those with insurance through their employer, those with Medicare, and those with Medicaid to say they have received services from a hospital once per week or less (21% vs. <1-2%). Residents who purchased health insurance directly from a health insurance company were significantly more likely to say they have received services from a hospital once per month or less than residents who have insurance through their employer (27% vs. 7%). Residents enrolled in Medicaid were significantly more likely to say they received hospital services once per year than residents who have no health insurance (40% vs. 8%). Residents who have health insurance through their employer were significantly more inclined to state they received services from a hospital once every three years or less than residents enrolled in either Medicare or Medicaid (45% vs 19%-33%). Residents with insurance through their employer, Medicare, Medicaid, and those without insurance were significantly more likely to say they have never received hospital services than residents who have insurance directly from an insurance carrier (20%-39% vs. 1%).

RECEIVED SERVICES FROM A HOSPITAL	HEALTH STATUS	
	Healthy	Less Healthy
Never	**22%**	13%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Healthy" were significantly more likely to say they have never received services at a hospital than residents who were considered "Less Healthy" (22% vs. 13%).

RECEIVED SERVICES FROM A HOSPITAL	LANGUAGE OTHER THAN ENGLISH AT HOME		KŪPUNA IN HH	
	Yes	No	Yes	No
Never	12%	**23%**	20%	20%
Once per week or less	4%	1%	**3%**	1%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents in households that only speak English were significantly more likely to say they have never received services from a hospital compared to residents who live in households in which other languages are spoken (23% vs 12%). Residents who have kūpuna in their household were significantly more likely to say they received services from a hospital once per week or less than residents who do not have kūpuna in their household (3% vs. 1%).

Urgent Care

There were differences by island of residence, neighborhood urbanicity, gender, age, ethnicity, educational attainment, health insurance, health status, household income, and other household characteristics for the frequency with which different groups have received services from a hospital.

RECEIVED SERVICES FROM URGENT CARE	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Never	27%	30%	27%	21%	**33%**	**42%**
Once per month or less	**11%**	2%	**10%**	**10%**	7%	7%
Once per year	**28%**	**25%**	**28%**	**41%**	7%	11%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Island of Residence

O'ahu, Maui, and Kaua'i residents were significantly more likely to say they have received services at an urgent care once per month or less than residents of Hawai'i Island (10%-11% vs. 2%). Lāna'i residents were significantly less likely to say they have received services at an urgent care once per year than residents of all other islands except Moloka'i (11% vs. 25%-41%). Residents of Moloka'i and Lāna'i were significantly more likely to say they have never received services at an urgent care than Kaua'i residents (33%-42% vs. 21%).

RECEIVED SERVICES FROM URGENT CARE	AGE			
	< 35	35-54	55-64	65+
Never	25%	21%	**34%**	**32%**
Once per month or less	**30%**	9%	6%	7%
Once per year	21%	**35%**	31%	20%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Age

Residents under the age of 35 were significantly more likely to say they have received services at an urgent care once per month or less than residents of all other age groups (30% vs. 6%-9%). Residents between the ages of 35 and 64 were significantly more likely to say they have

received services at an urgent care once per year than residents above the age of 65 (35% vs. 20%). Residents above the age of 55 were significantly more likely to say they had never received services at an urgent care than residents between the ages of 35 and 54 (32%-34% vs. 21%).

RECEIVED SERVICES FROM URGENT CARE	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Once per month or less	7%	3%	**18%**	12%	9%	--
Once every three years or less	**35%**	28%	20%	20%	**33%**	27%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Native Hawaiians were significantly more likely to say they have received services at an urgent care once per month or less than Caucasian and Chinese residents (18% vs. 3%-7%). Caucasian and Japanese residents were significantly more likely to say they have received services at an urgent care once every three years or less than Native Hawaiians (33%-35% vs. 20%).

RECEIVED SERVICES FROM URGENT CARE	EDUCATIONAL ATTAINMENT			
	High School or less	Some college	Completed college	Graduate or professional degree
Once every three years or less	18%	26%	**34%**	32%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Educational Attainment

Residents who have completed a four-year college degree were significantly more likely to say they have received services at an urgent care once every three years or less than residents with a high school degree or less (34% vs. 18%).

Health Insurance

RECEIVED SERVICES FROM URGENT CARE	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Once per year	29%	21%	**38%**	22%	23%
Once every three years or less	**33%**	30%	28%	38%	24%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents enrolled in Medicaid were significantly more likely to say they received urgent care services once per year than residents enrolled in Medicare (38% vs 21%). Residents with insurance through an employer were significantly more likely to say they have received services at an urgent care once every three years or less than residents with Medicaid (33% vs. 28%).

RECEIVED SERVICES FROM URGENT CARE	HEALTH STATUS	
	Healthy	Less Healthy
Once per month or less	8%	**18%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say they have received services at an urgent care once per month or less than residents who were considered "Healthy" (18% vs. 8%).

RECEIVED SERVICES FROM URGENT CARE	HOUSEHOLD INCOME		
	Less than $45K	$45-$95K	More than $95K
Never	41%	26%	22%
Once every three years or less	20%	30%	33%

Note: Categories in blue have percentage that are significantly lower than those of categories in tan.

Household Income

Residents with a household income above $95,000 were significantly more likely to say they have received services at an urgent care once every three years or less than residents with a household income below $45,000 (33% vs. 20%). Residents with a household income below $45,000 were significantly more likely to say they have never received services at an urgent care than residents with a household income above $45,000 (41% vs. 22%-26%).

Other Household Characteristics

RECEIVED SERVICES FROM URGENT CARE	KEIKI IN HOUSEHOLD		KŪPUNA IN HH	
	Yes	No	Yes	No
Once per month or less	20%	6%	15%	7%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who have keiki under the age of 18 in their household were significantly more likely to say that they had received services at an urgent care once per month or less than residents without keiki in their household (20% vs. 6%). Similarly, residents who have kūpuna over the age of 65 in their household were significantly more likely to say that they had received services at an urgent care once per month or less than residents without kūpuna in their household (15% vs. 7%).

RECEIVED SERVICES FROM URGENT CARE	LANGUAGE OTHER THAN ENGLISH AT HOME	
	Yes	No
Once per month or less	19%	8%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say that they had received services at an urgent care once per month or less than residents who speak English at home (19% vs. 8%).

Residents with a household member who has experienced intimate partner violence (IPV) were significantly more likely to say they have received services at an urgent care once per month or less than residents who did not have a household member who had experienced IPV

RECEIVED SERVICES FROM URGENT CARE	IPV IN HH	
	Yes	No
Never	14%	29%
Once per month or less	26%	8%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

(26% vs. 8%). By contrast, residents without members who have experienced this type of violence were significantly more likely to say they have never received services from urgent care than those who did have a household member with IPV experience (29% vs. 14%).

Home Health Care Service

Island of Residence

RECEIVED SERVICES HOME HEALTH CARE SERVICE	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Never	83%	85%	**87%**	82%	80%	70%
Once per year	**5%**	5%	1%	2%	5%	5%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

O'ahu residents were also significantly more likely to say they have received home health care services once per year than Maui residents (5% vs. 1%). Maui residents, on the other hand, were significantly more likely to say they have never received home health care services than residents of Lāna'i (87% vs. 70).

RECEIVED SERVICES HOME HEALTH CARE SERVICE	NEIGHBORHOOD URBANICITY		
	Urban	Suburban	Rural
Once per week or less	--	1%	**4%**
Once per month or less	<1%	2%	**4%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Neighborhood Urbanicity

Residents in rural neighborhoods were significantly more likely to say they have received home health care services more than once per week than residents in suburban neighborhoods (4% vs. 1%). They were also significantly more likely to say they have received home healthcare services once per month or less than residents in urban neighborhoods (4% vs. <1%).

Age

RECEIVED SERVICES HOME HEALTH CARE SERVICE	AGE			
	< 35	35-54	55-64	65+
Never	48%	**90%**	**88%**	**84%**
Once per month or less	**10%**	1%	1%	1%
Once per year	**16%**	4%	3%	3%
Once every three years or less	**16%**	3%	2%	3%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents under the age of 35 were significantly more likely than residents 35 or older to say they have received home health care services once per month or less (10% vs. 1%), once per year (16% vs. 3%-4%), and once every three years or less (16% vs. 2%-3%), compared to residents 35 or older. Residents 35 and older were significantly more likely to say they had never received home health care services than residents younger than 35 (84%-90% vs. 48%).

RECEIVED SERVICES HOME HEALTH CARE SERVICE	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Once per month or less	3%	--	1%	4%	<1%	--
Once per year	2%	3%	5%	13%	2%	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Caucasian residents were significantly more likely to say they received home health care service once per month or less than Japanese residents (3% vs. 1%). Filipino residents were significantly more likely to say they have received home health care services once per year than Caucasian and Japanese residents (13% vs. 2%).

Educational Attainment

RECEIVED SERVICES HOME HEALTH CARE SERVICE	EDUCATIONAL ATTAINMENT			
	High School or less	Some college	Completed college	Graduate or professional degree
Once per week or less	<1%	1%	<1%	4%
Once per month or less	4%	3%	2%	<1%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents with a graduate or professional degree were significantly more likely to say they have received home health care services once per week or less than residents with all other levels of educational attainment (4% vs. <1%). Residents with some college or a two-year degree were significantly more likely to say they have received home health care services once per month or less than residents with a graduate or professional degree (3% vs. <1%).

RECEIVED SERVICES HOME HEALTH CARE SERVICE	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Never	90%	83%	80%	58%	52%
Once per week or less	1%	4%	1%	--	3%
Once per year	2%	3%	1%	33%	17%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents with Medicare were significantly more likely to say they have received home health care services once per week or less than residents with insurance through an employer (4% vs. 1%). Residents with insurance directly from the insurance company and those without insurance were significantly more likely to say they have received home health care services once per year than residents with insurance through an employer, residents with Medicare, and residents with Medicaid (17%-33% vs. 1%-3%). Residents with insurance directly from the insurance company were significantly less likely to say they have never received home health care

services than residents with insurance through an employer, residents with Medicare, and residents with Medicaid (52% vs. 80%-90%).

RECEIVED SERVICES HOME HEALTH CARE SERVICE	HOUSEHOLD INCOME		
	Less than $45K	$45-$95K	More than $95K
Never	79%	77%	**88%**
Once per year	5%	**7%**	2%

Note: Categories in blue have percentage that are significantly lower than those of categories in tan.

Household Income

Residents with a household income of $95,000 or significantly more likely to say they have never received home health care services than residents who have a household income between $45,000 and $95,000 (88% vs. 77%). By contrast, residents with incomes between $45,000 and $95,000 were more likely to say they received home health care services than residents with household incomes greater than $95,000 (7% vs. 2%).

RECEIVED SERVICES HOME HEALTH CARE SERVICE	KEIKI IN HOUSEHOLD	
	Yes	No
Never	75%	**86%**
Once per year	**8%**	3%
Once every three years or less	**9%**	2%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents who have keiki under the age of 18 in their household were significantly more likely to say that they had received home health care services once per year than residents without keiki in their household (8% vs. 3%) and were more likely to say that they had received home health care services once every three years or less than residents without keiki in their household (9% vs. 2%). Residents who do not have keiki under the age of 18 in their household were significantly more likely to say that they had never received home health care services than residents with keiki in their household (86% vs. 75%).

Residents who have kūpuna over the age of 65 in their homes were significantly more likely to say they had received home health care services once per year than residents who don't have kūpuna in their homes (7% vs. 3%).Residents who do not have kūpuna over the age of 65 in their household were significantly more likely to say that they had never received home health care services than residents with kūpuna in their household (88% vs. 76%).

RECEIVED SERVICES HOME HEALTH CARE SERVICE	KŪPUNA IN HH	
	Yes	No
Never	76%	**88%**
Once per year	**7%**	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say that they had received home health care services once per month or less than residents who speak English at home (6% vs. 1%) and were significantly more likely to say that they had received home health care services once every three years or less than residents who speak English at home (11% vs. 2%). Residents who speak English at home were significantly more likely to say that they had never received home health care services than residents who speak a language other than English at home (87% vs. 69%).

RECEIVED SERVICES HOME HEALTH CARE SERVICE	OTHER LANGUAGE	
	Yes	No
Never	69%	**87%**
Once per month or less	**6%**	1%
Once every three years or less	**11%**	2%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

RECEIVED SERVICES HOME HEALTH CARE SERVICE	IPV IN HH	
	Yes	No
Never	67%	**84%**

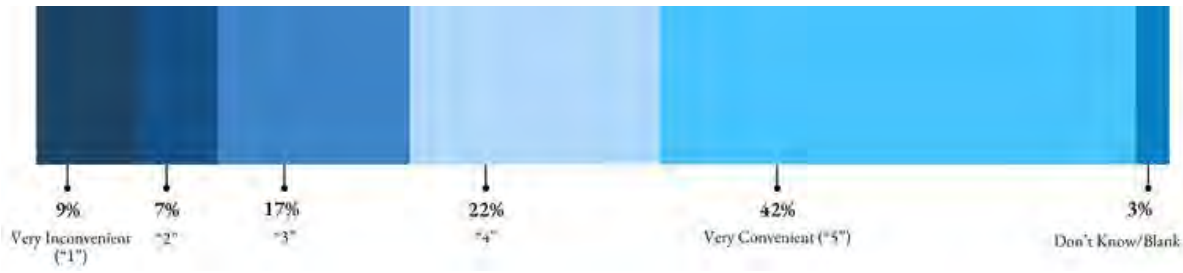
Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with a household member who has experienced intimate partner violence (IPV) were significantly less likely to say they have never received home health care services than residents who did not have a household member who had experienced IPV (67% vs. 84%).

Access to Healthcare Services

As shown in Figure 3-7, residents think their access to healthcare within 60 minutes of their home is somewhat convenient, giving an average rating of 3.83 on a scale of 1-5, with only four in ten (42%) residents saying that their access is "Very Convenient."

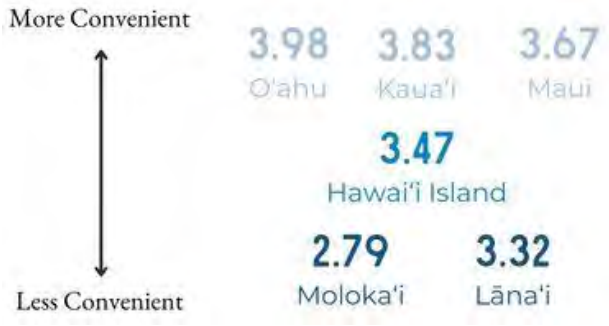
Figure 3-7. Access to Healthcare Services Near Residents' Homes



Q: On a scale of 1-5, 1 being "Very Inconvenient" and 5 being "Very Convenient," how convenient is it for you and your family to access healthcare services near (up to 60 minutes away) your home? (Base =970)

There were subgroup differences in the average ratings of convenience by island of residence, urbanicity, and household income on the convenience of accessing healthcare within 60 minutes of residents' homes on residents' health. Selected significant differences can be found below; additional data are available in the 2024 CHNA Addendum.

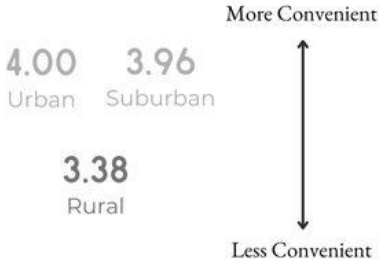
Island of Residence



Residents of islands other than O'ahu had a lower average rating of the convenience than O'ahu residents (3.46 vs. 3.98). More specifically, Moloka'i residents had a lower average rating of the convenience than O'ahu, Hawai'i Island, Maui, and Kaua'i residents (2.79 vs. 3.47-3.98), Lāna'i residents had a lower average rating of the convenience than O'ahu residents (3.32 vs. 3.98), and Hawai'i Island residents also had a lower average rating of the convenience than O'ahu and Kaua'i residents (3.47 vs. 3.83-3.98).

Neighborhood Urbanicity

Residents in rural neighborhoods had a significantly lower average rating of the convenience than residents in urban and suburban neighborhoods (3.38 vs. 3.96-4.00).





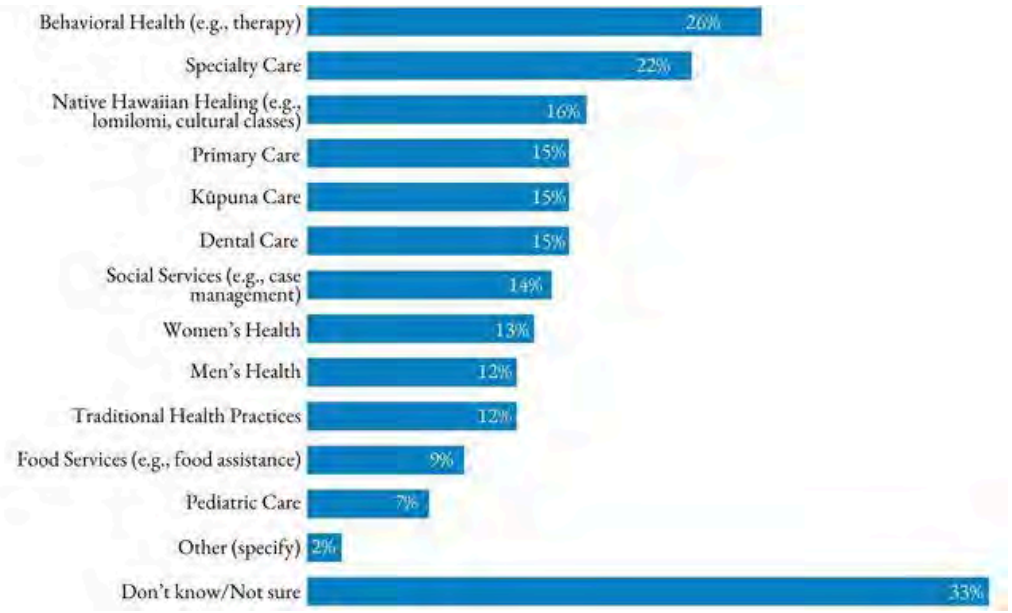
Household Income

Residents of the household income above $95,000 had a significantly higher average rating of the convenience than residents whose household income is $45,000 or less, and between $45,000 and $95,000 (4.07 vs. 3.48-3.64).

Services Missing Near Residents' Homes

As a follow-up, residents were asked which healthcare services they were missing near (within 60 minutes' travel time) of their home. The most common missing services were behavioral health (24%), specialty care (21%), and primary care (17%).

Figure 3-8. Services Missing Near Residents' Homes



Q: Which of the following healthcare services do you feel like you/your family is missing near (up to 60 minutes away) your home? (Base = 970)

There were differences in the proportion of residents who reported certain services were missing near their homes by island of residence, gender, age, ethnicity, urbanicity, income, health status, and other household characteristics. Selected significant differences can be found in Table 3-5; additional data are below. Significant differences in access are aligned with known disparities in access to healthcare services, such as for households in rural neighborhoods, but there may also be more awareness of available services among subgroups who need to utilize those services.

Table 3-5. Significant Differences in Services Missing Near Residents' Homes

BEHAVIORAL HEALTH	SPECIALTY CARE	PRIMARY CARE	DENTAL CARE	PEDIATRIC CARE	WOMEN'S HEALTH	MEN'S HEALTH	KŪPUNA CARE	NATIVE HAWAIIAN HEALING	TRADITIONAL HEALTH PRACTICES	SOCIAL SERVICES	FOOD SERVICES
MORE LIKELY TO REPORT MISSING NEAR HOME BY...											
Island • Non-O'ahu **Urbanicity** • Rural **Gender** • Women **Age** • 35-54 **Ethnicity** • Caucasian • Native Hawaiian	**Island** • Non-O'ahu **Urbanicity** • Rural **Gender** • Women	**Island** • Non-O'ahu **Urbanicity** • Rural **Gender** • Women	**Island** • Non-O'ahu **Urbanicity** • Rural **HH Income** • <$95K	**Island** • Non-O'ahu **Urbanicity** • Rural **Age** • <35 **Health Status** • Less Healthy **Other HH Characteristics** • Keiki in HH • Non-English in HH	**Island** • Non-O'ahu **Urbanicity** • Rural **Gender** • Women **Ethnicity** • Native Hawaiian • Japanese **Educational Attainment** • HS or less	**Island** • Non-O'ahu **Urbanicity** • Rural **Ethnicity** • Filipino **Health Insurance** • Ins. from employer	**Island** • Non-O'ahu **Urbanicity** • Rural **Ethnicity** • Native Hawaiian **Health Status** • Less Healthy **HH Income** • <$95K **Other HH Characteristics** • Kūpuna in HH	**Urbanicity** • Rural **Ethnicity** • Native Hawaiian **Educational Attainment** • HS or less **Health Status** • Less Healthy **Health Ins.** • Ins. from comp. **HH Income** • <$45K	**Age** • <35 **Urbanicity** • Rural **Ethnicity** • Native Hawaiian • Caucasian **Educational Attainment** • HS or less **Health Status** • Less Healthy **Health Ins.** • Medicaid **Other HH Characteristics** • Keiki in HH • Non-English in HH	**Age** • <35 **Urbanicity** • Rural **Ethnicity** • Filipino **Educational Attainment** • HS or less • Some college **Health Status** • Less Healthy **Other HH Characteristics** • Keiki in HH	**Island** • Non-O'ahu **Urbanicity** • Rural **Gender** • Women **Age** • 55-64 **Ethnicity** • Filipino **Educational Attainment** • HS or less **Health Status** • Less Healthy **HH Income** • <$95K

Note: HH = Household; HS = High School; Ins. = Insurance

Island of Residence

Residents of islands other than O'ahu were significantly more likely to say that the following services were missing near their homes than O'ahu residents: Behavioral Health (37% vs. 21%), Dental Care (28% vs. 9%), Food Services (13% vs. 8%), Kūpuna Care (21% vs. 12%), Men's Health (17% vs. 10%), Pediatric Care (11% vs. 6%), Primary Care (25% vs. 11%), Specialty Care (38% vs. 15%), and Women's Health (20% vs. 10%). O'ahu residents were significantly more likely to say that they don't know or are not sure which services are missing near their home (40% vs. 19%).

HEALTHCARE SERVICES MISSING NEAR HOME	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Behavioral Health (e.g., therapy)	21%	**37%**
Dental Care	9%	**28%**
Food Services	8%	**13%**
Kūpuna Care	12%	**21%**
Men's Health	10%	**17%**
Pediatric Care	6%	**11%**
Primary Care	11%	**25%**
Specialty Care	15%	**38%**
Women's Health	10%	**20%**
Don't know/Not sure	**40%**	18%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Neighborhood Urbanicity

Residents in rural neighborhoods were significantly more likely to say that the following services were missing near their homes than residents in urban and suburban neighborhoods: Behavioral Health (40% vs. 19%-23%), Dental Care (30% vs. 7%-10%), Food Services (14% vs. 5%), Kūpuna Care (24% vs. 8%-13%), Men's Health (21% vs. 7%-10%), Native Hawaiian Healing (23% vs. 10%), Pediatric Care (18% vs. 3%-4%), Primary Care (26% vs. 9%-13%), Social Services (20% vs. 10%), Specialty Care (37% vs. 11%-21%), Traditional Health Practices (17% vs. 9%), and Women's Health (21% vs. 10%).

HEALTHCARE SERVICES MISSING NEAR HOME	NEIGHBORHOOD URBANICITY		
	Urban	Suburban	Rural
Behavioral Health (e.g., therapy)	19%	23%	**40%**
Dental Care	10%	7%	**30%**
Food Services (e.g., food assistance)	5%	8%	**14%**
Kūpuna Care	8%	13%	**24%**
Men's Health	7%	10%	**21%**
Native Hawaiian Healing (e.g., lomilomi, cultural classes)	10%	15%	**23%**
Pediatric Care	3%	4%	**18%**
Primary Care	9%	13%	**26%**
Social Services (e.g., case management	13%	10%	**20%**
Specialty Care	11%	21%	**37%**
Traditional Health Practices	9%	11%	**17%**
Women's Health	10%	10%	**21%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Gender

Women were significantly more likely to say that the following services were missing near their homes than men: Behavioral Health (33% vs. 16%), Food Services (12% vs. 6%), Primary Care (18% vs. 9%), Specialty Care (28% vs. 13%), and Women's Health (17% vs. 7%).

HEALTHCARE SERVICES MISSING NEAR HOME	GENDER	
	Male	Female
Behavioral Health (e.g., therapy)	16%	**33%**
Food Services (e.g., food assistance)	6%	**12%**
Primary Care	9%	**18%**
Specialty Care	13%	**28%**
Women's Health	7%	**17%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

HEALTHCARE SERVICES MISSING NEAR HOME	AGE			
	< 35	35-54	55-64	65+
Behavioral Health (e.g., therapy)	12%	**30%**	24%	27%
Food Services (e.g., food assistance)	11%	10%	**14%**	5%
Pediatric Care	**19%**	7%	5%	5%
Social Services (e.g., case management	**30%**	14%	9%	11%
Traditional Health Practices	**26%**	12%	11%	8%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Age

Residents between the ages of 35 and 54 were significantly more likely to say that Behavioral Health was missing near their home than residents under the age of 35 (30% vs. 12%). Residents between the ages of 55 and 64 were significantly more likely to say that Food Services were missing near their homes than residents 65 or older (14% vs. 5%). Residents under the age of 35 were significantly more likely than those 65 or older to say that services missing near their home included Pediatric Care (19% vs. 5%) and Traditional Health Practices (26% vs. 8%). Residents under 35 were also more likely to say Social Services were missing compared to residents over the age of 35 (30% vs. 9%-14%).

HEALTHCARE SERVICES MISSING NEAR HOME	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Behavioral Health (e.g., therapy)	**29%**	25%	**29%**	30%	14%	8%
Food Services (e.g., food assistance)	3%	6%	10%	**18%**	7%	22%
Kūpuna Care	7%	6%	**22%**	14%	12%	23%
Men's Health	11%	2%	11%	**26%**	8%	11%
Native Hawaiian Healing (e.g., lomilomi, cultural classes)	12%	7%	**32%**	12%	5%	11%
Social Services (e.g., case management	11%	6%	14%	**21%**	6%	8%
Traditional Health Practices	**15%**	6%	**20%**	10%	6%	--
Women's Health	9%	2%	**15%**	15%	13%	--

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Ethnicity

Caucasian residents and Native Hawaiians were significantly more likely to say that Behavioral Health was missing near their home than Japanese residents (29% vs. 14%). Filipino residents were significantly more likely to say that Food Services

were missing near their homes than Caucasian residents (18% vs. 3%). Native Hawaiians were significantly more likely to say that Kūpuna Care was missing near their homes than Caucasian and Chinese residents (22% vs. 6%-7%). Filipino residents were more inclined to mention Men's Health than Chinese and Japanese residents (26% vs. 2%-8%), and more likely to mention Social Services than Japanese residents (21% vs 6%). Native Hawaiians were significantly more likely to say that Native Hawaiian Healing was missing near their homes than Caucasian, Chinese, Filipino, and Japanese residents (32% vs. 5%-12%). Native Hawaiians and Caucasians were significantly more likely to say that Traditional Health Practices were missing near their home than Japanese residents (15%-20% vs. 6%), and Native Hawaiian residents were also more likely to say that Traditional Health Practices were missing near their home than Chinese residents (20% vs. 6%). Chinese and Japanese residents were significantly less likely to say that Women's Health was missing near their home than Native Hawaiians (2%-13% vs. 15%).

HEALTHCARE SERVICES MISSING NEAR HOME	EDUCATIONAL ATTAINMENT			
	High School or less	Some college	Completed college	Graduate or professional degree
Dental Care	**30%**	12%	12%	12%
Food Services (e.g., food assistance)	**17%**	11%	8%	5%
Native Hawaiian Healing (e.g., lomilomi, cultural classes)	**27%**	15%	14%	14%
Social Services (e.g., case management	**22%**	**18%**	11%	8%
Traditional Health Practices	**26%**	10%	10%	10%
Women's Health	**29%**	10%	11%	12%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Educational Attainment

Residents that have a high school degree or less were significantly more likely than residents with other educational attainment levels to say that healthcare services missing near their homes include Dental Care (30% vs. 12%), Traditional Health Practices (26% vs. 10%), and Women's Health (29% vs. 10%-12%). Residents with a high school degree or less were significantly more likely than residents with a graduate or professional degree to mention services missing their home included Food Services (17% vs. 5%), and they were more likely than those with a college degree or higher to mention Native Hawaiian Healing (27% vs. 14%). Residents with some college or less were more likely to say they are missing Social Services near their home than residents with graduate or professional degrees (18%-22% vs. 8%).

Health Insurance

Residents enrolled in Medicaid were significantly more likely to say they were missing Dental Care near their home compared to residents who have insurance through their employer (32% vs. 10%). Likewise,

HEALTHCARE SERVICES MISSING NEAR HOME	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Dental Care	10%	17%	**32%**	6%	13%
Men's Health	**16%**	10%	3%	2%	3%
Native Hawaiian Healing (e.g., lomilomi, cultural classes)	14%	15%	18%	1%	**33%**
Traditional Health Practices	8%	13%	**27%**	19%	11%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

they were also more likely to say they were missing Traditional Health Practices than residents who have insurance through their employer (27% vs. 8%). By contrast, residents who have insurance through their employer are more likely to say Men's Health is missing compared to residents who have Medicaid (16% vs. 3%). Residents with insurance directly from the company were significantly more likely to say that they are missing Native Hawaiian Healing near their home than residents with no insurance (33% vs. 1%).

HEALTHCARE SERVICES MISSING NEAR HOME	HEALTH STATUS	
	Healthy	Less Healthy
Food Services (e.g., food assistance)	6%	19%
Kūpuna Care	11%	24%
Men's Health	8%	23%
Native Hawaiian Healing (e.g., lomilomi, cultural classes)	13%	23%
Pediatric Care	5%	14%
Social Services (e.g., case management	11%	21%
Traditional Health Practices	10%	18%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say that the following services were missing near their home than residents who were considered "Healthy": Food Services (19% vs. 6%), Kūpuna Care (24% vs. 11%), Men's Health (23% vs. 8%), Native Hawaiian Healing (23% vs. 13%), Pediatric Care (14% vs. 5%), Social Services (21% vs. 11%), and Traditional Health Practices (18% vs. 10%).

Household Income

HEALTHCARE SERVICES MISSING NEAR HOME	HOUSEHOLD INCOME		
	Less than $45K	$45-$95K	More than $95K
Dental Care	24%	19%	5%
Food Services (e.g., food assistance)	15%	12%	4%
Kūpuna Care	21%	19%	9%
Native Hawaiian Healing (e.g., lomilomi, cultural classes)	24%	17%	12%

Note: Categories in blue have percentage that are significantly lower than those of categories in tan.

Residents with household incomes less than $95,000 were significantly more likely than residents with incomes above $95,000 to mention Dental Care (19%-24% vs. 5%), Food Services (12%-15% vs. 4%), and Kūpuna Care (19%-21% vs. 9%). Residents with household incomes below $45,000 were more likely to say Native Hawaiian Healing services were missing near their homes than residents with household incomes above $95,000 (24% vs. 12%).

HEALTHCARE SERVICES MISSING NEAR HOME	KEIKI IN HOUSEHOLD	
	Yes	No
Pediatric Care	15%	3%
Social Services (e.g., case management	20%	10%
Traditional Health Practices	18%	9%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents with keiki under the age of 18 in their household were significantly more likely to say that the following services were missing near their home: Pediatric Care (15% vs. 3%), Social Services (20% vs. 10%), and Traditional Health Practices (18% vs. 9%).

Residents with kūpuna over the age of 65 in their households were significantly more likely to say that Kūpuna Care were missing near their homes than residents without kūpuna in their households (20% vs. 10%).

HEALTHCARE SERVICES MISSING NEAR HOME	KŪPUNA IN HH	
	Yes	No
Kūpuna Care	20%	10%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

HEALTHCARE SERVICES MISSING NEAR HOME	OTHER LANGUAGE	
	Yes	No
Pediatric Care	21%	4%
Traditional Health Practices	20%	10%

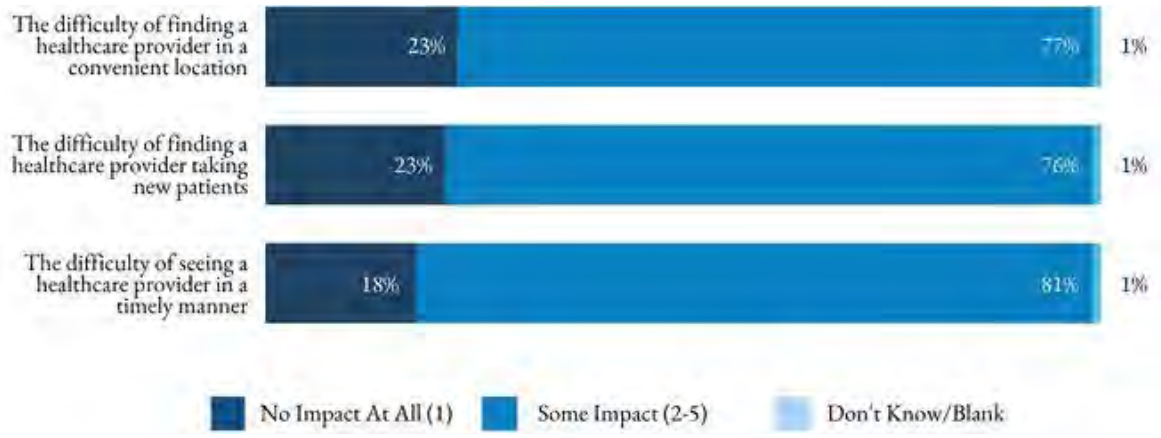
Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely than residents who only speak English at home to say that services missing near their home include Pediatric Care (21% vs. 4%) and Traditional Health Practices (20% vs. 10%).

Impact of Healthcare Access on Ability to Maintain or Improve Health

Residents were also asked to rate the impact of their access to healthcare on their ability to maintain or improve their health on a scale of 1-5, with 1 representing "No Impact at All" and 5 representing "Strongly Impacts." All three measures of access to health care had impacts on the majority of residents' ability to maintain or improve their health, with three-quarters (77%) reporting some impact of the difficulty of finding a healthcare provider in a convenient location, three-quarters (76%) reporting some impact of the difficulty of finding a healthcare provider taking new patients, and four in five (81%) reporting some impact of the difficulty of seeing a healthcare provider in a timely manner.

Figure 3-9. Impact of Healthcare Access Challenges on Ability to Maintain / Improve Health



Q: Using a 5-point scale, 5 being "Strongly Impacts" and 1 being "No Impact At All," please indicate how much each of the following impacts your ability to maintain or improve your health? (Base = 970)

Average impact ratings for different subgroups varied by island of residence, neighborhood urbanicity, gender, health insurance, and health status. Selected significant differences can be found in Table 3-6; additional data are available below.

Table 3-6. Significant Differences in the Impact of Healthcare Access on Ability to Maintain or Improve Health

SIGNIFICANTLY MORE IMPACTED BY...		
THE DIFFICULTY OF FINDING A PROVIDER IN A CONVENIENT LOCATION	THE DIFFICULTY OF FINDING A PROVIDER TAKING NEW PATIENTS	THE DIFFICULTY OF FINDING A PROVIDER IN A TIMELY MANNER
Island • Moloka'i **Urbanicity** • Rural **Gender** • Women **Health Status** • Less Healthy **HH Income** • <$95K	**Island** • Moloka'i **Urbanicity** • Rural **Gender** • Women **Age** • 35-54	**Island** • Moloka'i **Age** • 35-54 **Ethnicity** • Native Hawaiian **Educational Attainment** • Some college or college degree

Note: HH = Household

Finding a Provider in a Convenient Location

Average impact ratings for different subgroups varied by island of residence, gender, urbanicity, health status, and household income on the impact of finding a provider in a convenient location on residents' health.

FINDING A PROVIDER IN A CONVENIENT LOCATION	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Average Ratings	3.06	3.16	3.01	2.80	**3.73**	3.49

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Island of Residence

Moloka'i residents had a higher average rating of the impact than O'ahu, Hawai'i Island, Maui, and Kaua'i residents (3.73 vs. 2.80-3.16).

Neighborhood Urbanicity

Residents in rural neighborhoods had a higher average rating of the impact than residents in urban and suburban neighborhoods (3.42 vs. 2.92-2.93).

FINDING A PROVIDER IN A CONVENIENT LOCATION	NEIGHBORHOOD URBANICITY		
	Urban	Suburban	Rural
Average Ratings	2.93	2.92	3.42

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

FINDING A PROVIDER IN A CONVENIENT LOCATION	GENDER	
	Male	Female
Average Ratings	2.87	3.25

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Gender

Women had a higher average rating of the impact than men (3.25 vs. 2.87).

Health Status

Residents who were considered "Less Healthy" had a higher average rating of the impact than residents who were considered "Healthy" (3.41 vs. 2.97).

FINDING A PROVIDER IN A CONVENIENT LOCATION	HEALTH STATUS	
	Healthy	Less Healthy
Average Ratings	2.97	3.41

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

FINDING A PROVIDER IN A CONVENIENT LOCATION	HOUSEHOLD INCOME		
	<$45,000	$45,000-$95,000	$95,000+
Average Ratings	3.31	3.20	2.71

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Household Income

Residents who have household incomes less than $45,000, and those who have incomes between $45,000 and $95,000 had a higher average rating of the impact than residents who have household incomes of $95,000 or greater (3.20-3.31 vs. 2.71).

Finding a Provider Taking New Patients

There were subgroup differences in the average ratings of the impact of finding a provider taking new patients on residents' health by island of residence, gender, and urbanicity.

FINDING A PROVIDER TAKING NEW PATIENTS	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Average Ratings	3.15	3.32	3.12	2.95	**3.69**	2.98

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Island of Residence

Moloka'i residents had a higher average rating of the impact than O'ahu, Maui, Kaua'i, and Lāna'i residents (3.69 vs. 2.95-3.15).

Gender

Women had a higher average rating of the impact than men (3.34 vs. 2.92).

FINDING A PROVIDER TAKING NEW PATIENTS	GENDER	
	Male	Female
Average Ratings	2.92	**3.34**

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

FINDING A PROVIDER TAKING NEW PATIENTS	NEIGHBORHOOD URBANICITY	
	Urban	Rural
Average Ratings	3.01	**3.45**

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Neighborhood Urbanicity

Residents in rural neighborhoods had a higher average rating of the impact than residents in urban neighborhoods (3.45 vs. 3.01).

Seeing a Provider in a Timely Manner

There were subgroup differences in average ratings of the impact of seeing a provider in a timely manner on residents' health by island of residence, age, ethnicity, health status, and educational attainment.

SEEING A PROVIDER IN A TIMELY MANNER	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Average Ratings	3.27	3.31	3.15	3.06	**3.80**	3.12

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Island of Residence

Moloka'i residents had a higher average rating of the impact than O'ahu, Hawai'i Island, Maui, Kaua'i, and Lāna'i residents (3.80 vs. 3.06-3.31).

SEEING A PROVIDER IN A TIMELY MANNER	AGE			
	<35	35-54	55-64	65+
Average Ratings	3.32	3.58	3.23	2.99

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Age

Residents aged 35-54 had a higher average rating of the impact than residents 65 or older (3.58 vs. 2.99).

Ethnicity

Native Hawaiian residents had a higher average rating of the impact than Japanese residents (3.56 vs. 2.99).

SEEING A PROVIDER IN A TIMELY MANNER	ETHNICITY	
	Native Hawaiian	Japanese
Average Ratings	3.56	2.99

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

SEEING A PROVIDER IN A TIMELY MANNER	EDUCATIONAL ATTAINMENT			
	HS or less	Some college / 2-year college degree	4-year college degree	Graduate or professional degree
Average Ratings	2.89	3.44	3.41	3.20

Note: Categories in blue have averages that are significantly higher than those of categories in tan.

Educational Attainment

Residents that have some college or a two-year degree, or have completed a college degree, had a higher average rating of the impact than residents who have a high school degree or less (3.41-3.44 vs. 2.89).

Programs that Support Healthcare Access

Residents were asked, "Are there any programs that you or your family use that help improve your access to healthcare? If so, what are they?" Of the few who answered the question, the top mentioned support was telehealth, with 1 in 10 (6%) residents reporting this modality. Others mentioned health insurance providers (e.g., HMSA: 2%, Medicare/QUEST: 5%, another health insurance: 4%) as programs that support their access to healthcare.

Table 3-7. Programs that Support Healthcare Access

RESPONSES INCLUDED MENTION OF...			
Telehealth	6%	MyChart/Hawaii Pacific Health	3%
Doctor/medical provider/therapist	5%	HMSA	2%
Medicare/Quest	5%	Kūpuna program	2%
Other health insurance	4%	Other	8%
Health center (e.g., Na Pu'uwai, VA)	3%	Don't know/Refused/No/Not Applicable/None/ Blank	67%

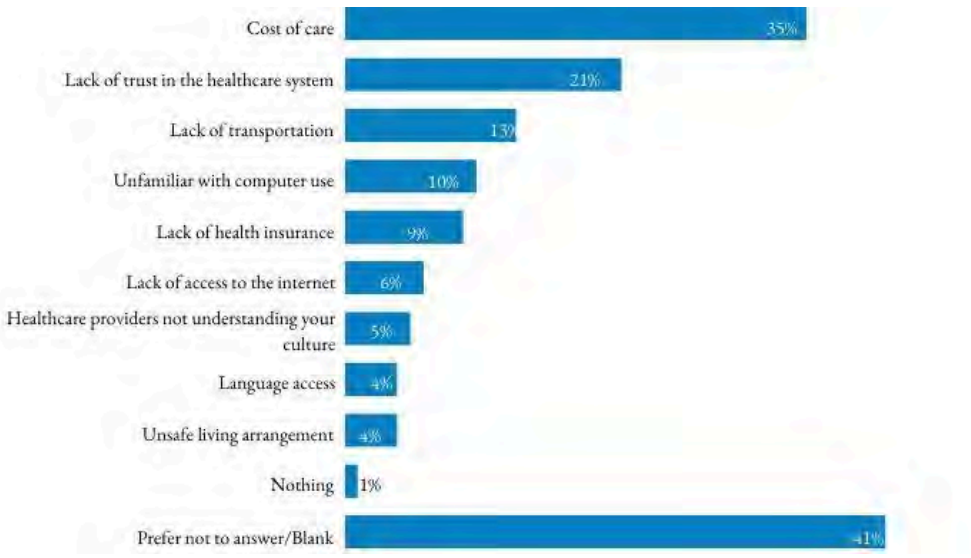
Q: Are there any programs that you or your family use that help improve your access to healthcare? If so, what are they? (Base = 970)

Because two-thirds of the sample (67%) did not submit a response, we do not have enough data to test comparisons across subgroups of participants.

Barriers to Healthcare Access

As seen in Figure 3-10, residents were asked about other barriers to accessing health care. The most common barriers were cost of care (35%), lack of trust in the healthcare system (21%), and lack of transportation (13%).

Figure 3-10. Barriers to Healthcare Access



Q: Which of the following make it difficult or prevent you from accessing healthcare? (Base = 970)

There were differences in the proportion of residents who reported certain barriers by island of residence, gender, age, ethnicity, urbanicity, income, health status, and other household characteristics. Selected significant differences can be found in Table 3-8; additional data are below. Significant

differences in barriers are aligned with known disparities in access to healthcare services, such as language access barriers for households who speak a language other than English at home.

Table 3-8. Significant Differences in Barriers to Access

COST OF CARE	LACK OF TRUST	LACK OF TRANSPORT	UNFAMILIAR WITH COMPUTER	LACK OF HEALTH INSURANCE	LACK OF INTERNET	LACK OF PROVIDER CULTURAL COMPETENCY	LANGUAGE ACCESS	UNSAFE LIVING ARRANGEMENT
MORE LIKELY TO BE A BARRIER FOR...								
Island • O'ahu **Age** • > 35 • 35-54 **Health Insurance** • Medicaid • No insurance **HH Income** • < $95K **Other Household Characteristics** • Keiki in HH • No Kūpuna in HH • IPV in HH	**Island** • O'ahu • Maui **Urbanicity** • Rural **Gender** • Non-binary/Mahu **Age** • 35-54 **Ethnicity** • Caucasian • Native Hawaiian **Other Household Characteristics** • IPV in HH	**Island** • Moloka'i • Lāna'i **Urbanicity** • Rural **Gender** • Women **Age** • <35 **Ethnicity** • Caucasian • Native Hawaiian **Educational Attainment** • Some college/2-yr degree **Health Insurance** • Medicare • Medicaid • No insurance **HH Income** • <$95K **Other Household Characteristics** • IPV in HH	**Island** • Hawai'i • Kaua'i **Urbanicity** • Rural **Age** • >65 **Educational Attainment** • HS or less **Health Status** • Less Healthy **HH Income** • < $95K **Other Household Characteristics** • Kūpuna in HH • Non-English in HH	**Age** • < 35 **Ethnicity** • Caucasian • Native Hawaiian **Urbanicity** • Urban • Rural **Health Insurance** • No insurance **HH Income** • <$95K **Other Household Characteristics** • Keiki in HH • Kūpuna in HH • Non-English in HH • IPV in HH	**Urbanicity** • Rural **Age** • < 65 **Educational Attainment** • HS or less **Health Insurance** • Medicare • Medicaid **HH Income** • <$45K	**Urbanicity** • Rural **Age** • < 35 **Ethnicity** • Native Hawaiian **Educational Attainment** • HS or less **Health Insurance** • Medicare **HH Income** • <$95K **Other Household Characteristics** • IPV in HH	**Island** • O'ahu **Urbanicity** • Rural **Age** • < 35 **Ethnicity** • Native Hawaiian **Educational Attainment** • HS or less **Health Status** • Less Healthy **HH Income** • $45K-$95K **Other Household Characteristics** • Keiki in HH • Kūpuna in HH • Non-English in HH • IPV in HH	**Age** • < 35 **Ethnicity** • Native Hawaiian **Educational Attainment** • HS or less • Some college/2-year degree **Health Status** • Less Healthy **HH Income** • <$45K **Other Household Characteristics** • Keiki in HH • Kūpuna in HH • Non-English in HH • IPV in HH

Note: HH = Household; HS = High School

BARRIERS TO HEALTHCARE ACCESS	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Lack of transportation	12%	10%	10%	9%	**55%**	32%
Unsafe living arrangement	**4%**	**3%**	<1%	3%	2%	5%
Language access	**5%**	1%	2%	1%	1%	5%
Unfamiliar with computer use	8%	**16%**	8%	**15%**	9%	12%
Cost of care	**38%**	28%	34%	26%	29%	24%
Lack of trust in healthcare system	**23%**	18%	**31%**	18%	11%	9%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Island of Residence

Residents of islands other than O'ahu were significantly more likely than O'ahu residents to say barriers to healthcare access included lack of transportation (18% vs. 12%) and a lack of familiarity with computer use (13% vs. 8%). O'ahu residents, on the other hand, were significantly more likely than non-O'ahu residents to mention language access (5% vs. 1%) and cost of care (38% vs. 29%).

More specifically, residents of Molokaʻi were significantly more likely to mention lack of transportation than residents of all other islands (55% vs. 9%-32%).

Oʻahu and Hawaiʻi Island residents were more likely to note unsafe living conditions compared to residents of Maui (3%-4% vs. <1%). Oʻahu residents were more inclined to cite language access than residents of Hawaiʻi Island, Kauaʻi, and Molokaʻi (5% vs. 1%). Oʻahu residents were also more likely to note cost of care (38% vs. 26%). Residents of Hawaiʻi Island and Kauaʻi were more likely to cite unfamiliarity with computer use than residents of Oʻahu and Maui (15%-16% vs. 8%). On the other hand, Oʻahu and Maui residents were more likely to say lack of trust in the healthcare system was a barrier to healthcare access than residents of Molokaʻi and Lānaʻi (23%-31% vs. 9%-11%).

BARRIERS TO HEALTHCARE ACCESS	NEIGHBORHOOD URBANICITY		
	Urban	Suburban	Rural
Lack of transportation	10%	5%	**25%**
Language access	4%	2%	**7%**
Lack of access to the internet	5%	3%	**10%**
Unfamiliar with computer use	8%	7%	**15%**
Healthcare providers not understanding your culture	2%	3%	**11%**
Lack of health insurance	**14%**	4%	**14%**
Lack of trust in the healthcare system	15%	22%	**27%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Neighborhood Urbanicity

Residents in rural neighborhoods were significantly more likely to say that the following barriers made it difficult or prevented them from accessing healthcare than residents in urban and suburban neighborhoods: lack of transportation (25% vs. 5%-10%), language access (7% vs. 2%), lack of access to the internet (10% vs. 3%), unfamiliar with computer use (15% vs. 7%-8%), healthcare providers not understanding their culture (11% vs. 2%-3%), and lack of trust in the healthcare system (27% vs. 15%). Residents in both urban and rural neighborhoods were significantly more likely to say that lack of health insurance was a barrier than residents in suburban neighborhoods (14% vs. 4%).

Gender

Women were significantly more likely to say that lack of transportation was a barrier than men (17% vs. 7%). Residents whose gender identity is non-binary or māhū were significantly more likely to cite a lack of trust in the healthcare system than men (62% vs. 18%).

BARRIERS TO HEALTHCARE ACCESS	GENDER		
	Male	Female	Non-Binary/ Mahu
Lack of transportation	7%	**17%**	38%
Lack of trust in the healthcare system	18%	22%	**62%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

BARRIERS TO HEALTHCARE ACCESS	AGE			
	< 35	35-54	55-64	65+
Lack of transportation	**24%**	7%	16%	15%
Unsafe living arrangement	**23%**	<1%	3%	1%
Language access	**20%**	2%	3%	<1%
Lack of access to the internet	11%	2%	3%	**9%**
Unfamiliar with computer use	**22%**	4%	7%	**13%**
Healthcare providers not understanding your culture	**17%**	3%	4%	4%
Lack of health insurance	**26%**	10%	3%	6%
Cost of care	**45%**	**48%**	4%	20%
Lack of trust in the healthcare system	20%	**32%**	18%	13%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Age

Residents under the age of 35 were significantly more likely to say that the following were barriers compared to older residents: lack of transportation (24% vs. 7%), unsafe living arrangement (23% vs. <1%-3%), language access (20% vs. <1%-3%), healthcare providers not understanding their culture (17% vs. 3%-4%), and lack of health insurance (26% vs. 3%-10%). Residents below the age of 35 and above the age of 65 were significantly more likely to say that unfamiliarity with computer use was a barrier than residents between the ages of 35 and 64 (13%-22% vs. 4%-7%). Residents below the age of 55 were more likely to reference cost of care than residents 65 or older (45%-48% vs. 20%). Residents between the ages of 35 and 54 were more likely to cite lack of trust in the healthcare system compared to residents 55 or older (32% vs. 13%-18%). Interestingly, residents 65 or older were more likely to mention lack of access to the internet than residents aged 35-54 (9% vs. 2%).

Ethnicity

BARRIERS TO HEALTHCARE ACCESS	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Lack of transportation	**15%**	8%	**19%**	14%	5%	22%
Unsafe living arrangement	2%	--	**7%**	6%	1%	--
Language access	1%	--	**6%**	4%	1%	--
Healthcare providers not understanding your culture	3%	--	**8%**	7%	1%	3%
Lack of health insurance	**11%**	5%	**11%**	14%	3%	3%
Lack of trust in the healthcare system	**28%**	11%	**32%**	14%	8%	3%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Caucasian residents and Native Hawaiians were significantly more likely than Japanese residents to cite lack of transportation (15%-19% vs. 5%) and lack of health insurance (11% vs. 3%). Native Hawaiians were significantly more likely than Japanese residents to mention unsafe living arrangements (7% vs. 1%), and lack of cultural competency (8% vs. 1%). Native Hawaiian residents were also more likely to say language access than Caucasian and Japanese residents (6% vs. 1%). Native Hawaiian and Caucasian residents were more likely to say lack of trust in the healthcare system is a barrier to healthcare access than Chinese, Filipino, and Japanese residents (28%-32% vs. 8%-14%).

BARRIERS TO HEALTHCARE ACCESS	EDUCATIONAL ATTAINMENT			
	High School or less	Some college	Completed college	Graduate or professional degree
Lack of transportation	18%	**21%**	7%	10%
Unsafe living arrangement	**9%**	**7%**	2%	1%
Language access	**10%**	4%	2%	2%
Lack of access to the internet	**15%**	5%	3%	5%
Unfamiliar with computer use	**25%**	9%	6%	7%
Healthcare providers not understanding your culture	**12%**	5%	3%	4%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Educational Attainment

Residents that have some college education or a two-year degree were more likely to mention lack of transportation as a barrier than residents with higher education levels (21% vs. 7%-10%). Residents that have less than a college degree were more likely to say unsafe living arrangements were barriers than those with a college degree or higher (7%-9% vs. 1%-2%). Residents that have a high school degree or less were significantly more likely to say that the following barriers make it difficult or prevent them from accessing healthcare than residents with a higher educational attainment: language access (10% vs. 2%), lack of access to the internet (15% vs. 3%-5%), unfamiliarity with computer use (25% vs. 6%-9%), and healthcare providers not understanding culture (12% vs. 3%-5%).

BARRIERS TO HEALTHCARE ACCESS	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Lack of transportation	8%	**21%**	22%	**43%**	1%
Lack of access to the internet	2%	**9%**	**12%**	9%	9%
Lack of health insurance	3%	9%	13%	**64%**	16%
Cost of care	34%	27%	**48%**	**62%**	37%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents who have Medicare and those who have no insurance were more likely to mention lack of transportation as a barrier to access than those who have insurance through their employer (21%-43% vs. 8%). Residents enrolled in either Medicare or Medicaid were more inclined to say lack of access to the Internet than residents who have insurance through their employer. Residents who do not have insurance were more likely than all others to mention lack of health insurance as a barrier to healthcare access (64% vs. 3%-16%). Residents who have Medicaid and those who have no insurance were more likely to refer to cost of care as a barrier than those who have Medicare (48%-62% vs. 27%).

Health Status

Residents who were considered "Less Healthy" were significantly more likely to say that the following barriers make it difficult or prevent them from accessing healthcare than residents who were considered "Healthy": unsafe living arrangement (9% vs. 2%), language access (8% vs. 3%), and unfamiliar with computer use (18% vs. 7%)..

BARRIERS TO HEALTHCARE ACCESS	HEALTH STATUS	
	Healthy	Less Healthy
Unsafe living arrangement	2%	**9%**
Language access	2%	**9%**
Unfamiliar with computer use	7%	**18%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Household Income

BARRIERS TO HEALTHCARE ACCESS	HOUSEHOLD INCOME		
	Less than $45K	$45-$95K	More than $95K
Lack of transportation	**28%**	**15%**	3%
Unsafe living arrangement	**9%**	5%	2%
Lack of access to the internet	**13%**	7%	2%
Language access	4%	**9%**	1%
Unfamiliar with computer use	**13%**	**16%**	4%
Healthcare providers not understanding your culture	**8%**	**9%**	1%
Lack of health insurance	**15%**	**12%**	4%
Cost of care	**44%**	**40%**	26%

Note: Categories in blue have percentage that are significantly lower than those of categories in tan.

Residents with household incomes below $95,000 were significantly more likely to say that the following barriers make it difficult or prevent them from accessing healthcare than residents with household incomes more than $95,000: lack of transportation (15%-28% vs, 3%), unfamiliar with computer use (13%-16% vs. 4%), healthcare providers not understanding your culture (8%-9% vs. 1%), lack of health insurance (12%-15% vs. 4%), and cost of care (40%-44% vs. 26%). Residents who have household incomes less than $45,000 were more likely than those with incomes of more than $95,000 to mention unsafe living arrangements (9% vs. 2%) and lack of access to the Internet (13% vs. 2%). Residents whose household incomes are between $45,000 and $95,000 were more likely to say language access is a barrier to access compared to those who have household incomes lower than $45,000 and those who have incomes of $95,000 or more (9% vs. 1%-4%).

BARRIERS TO HEALTHCARE ACCESS	KEIKI IN HOUSEHOLD	
	Yes	No
Unsafe living arrangement	**10%**	1%
Language access	**11%**	1%
Lack of health insurance	**15%**	6%
Cost of care	**43%**	31%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents with keiki under the age of 18 in their household were significantly more likely to say that following barriers make it difficult or prevent them from accessing healthcare than residents without keiki in their household: unsafe living arrangement (10% vs. 1%), language access (11% vs. 1%), lack of health insurance (15% vs. 6%), and cost of care (43% vs. 31%).

Residents with kūpuna over the age of 65 in their households were significantly more likely to say that the following barriers make it difficult or prevent them from accessing healthcare than residents without kūpuna in their households: unsafe living arrangement (6% vs. 2%), language access (7% vs. 1%), unfamiliar with computer use (14% vs. 6%), and lack of health insurance (14% vs. 6%). Residents with no kūpuna over the age of 65 in their households were significantly more likely to say that the following barriers make it difficult or prevent them from accessing healthcare than residents with kūpuna in their households: cost of care (39% vs. 30%) and lack of trust in the healthcare system (27% vs. 15%).

BARRIERS TO HEALTHCARE ACCESS	KŪPUNA IN HH	
	Yes	No
Unsafe living arrangement	**6%**	2%
Language access	**7%**	1%
Unfamiliar with computer use	**14%**	6%
Lack of health insurance	**14%**	6%
Cost of care	30%	**39%**
Lack of trust in the healthcare system	15%	**27%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

BARRIERS TO HEALTHCARE ACCESS	OTHER LANGUAGE	
	Yes	No
Unsafe living arrangement	**13%**	1%
Language access	**14%**	1%
Unfamiliar with computer use	**23%**	6%
Lack of health insurance	**18%**	6%

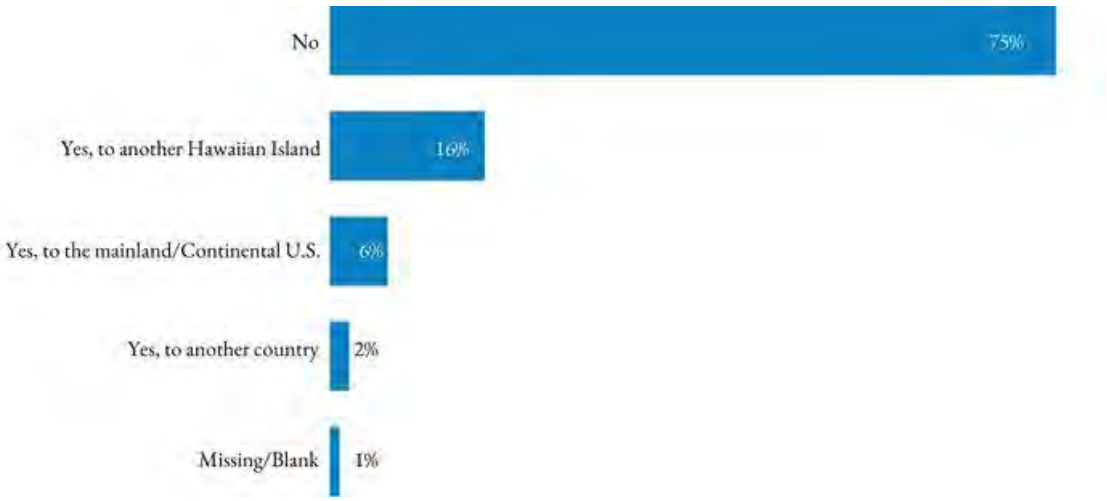
Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who speak a language other than English at home were significantly more likely to say that the following barriers make it difficult or prevent them from accessing healthcare than residents who speak English at home: unsafe living arrangement (13% vs. 1%), language access (14% vs. 1%), unfamiliar with computer use (23% vs. 6%), and lack of health insurance (18% vs. 6%).

Healthcare-Related Travel

A common healthcare access issue in Hawai‘i is the lack of specialty care on all other islands other than O‘ahu. Residents were asked whether, in the past three years, they had traveled to see a doctor off-island that was not available on the island they live on. Overall, nearly one in five (25%) of residents reported that they had traveled to see a doctor off-island. Of those who had traveled off-island, most (66%) were traveling to another Hawaiian island, but some (26%) were going to the mainland and others (8%) were going to another country.

Figure 3-11. In the Past Three Years, Have You Traveled Off-Island to See a Type of Doctor That is Not Available on the Island You Live on?



Q: In the past three years, have you traveled to see a type of doctor that is not available on the island you live on? (Base = 970)

There were differences in the proportion of residents who reported traveling off-island in the past three years by island of residence, urbanicity, age, ethnicity, income, educational attainment, health insurance, household income, and other household characteristics. Selected significant differences can be found in Table 3-9; additional data are below.

Table 3-9. Significant Differences in Off-Island Healthcare-Related Travel

MORE LIKELY TO HAVE TRAVELLED OFF-ISLAND TO:		
ANOTHER HAWAIIAN ISLAND	**MAINLAND/ CONTINENTAL U.S.**	**ANOTHER COUNTRY**
Island • Non-O'ahu **Urbanicity** • Rural **Age** • > 65 **Health Insurance** • Medicare **HH Income** • $45K-$95K	**Urbanicity** • Suburban **Ethnicity** • Caucasian **Educational Attainment** • Graduate or Professional Degree **Health Insurance** • Insurance through employer	**Age** • <35 **Ethnicity** • Filipino **Health Insurance** • Medicare **Other Household Characteristics** • Keiki in HH

Note: HH = Household

Island of Residence

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	ISLAND OF RESIDENCE	
	O'ahu	Non-O'ahu
Yes, to another Hawaiian Island	3%	**44%**
No	**88%**	47%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who live on islands other than O'ahu were significantly more likely to have traveled to another Hawaiian island in the past 3 years than O'ahu residents (44% vs. 3%). Similarly, residents on O'ahu were significantly more likely to say they have not traveled to see a doctor that is not available on their island compared to residents of other islands (88% vs. 47%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
Yes, to another Hawaiian Island	3%	**33%**	**40%**	**33%**	**85%**	**86%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents of Hawai'i Island, Maui, and Kaua'i were significantly more likely to have traveled off-island to another Hawaiian island in the past 3 years than O'ahu residents (33%-40% vs. 3%), and residents of Moloka'i and Lāna'i were significantly more likely to have traveled off-island to another Hawaiian island in the past 3 years than residents of O'ahu, Hawai'i Island, Maui, and Kaua'i (85%-86% vs. 3%-40%).

Neighborhood Urbanicity

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	NEIGHBORHOOD URBANICITY		
	Urban	Suburban	Rural
Yes, to another Hawaiian Island	6%	11%	**34%**
Yes, to the mainland/ Continental U.S.	5%	**9%**	4%
Yes, to another country	--	1%	**5%**
No	**89%**	**78%**	55%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents in rural neighborhoods were significantly more likely to say they had traveled to another Hawaiian island in the last three years than residents in urban and suburban neighborhoods (34% vs. 6%-11%). They were also more likely to say they had traveled to another country than suburban residents (5% vs. 1%). Residents in suburban neighborhoods were significantly more likely to say they had traveled to the mainland/Continental U.S. than residents in rural neighborhoods (9% vs. 4%). Residents in urban and suburban neighborhoods were significantly more likely to say they had not traveled off-island in the last three years than residents in rural neighborhoods (78%-89% vs. 55%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	AGE			
	< 35	35-54	55-64	65+
Yes, to another Hawaiian Island	11%	11%	12%	**24%**
Yes, to another country	**9%**	2%	<1%	1%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Age

Residents over the age of 65 were significantly more likely to have traveled to another Hawaiian island than residents between the ages of 35 and 64 (24% vs. 11%). Residents under the age of 35 were significantly more likely to have traveled to another country than residents 55 or older (9% vs. <1%-1%).

Ethnicity

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	ETHNICITY					
	Caucasian	Chinese	Native Hawaiian	Filipino	Japanese	Pacific Islander
Yes, to the mainland/ Continental U.S.	**10%**	--	3%	4%	5%	8%
Yes, to another country	2%	--	<1%	**7%**	1%	--

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Caucasian residents were also significantly more likely to have traveled to the Continental U.S. than Native Hawaiians (10% vs. 3%). Filipino residents were significantly more likely to have traveled to another country in the past three years than Native Hawaiian residents (7% vs. <1%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	EDUCATIONAL ATTAINMENT			
	High School or less	Some college	Completed college	Graduate or professional degree
Yes, to the mainland/ Continental U.S.	2%	6%	4%	**10%**

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Educational Attainment

Residents with a graduate or professional degree were significantly more likely to say they had traveled to the mainland/Continental U.S. in the last three years than residents with a high school degree or less (10% vs. 2%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Yes, to another Hawaiian Island	13%	**25%**	13%	11%	12%
Yes, to the mainland/ Continental U.S.	**9%**	5%	1%	2%	7%
Yes, to another country	<1%	**3%**	1%	--	8%
No	**78%**	65%	83%	87%	72%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents with Medicare were significantly more likely than those with insurance through an employer to say they had traveled to another Hawaiian island to see a doctor (25% vs. 13%) or traveled to another country (3% vs. <1%). Residents with health insurance through an employer were significantly more likely to say they had traveled to the mainland/continental US in the last three years than

residents with Medicaid (9%-10% vs. 1%). Residents with health insurance through an employer were significantly more likely to state they have not traveled off-island to see a doctor than residents with Medicare (78% vs. 65%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	HOUSEHOLD INCOME		
	Less than $45K	$45-$95K	More than $95K
Yes, to another Hawaiian Island	17%	**23%**	11%
No	76%	67%	**81%**

Note: Categories in blue have percentage that are significantly lower than those of categories in tan.

Household Income

Residents with household incomes between $45,000 and $95,000 were significantly more likely to have traveled to another Hawaiian island for service compared to residents who have household incomes of more than $95,000 (235 vs. 11%). Residents with a household income above $95,000 were significantly more likely to say they had not traveled away from their home island than residents with a household income between $45,000 and $95,000 (81% vs. 67%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	KŪPUNA IN HH	
	Yes	No
No	69%	**80%**

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Other Household Characteristics

Residents with kūpuna over the age of 65 in their household were more likely to say they had not traveled off island in the past 3 years (80% vs. 69%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	IPV IN HH	
	Yes	No
Yes, to the mainland/ Continental U.S.	**16%**	5%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents who lived in a household where a member had experienced intimate partner violence (IPV) were significantly more likely to say they had traveled to the mainland/Continental U.S. in the last three years than residents who lived in a household without a member who had experienced IPV (16% vs. 5%).

TRAVELED TO SEE A TYPE OF DOCTOR THAT IS NOT AVAILABLE ON ISLAND OF RESIDENCE	KEIKI IN HH	
	Yes	No
Yes, to another country	**5%**	<1%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents with keiki under the age of 18 in their household were more likely to say they had traveled to another country in the past 3 years (5% vs. <1%).

Doctor Types Seen Off-Island

Of those who had traveled off island, the most common types of doctor types reported were specialists, such as surgeons (15%), orthopedists/podiatrists (14%), ophthalmologists/optometrists (14%), and cardiologists/heart/vascular specialists (12%).

Table 3-10. Doctor Types Seen Off-Island

RESPONSES INCLUDED MENTION OF...			
Surgeon/Surgery	15%	Rheumatologist/Arthritis	4%
Orthopedic/Podiatrist	14%	Specialist (no further description)	4%
Opthamologist/Optometrist/Eye doctor/Vision	14%	PCP/General Practitioner	3%
Cardiologist/Heart/Vascular/Stress test/ Electrophysiologist	12%	ENT	3%
Dermatologist/Skin cancer/Mohs surgery	11%	Pediatrician	3%
Oncologist/Cancer	11%	Mental health/Psychiatrist	3%
Dentist/Oral surgeon/Endodontist	10%	Pulmonologist/Pulmonary	1%
Neurologist	10%	Pain management	1%
GI/Gastroenterologist/Colonoscopy	10%	Nephrologist/Dialysis	1%
MRI/CAT scan/Ultrasound/PET scan	6%	Other	19%
Gynecologist/Obgyn/Mammogram	6%	None/Nothing	<1%
Urologist	5%	Don't know/Refused/Blank	4%
Endocrinologist	4%		

Q: What kinds of doctors have you seen off-island in the past three years? (Base = 246)

Because three-quarters of the sample (75%) did not submit a response, we do not have enough data to test comparisons across subgroups of participants.

Interest in Seeing Doctor on Island of Residence

If available, the majority (80%) of residents who have traveled to see doctors off-island would see that type of doctor on their island of residence.

Figure 3-12. Interest in Seeing Doctor on Island of Residence



Q: If this type of doctor were available on-island, would you see them on-island? (Base = 246)

Among those who had traveled off-island in the past three years to see a doctor, there were differences in the proportion of residents who would see those doctors on island if available by island of residence, gender, age, ethnicity, urbanicity, income, health status, and other household characteristics. Selected significant differences can be found in Table 3-11; additional data are below.

Table 3-11. Significant Differences in Interest in Seeing Doctor on Island of Residence

OF THOSE WHO HAVE TRAVELED OFF-ISLAND IN THE PAST THREE YEARS TO SEE A DOCTOR, INTEREST IN SEEING SAME DOCTOR TYPE ON ISLAND OF RESIDENCE	
MORE LIKELY TO SAY YES	**MORE LIKELY TO SAY NO**
Gender • Women • Non-binary/māhū **Age** • >35 **Ethnicity** • Pacific Islander **Health Insurance** • No health insurance	**Island** • O'ahu • Maui **Gender** • Men **Age** • < 35 **HH Income** • > $95K **Educational Attainment** • 4-yr degree • Graduate or Professional **Other Household Characteristics** • Keiki in HH • Language other than English at home

Note: HH = Household

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	ISLAND					
	O'ahu	Hawai'i Island	Maui	Kaua'i	Moloka'i	Lāna'i
No	**31%**	9%	**23%**	8%	14%	10%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Island of Residence

Residents of O'ahu and Maui were significantly more likely to say they would not see those doctors on island than Kaua'i residents (90% vs. 68%-76%).

Gender

Women were significantly more likely to want to see those doctors on island than men (89% vs. 67%). Men, on the other hand, were significantly more likely to say they would not see those doctors on island (32% vs. 9%).

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	GENDER	
	Male	Female
Yes	67%	**89%**
No	**32%**	9%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	AGE			
	< 35	35-54	55-64	65+
Yes	57%	87%	89%	82%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Age

Residents under the age of 35 were significantly less likely to want to see those doctors on island than residents over the age of 35 (57% vs. 82%-89%).

Educational Attainment

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	EDUCATIONAL ATTAINMENT			
	High School or less	Some college	Completed college	Graduate or professional degree
Yes	94%	84%	71%	79%

Note: Categories in blue have percentage that are significantly higher than those of categories in tan.

Residents with a high school degree or less were significantly more likely to see those doctors on island than residents with a completed college degree (94% vs. 71%). By contrast, residents who have a college degree or higher were significantly more likely to indicate they would not see those doctors on the islands of their residence compared to residents with a high school education or less (20%-28% vs. 3%).

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	HEALTH INSURANCE				
	Through Employer	Medicare	Medicaid	No Insurance	Direct from company
Yes	81%	86%	91%	100%	59%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Health Insurance

Residents with no health insurance were significantly more likely to want to see those doctors on island than residents who have insurance through their employer, Medicare, or have purchased insurance from an insurance company (100% vs. 59%-86%).

Household Income

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	HOUSEHOLD INCOME		
	Less than $45K	$45-$95K	More than $95K
No	8%	13%	27%

Note: Categories in blue have percentage that are significantly lower than those of categories in tan.

Residents with a household income above $95,000 were significantly more likely not to want to see those doctors on island than residents with a household income of less than $45,000 (27% vs. 8%).

Other Household Characteristics

Residents in households with keiki under the age of 18 in their household were significantly more likely to not want to see those doctors on island than residents in households without keiki (27% vs. 13%).

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	KEIKI IN HOUSEHOLD	
	Yes	No
No	27%	13%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

WOULD SEE THIS TYPE OF DOCTOR ON-ISLAND	OTHER LANGUAGE	
	Yes	No
No	29%	12%

Note: Categories in blue have percentages that are significantly higher than those of categories in tan.

Residents in households who speak a language other than English at home were significantly more likely not to want to see those doctors on island than residents in households that speak English at home (29% vs. 12%).

ACCESS TO HEALTHCARE

ASSESSMENT OF HEALTHCARE CONVENIENCE

HAWAI'I RESIDENTS THINK THEIR ACCESS TO HEALTHCARE WITHIN 60 MINUTES OF THEIR HOME IS SOMEWHAT CONVENIENT (3.8 ON A SCALE OF 1-5)

BUT



ONLY ABOUT 4 IN 10 RESIDENTS SAY THAT THEIR ACCESS IS "VERY CONVENIENT"



77%

OF HAWAI'I RESIDENTS REPORTED SOME IMPACT OF THE DIFFICULTY OF FINDING A HEALTHCARE PROVIDER IN A CONVENIENT LOCATION



77%

OF HAWAI'I RESIDENTS REPORTED SOME IMPACT OF THE DIFFICULTY OF FINDING A HEALTHCARE PROVIDER TAKING NEW PATIENTS



82%

OF HAWAI'I RESIDENTS REPORTED SOME IMPACT OF THE DIFFICULTY OF SEEING A HEALTHCARE PROVIDER IN A TIMELY MANNER

MISSING HEALTHCARE SERVICES NEAR HOME (WITHIN 60 MINUTES' TRAVEL TIME): TOP 3

1. BEHAVIORAL HEALTH (E.G., THERAPY) (26%)
2. SPECIALTY CARE (22%)
3. NATIVE HAWAIIAN HEALING (16%)

BARRIERS TO HEALTHCARE ACCESS: TOP 3

1. COST OF CARE (35%)
2. LACK OF TRUST IN THE HEALTHCARE SYSTEM (21%)
3. LACK OF TRANSPORTATION (13%)

HEALTHCARE TRAVEL NECESSITY

24% OF RESIDENTS REPORTED THAT THEY HAD TRAVELED TO SEE A DOCTOR OFF-ISLAND



66%

OF THOSE WHO HAD TRAVELED OFF-ISLAND, WENT TO ANOTHER HAWAIIAN ISLAND



26%

OF THOSE WHO HAD TRAVELED OFF-ISLAND, WENT TO THE U.S. MAINLAND



8%

OF THOSE WHO HAD TRAVELED OFF-ISLAND, WENT TO ANOTHER COUNTRY

80% OF RESIDENTS WHO HAVE TRAVELED TO SEE DOCTORS OFF-ISLAND WOULD SEE THAT TYPE OF DOCTOR ON THEIR ISLAND OF RESIDENCE

SECONDARY DATA

A. Demographics of Hawai‘i

B. 2024 CHNA Priorities

C. Significant Health needs

D. Unique Population Data

E. Access to Healthcare

F. Downstream Health Effects

A. Demographics of Hawai‘i

Hawai‘i’s population has decreased from 2022 by 15,451 people representing a 1.1% decrease. Honolulu County makes up the majority of Hawai‘i’s population, followed by Hawai‘i County, Maui County, then Kaua‘i County.

Figure 4-1. Population Proportion by County

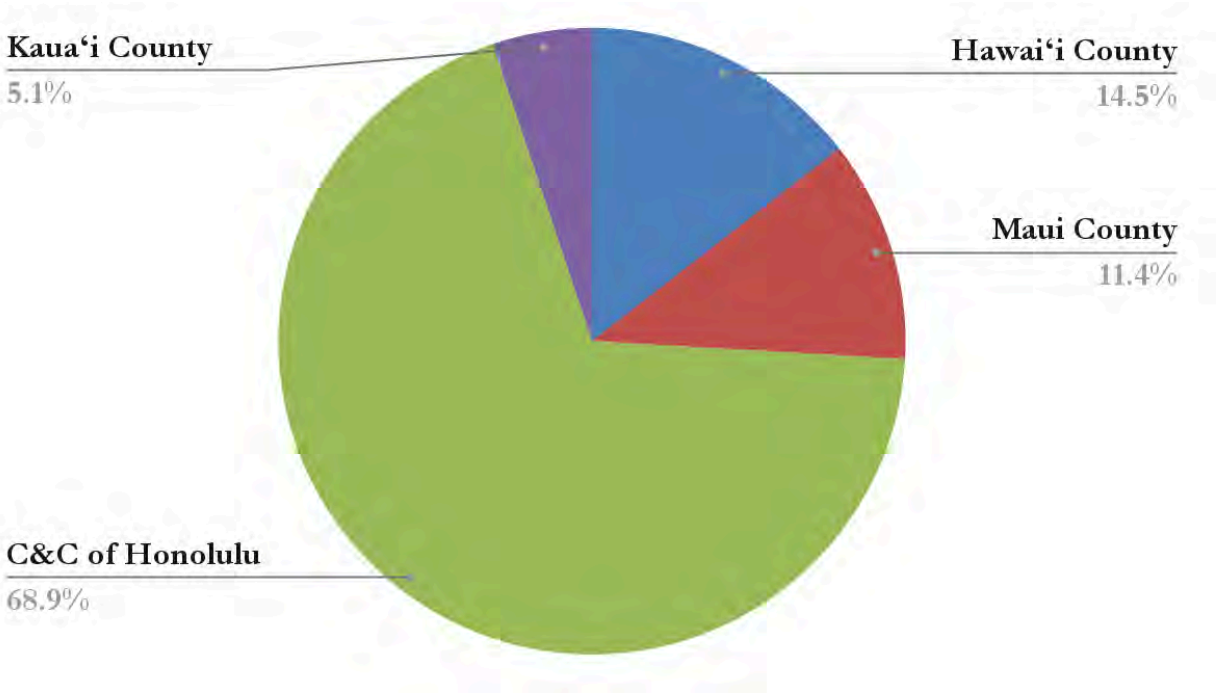


Table 4-1. Population by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2022	POPULATION	331,097,593	1,439,399	202,163	164,765	1,010,100	73,511
2023		334,914,896	1,435,138	207,615	164,244	989,408	73,851

(Data: 2022). Source: U.S. Census, American Community Survey 5-year estimates, 2024
(Data: 2023). Source: U.S. Census, American Community Survey 1-year estimates, 2024

Figure 4-2 below shows the change in Hawai'i's population size due to natural changes (births, deaths) and net migration (domestic migration and international migration)[7] Hawai'i's population decreased by 20,136 people between April 1, 2020 and July 1, 2023.

Figure 4-2. Population Change

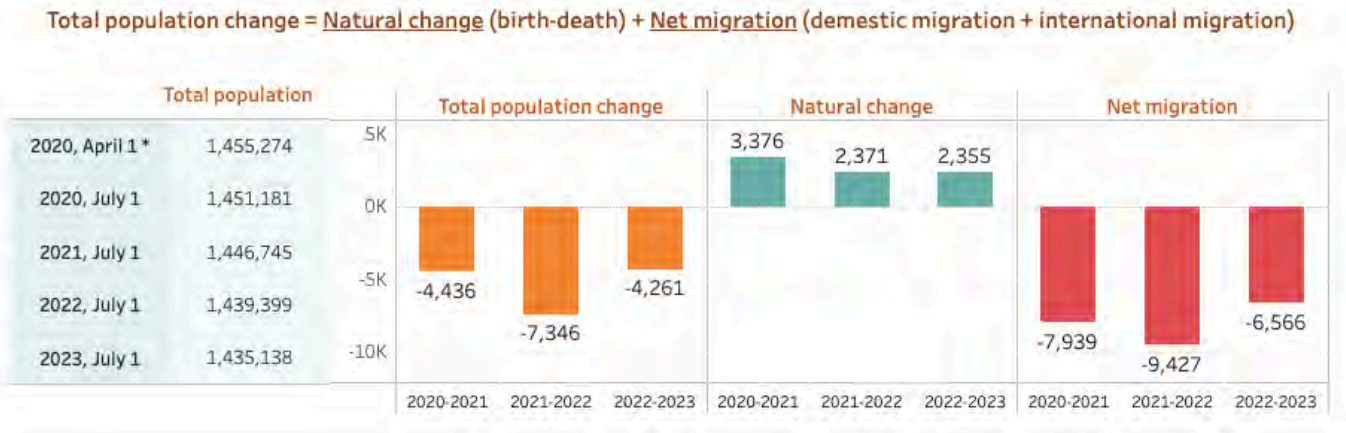
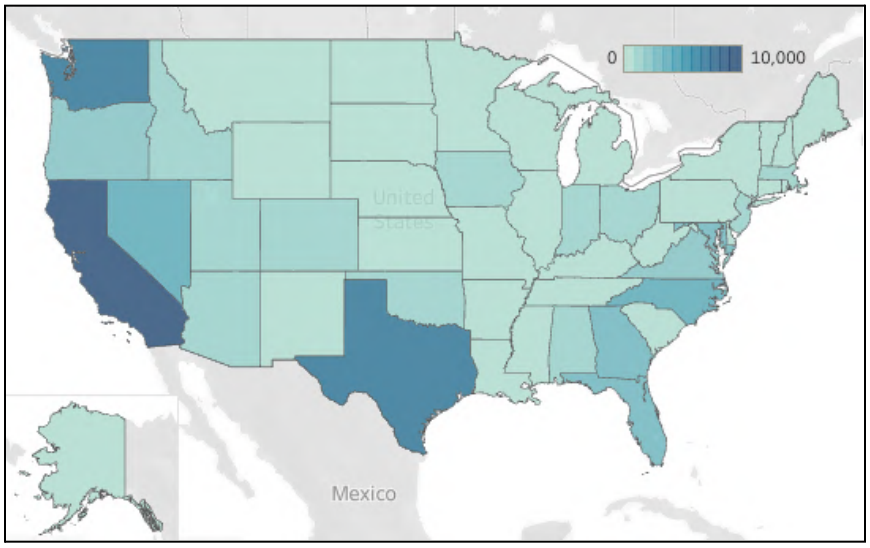


Figure 4-3 below is a map of the states to which people are moving. The dark blue states represent a higher frequency of former Hawai'i residents that have left to live in those states. California, Washington, and Texas are the most popular states.[8]

Figure 4-3. Out Migration (2022)



[7] Migration Dashboard, State of Hawai'i, Department of Business Economic Development and Tourism, 2024. *Available at:* https://dbedt.Hawai'i.gov/economic/migration-dashboard/
[8] Migration Dashboard, State of Hawai'i, Department of Business Economic Development and Tourism, 2024. *Available at:* https://dbedt.Hawai'i.gov/economic/migration-dashboard/

Hawai‘i is among the country’s most diverse states. As one of only seven majority-minority states, it has the only Asian-American plurality, and largest proportion of multiracial people in the U.S.[9]
According to the American Community Survey 5-Year Estimates (2018-2022), Hawai‘i has a fairly even gender distribution, with males making up 50.5% of the population versus females making up 49.5% of the population. The one percentage point difference is equivalent to about 13,500 more males than females.[10]

Figure 4-4. Gender

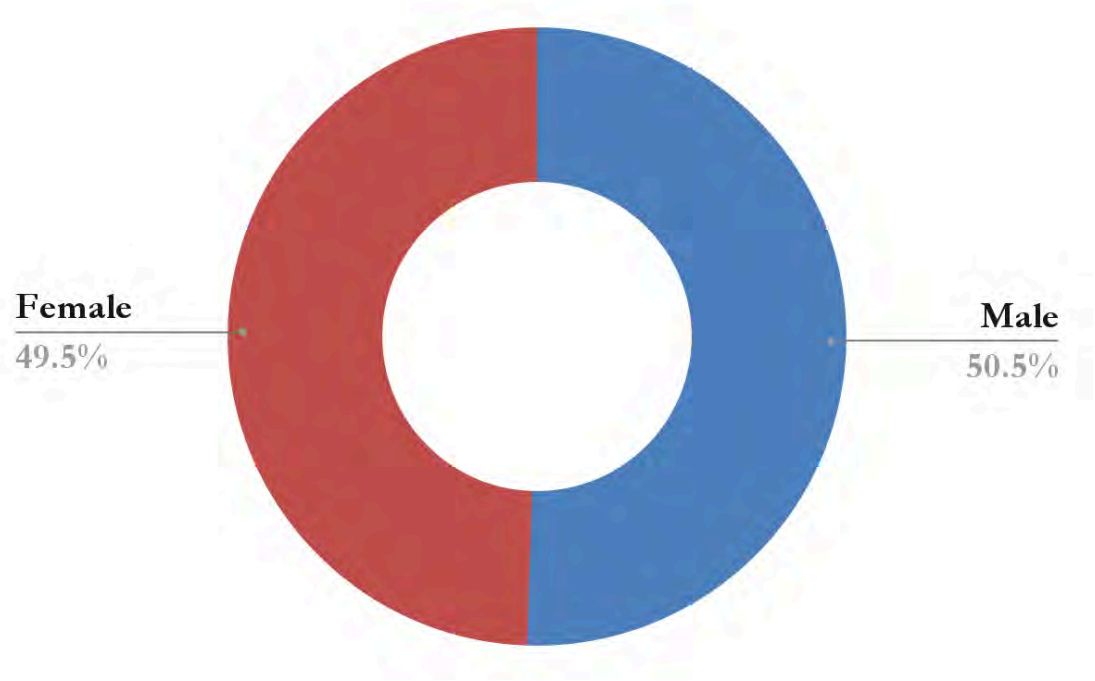


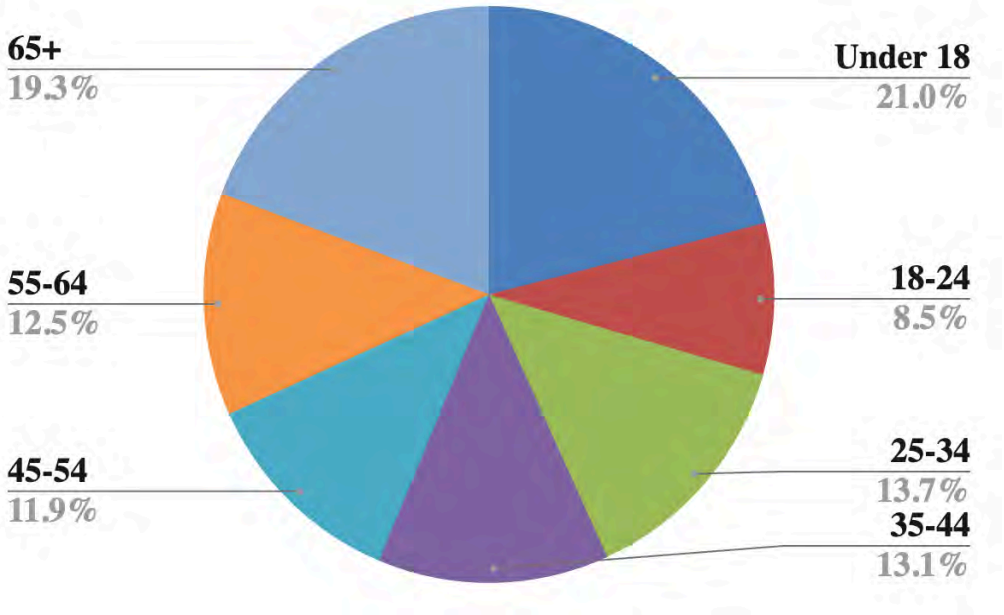
Table 4-2. Gender

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
Male	GENDER	49.6%	50.5%	49.9%	49.9%	50.7%	50.1%
Female		50.4%	49.5%	50.1%	50.1%	49.3%	49.9%
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024							

[9] Hawai‘i is home to the nation’s largest share of multiracial Americans, Pew Research Center, Krogstad, 2024. *Available at:* https://www.pewresearch.org/short-reads/2015/06/17/Hawai‘i-is-home-to-the-nations-largest-share-of-multiracial-americans/
[10] U.S. Census, American Community Survey 5-year estimates 2018-2022. 2024.

Nearly one in five (19.3%) Hawai'i residents are 65 years of age or older. Another one in five (21.0%) residents are under 18 years of age. Hawai'i's median age of 39.9 years is slightly higher than the country's median age of 38.5 years. Generally, states with older populations have a smaller labor force, lower tax revenues, and higher healthcare costs.

Figure 4-5. Age Distribution[11]



[11] U.S. Census, American Community Survey 5-year estimates 2018-2022. 2024.

Table 4-3. Age Distribution

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
Under 18	AGE	22.1%	21.0%	21.3%	21.4%	20.9%	21.5%
18-24		9.4%	8.5%	7.0%	6.9%	9.1%	6.8%
25-34		13.7%	13.7%	11.4%	11.7%	14.6%	11.7%
35-44		12.9%	13.1%	12.4%	13.8%	13.1%	12.9%
45-54		12.4%	11.9%	11.6%	12.8%	11.8%	12.1%
55-64		12.9%	12.5%	14.2%	14.1%	11.9%	13.7%
65+		16.5%	19.3%	22.2%	19.3%	22.1%	21.3%
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024							

Though the largest racial group presented in Figure 4-6 is Caucasian, Asians actually make up 37% of Hawai'i's population. The broader "Asian" category was broken up to call out the three most populous Asian ethnicities in Hawai'i: Filipino, Japanese and Chinese (in shades of green in Figure 4-6 below). Native Hawaiians make up just 11% of the population. Caucasians represent a larger proportion of the population on islands other than O'ahu compared to O'ahu's population, with Caucasians making up 18.5% of O'ahu's population compared to 31.6%-33.6% of populations on other islands. Japanese residents represent a larger proportion of O'ahu's population than the other islands with 14.2% of O'ahu's population being Japanese compared to 6.4%-8.6% for the other islands.

The data presented in Figure 4-6 and Table 4-4 represent the proportion that selected Native Hawaiian only in the American Community Survey 5-Year Estimates (2018-2022). Other estimates that include individuals who select Native Hawaiian alone or in combination with other race/ethnicity categories have reported the percentage of Native Hawaiians in Hawai'i between 19.7% and 21.8% since 2020.[12,13] While it is unlikely that 10.8% of Hawai'i's population are full Native Hawaiian, 10.8% of the population only selected Native Hawaiian as their race.

[12] Query Results for Hawaii's Behavioral Risk Factor Surveillance System (BRFSS) Data, DOH Race/Ethnicity. 2024
[13] Detailed Races and Ethnicities in the United States and Puerto Rico: 2020 Census. 2023

Figure 4-6. Race/Ethnicity[14]

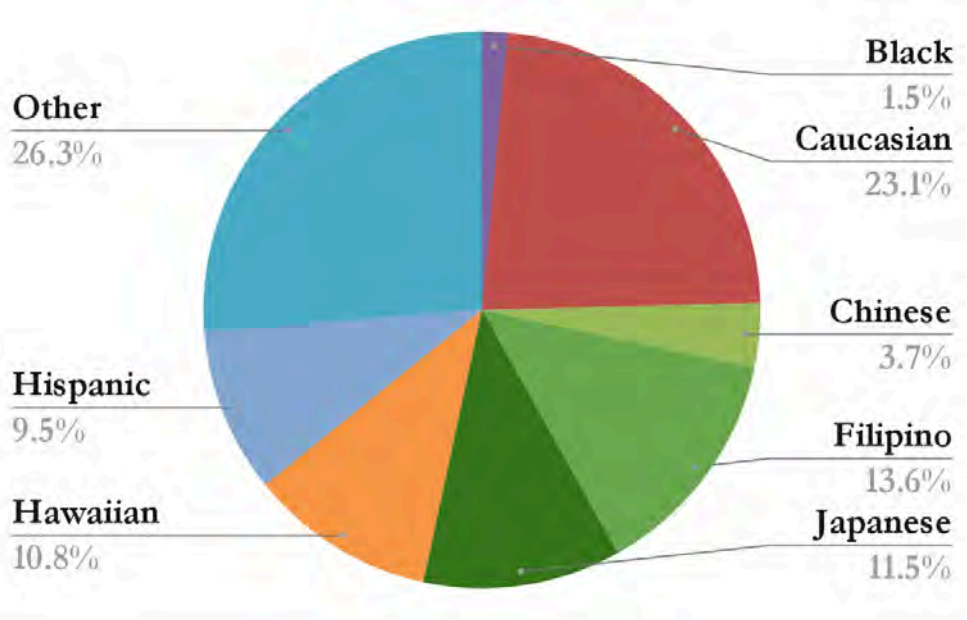


Table 4-4. Race/Ethnicity

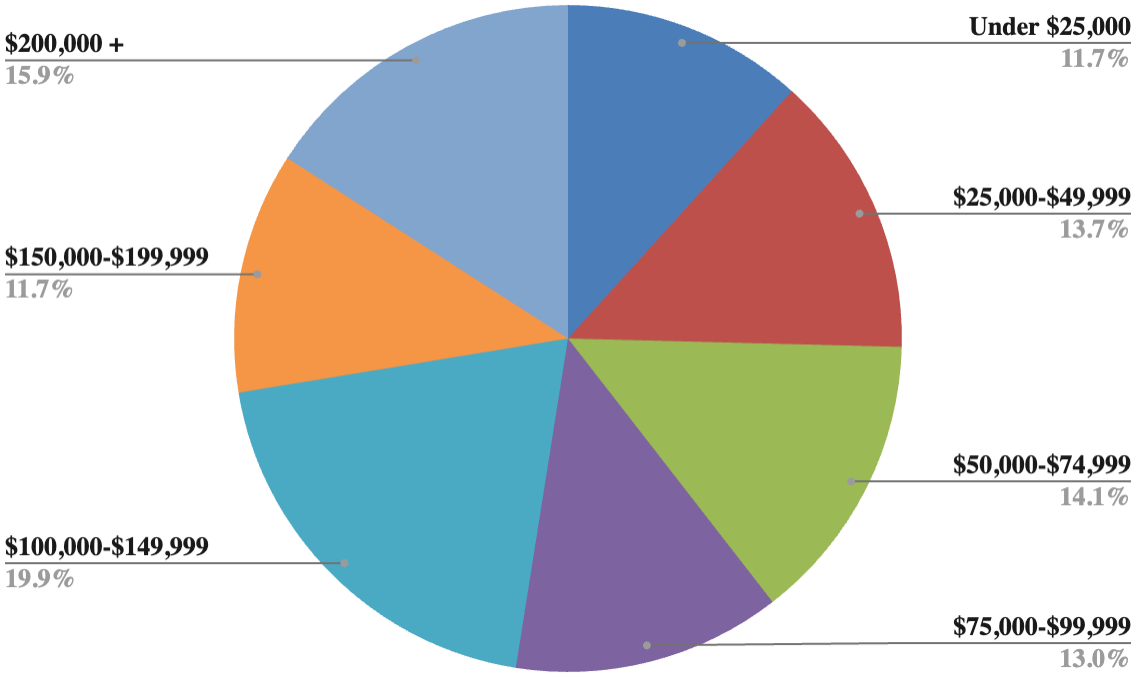
		US	HAWAIʻI	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
Black	RACE/ ETHNICITY	12.1%	1.5%	0.6%	0.6%	2.0%	0.5%
Caucasian		57.8%	23.1%	33.6%	31.6%	18.5%	31.6%
Chinese		1.3%	3.7%	1.4%	1.0%	5.3%	1.1%
Filipino		0.9%	13.6%	9.2%	18.3%	15.2%	18.8%
Hawaiian		0.2%	10.8%	14.0%	12.1%	10.0%	9.8%
Hispanic		18.7%	9.5%	11.1%	10.3%	9.1%	10.1%
Japanese		0.22%	11.5%	7.8%	6.4%	14.2%	8.6%
Other		8.8%	26.3%	22.3%	19.7%	25.7%	19.5%

(Data: 2018-22). Source: 2023 State of Hawaiʻi Databook, State of Hawaiʻi, Department of Business Economic Development and Tourism. 2024

[14] 2023 State of Hawaiʻi Databook, State of Hawaiʻi, Department of Business Economic Development and Tourism. 2024

Nearly one in five (19.9%) Hawai'i households make between $100,000 and $149,999 a year. More than a quarter (27.6%) make more than $150,000 a year. However, more than one in ten (11.7%) households make less than $25,000 and another 13.7% make less than $50,000 a year, indicating that a significant portion of households (25.7%) are well below the federal poverty level for a family of three in Hawai'i ($29,690 in 2024).[15]

Figure 4-7. Household Income[16]

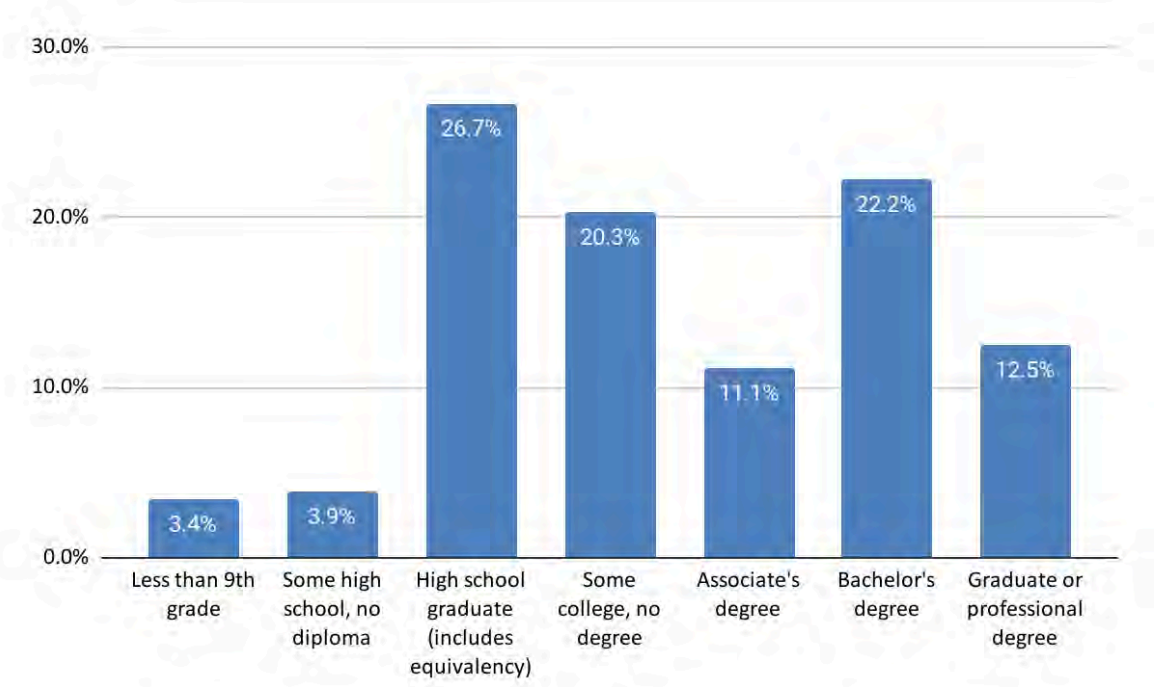


[15] U.S. Census, American Community Survey 5-year estimates 2018-2022. 2024.
[16] U.S. Census, American Community Survey 5-year estimates 2018-2022. 2024.

Table 4-5. Household Income

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
<$25,000	HOUSEHOLD INCOME	14.2%	11.7%	18.5%	11.8%	11.3%	7.0%
$25,000-$49,999		17.1%	13.7%	14.5%	14.5%	12.1%	12.2%
$50,000-$74,999		16.1%	14.1%	17.1%	17.1%	12.8%	16.9%
$75,000-$99,999		12.7%	13.0%	14.4%	14.3%	12.0%	9.4%
$100,000-$149,999		17.4%	19.9%	16.7%	16.8%	20.6%	24.7%
$150,000-$199,999		9.1%	11.7%	7.1%	10.7%	12.3%	13.1%
$200,000+		12.4%	15.9%	11.6%	14.8%	18.8%	14.1%
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024							

Figure 4-8. Education Level[17]



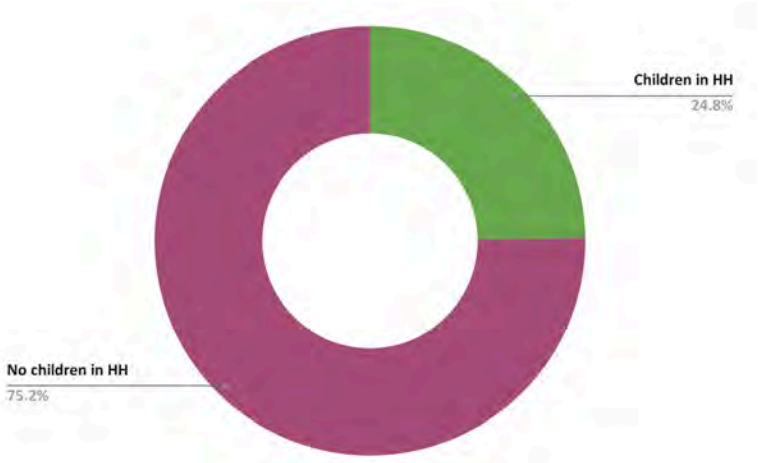
[17] U.S. Census, American Community Survey 5-year estimates 2018-2022. 2024.

Table 4-6. Educational Attainment

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
Less than 9th grade	EDUCATIONAL ATTAINMENT	4.7%	3.4%	2.3%	3.4%	3.6%	3.9%
Some high school, no diploma		6.1%	3.9%	4.8%	4.1%	3.7%	3.6%
High school graduate (includes equivalency)		26.4%	26.7%	29.2%	30.2%	25.4%	28.9%
Some college, no degree		19.7%	20.3%	21.6%	22.6%	19.5%	21.2%
Associate's degree		8.7%	11.1%	11.5%	9.6%	11.1%	12.1%
Bachelor's degree		20.9%	22.2%	19.2%	20.0%	23.3%	21.3%
Graduate or professional degree		13.4%	12.5%	11.4%	10.1%	13.4%	9.1%
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024							

In 2023, about one in four (24.8%) of households had children. Hawai'i has an average family size of 3.38 and an average household size of 2.82. The U.S. has an average family size of 3.09 and an average household size of 2.49.[18]

Figure 4-9. Children in Household



[18] U.S. Census, American Community Survey 5-year estimates 2018-2022. 2024.

Table 4-7. Children in Household

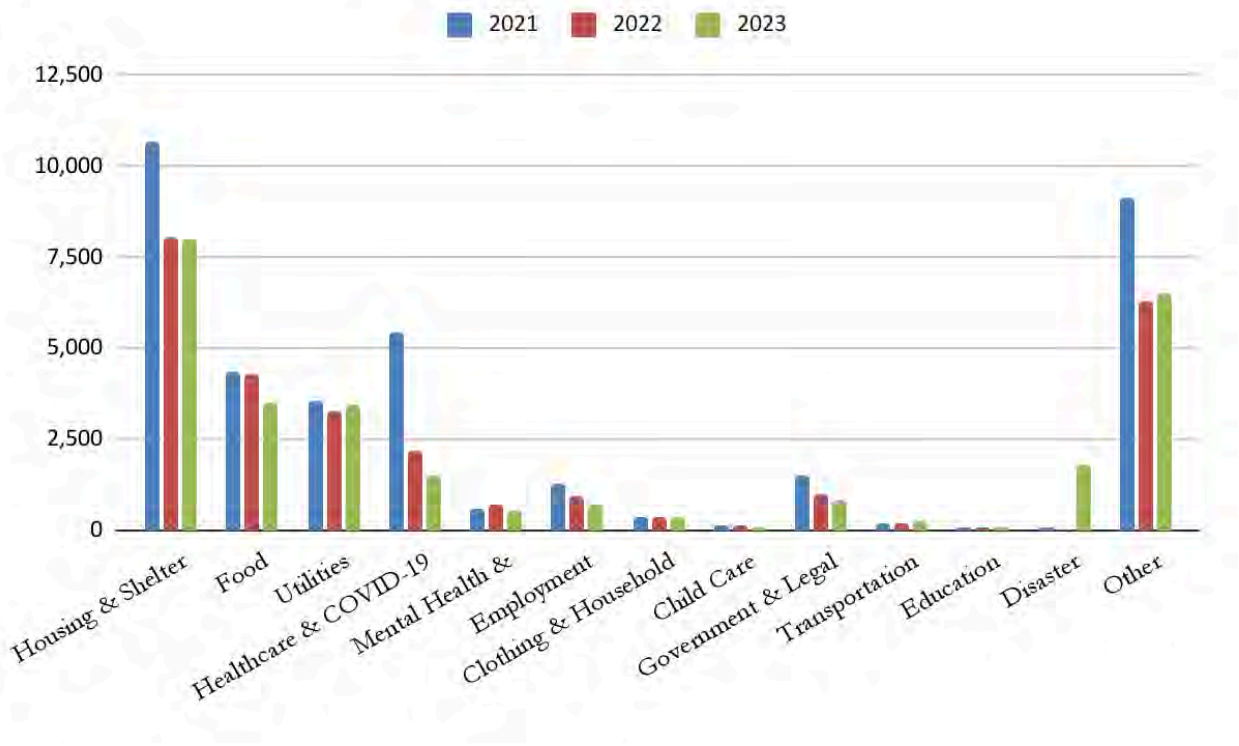
		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
Yes	CHILDREN IN HOUSEHOLD	25.6%	24.8%	21.0%	25.2%	25.4%	26.9%
No		74.4%	75.2%	79.0%	74.8%	74.6%	73.1%
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024							

B. 2024 CHNA Priorities

In 2018, the CHNA process identified 11 Priorities. Each priority continued to maintain importance in 2021, and they are now called "Significant Health Needs." From those Significant Health Needs, the 2021 CHNA identified 5 Priorities. Aside from some changes in wording, the Priorities and Significant Health Needs remain the same in 2024. The significant health needs include Strong Families, Emergency Prepared, Environment, Kūpuna Care, Healthy Starts, Community Cohesiveness, Financial Security, Mental and Behavioral Health, Housing, and Equitable Access. Of those Significant Health Needs, the Priorities include: Financial Security, Food Security, Mental and Behavioral Health, Housing, and Equitable Access.

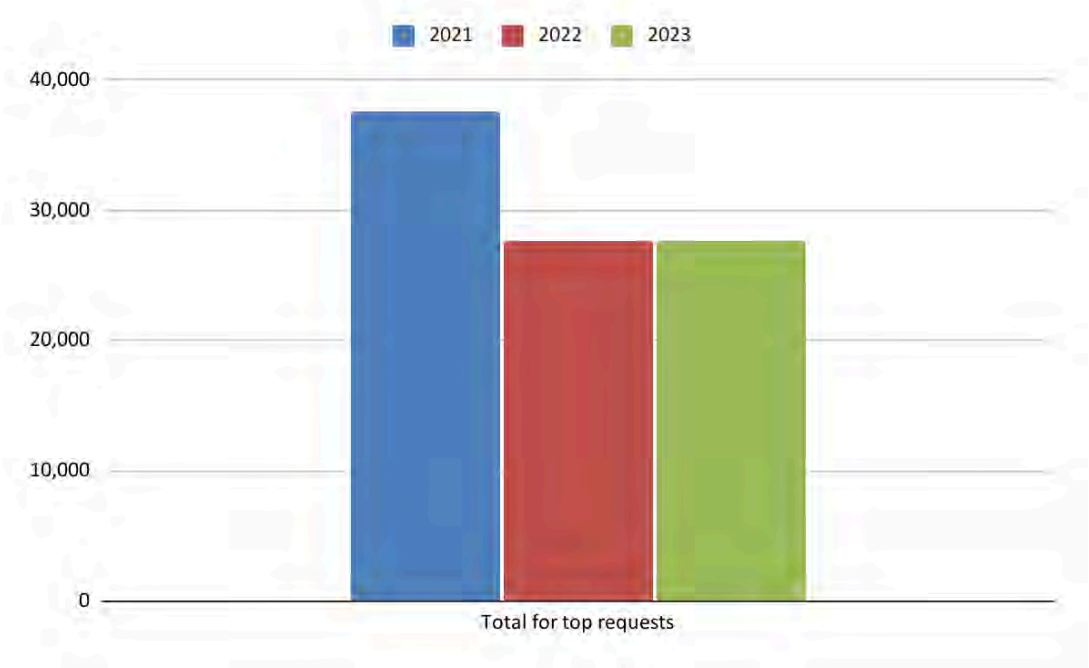
Calls to Aloha United Way's (AUW) 211 referral service increased slightly from 2022 to 2023. Calls related to "Food" decreased by about 19% while calls related to utilities increased by about 6%. The calls to AUW's 211 service in 2023 confirm some of the significant health needs listed above.

Figure 4-10. AUW 211 Calls by Category



Total calls to AUW's 211 referral service increased by just 30 calls from 2022 to 2023, indicating an increase of 0.2%. From 2021, total calls have decreased by about 10,000 calls. This is likely due to an increased need for services during the pandemic and decreased healthcare access through usual in-person channels.

Figure 4-11. Total AUW 211 Calls



Financial Security

While many of Hawai'i's households have been severely impacted by the 2020 COVID-19 pandemic, understanding the economic environment before the pandemic paints a picture of a slowly recovering state, but one still in financially dire straits. Hawai'i's financially struggling families found it difficult to afford basic needs such as housing, food, childcare, healthcare, transportation, taxes, and technology. The high cost of living in Hawai'i outweighs residents' salaries, which often forces residents to make difficult choices for their 'ohana. Financial stability is interconnected with community health through access to health care and other barriers.

Hawai'i's poverty rate increased by 17% between 2019 and 2022. The largest increase was seen in Honolulu County with a 20% increase. Maui County was the only county that experienced a decrease in poverty rate. Keep in mind that the latest poverty rate data is from 2022, before the Lahaina Wildfires.

ALICE is defined as *Asset Limited, Income Constrained, Employed* households that earn more than the Federal Poverty Level (FPL) but less than the basic cost of living for the county (the ALICE Threshold). ALICE workers are an essential part of our society, from teaching assistants to health aides

to hairstylists to sales clerks - residents, who are employed but do not earn enough to provide basic needs for their families. The struggle of local families to survive on low-income jobs, job instability, and limited access to build any financial cushion has contributed to many falling into the ALICE category.

When factoring in ALICE with the poverty level, Hawai'i is home to 162,372 ALICE households (33%) and nearly 11% (54,292 people) living in poverty in 2022. Hawai'i County (50%) continues to have the highest proportion of ALICE households and those living below the federal poverty level when compared to other counties.

Table 4-8: Poverty Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	POVERTY	14.6%	10.3%	17.4%	10.0%	9.1%	9.1%
2015-19		13.4%	9.4%	15.6%	9.3%	8.3%	8.1%
2018-22		13.0%	11.0%	16.0%	9.0%	10.0%	9.0%

Percentage of people living below the federal poverty level (FPL).
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Table 4-9: ALICE + Poverty Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	ALICE + POVERTY	N/A	48%	55%	51%	46%	43%
2018		N/A	42%	48%	42%	40%	44%
2022		42%	44%	50%	49%	41%	45%

Percentage of households Asset Limited, Income Constrained, and Employed with incomes above FPL but not high enough to afford a basic household budget + the %age of households below FPL = households struggling to afford basic necessities.
(Data: 2015). Source: United Way, ALICE: A Study Of Financial Hardship in Hawai'i, 2017
(Data: 2018). Source: Alice Threshold, 2007-2018. American Community Survey, 2007-2018
(Data: 2021). Source: Alice Threshold, 2010-2022. American Community Survey, 2010-2022

Table 4-10: Insufficient Liquid Assets by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	INSUFFICIENT LIQUID ASSETS	36.8%	N/A	37.0%	33.5%	30.7%	30.5%
2014		36.9%	N/A	36.6%	32.9%	30.4%	29.3%
2021		27%	20%	32%	28%	22%	23%

Percentage of households without sufficient liquid assets to subsist at the poverty level for three months in the absence of income.
(Data: 2013). Source: Prosperity Now Estimates Using Survey of Income and Program Participation and American Community Survey, 2018
(Data: 2014). Source: https://scorecard.prosperitynow.org/data-by-issue#finance/localoutcome/liquid-asset-poverty-rate
(Data: 2021). Source: https://scorecard.prosperitynow.org/data-by-issue#finance/localoutcome/liquid-asset-poverty-rate

Table 4-11: Cash Public Assistance Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	CASH PUBLIC ASSISTANCE	2.6%	3.4%	4.4%	3.1%	3.3%	3.1%
2015-19		2.4%	2.9%	3.9%	2.4%	2.9%	1.9%
2018-22		2.7%	4.0%	4.8%	3.8%	3.9%	4.5%

Percentage of households receiving general assistance and/or Temporary Assistance to Needy Families (TANF).
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
Data: 2015-19). Source: Hawai'i Health Matters, U.S. Census, American Community Survey 5-Year estimates, 2021
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2018-2022

Table 4-12. Median Household Income by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	MEDIAN HOUSEHOLD INCOME	$57,652	$74,923	$56,395	$72,762	$80,078	$72,330
2015-19		$62,843	$81,275	$62,409	$80,948	$85,857	$83,554
2018-22		$74,149	$94,814	$74,238	$95,379	$99,816	$88,869

Median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Unemployment

Hawai'i's unemployment rate of 5.1% has dipped slightly below the national rate of 5.3%. In September of 2023, a couple of weeks after the deadly Maui Wildfires, Maui County saw more than 11% of residents who were previously employed file for unemployment[19]. The latest unemployment data has Hawai'i's unemployment rate at 2.9%.[20] The latest data by county is from 2022.

[19] UHERO, Jobless claims reveal staggering employment cost of Maui wildfires, *available at:* https://uhero.Hawai'i.edu/jobless-claims-reveal-staggering-employment-cost-of-maui-wildfires/
[20] News Release: Hawai'i's Unemployment Rate Remains at 2.9 percent, Office of the Governor, 2024. *Available at:* https://governor.Hawai'i.gov/newsroom/news-release-Hawai'i-august-unemployment-rate-remains-at-2-9-percent/

Table 4-13. Unemployment Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2019	UNEMPLOYMENT	3.3%	2.8%	3.5%	2.7%	2.6%	2.8%
2020		7.7%	15.2%	13.5%	23.2%	13.6%	20.2%
2021		4.6%	6.4%	6.3%	8.1%	5.9%	8.4%
2022		5.3%	5.1%	6.5%	5.4%	4.8%	4.1%

Civilians, 16 years of age and over, who are unemployed as a percent of the civilian labor force.
(Data: 2019). Source: Hawai'i Health Matters, US Bureau of Labor Statistics, 2019
(Data: 2020). Source: Hawai'i Health Matters, US Bureau of Labor Statistics, 2020
(Data: 2021). Source: Hawai'i Health Matters, US Bureau of Labor Statistics, 2021
(Data: 2022). Source: Hawai'i Health Matters, US Bureau of Labor Statistics, 2022

One area of relief for residents was Unemployment Insurance (UI), which saw 75,040 initial unemployment claims in 2023[21], up from 70,344 in 2022, a 7% increase.

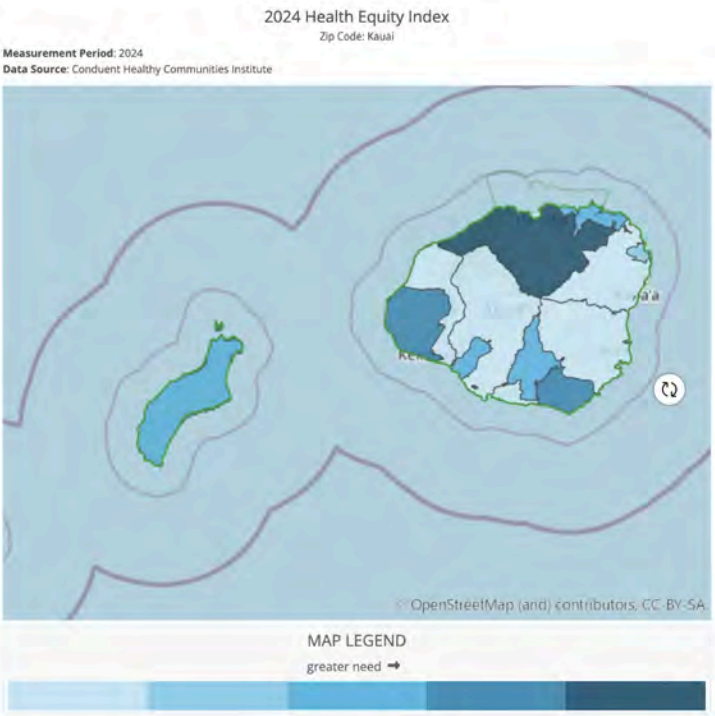
2024 Health Equity Index

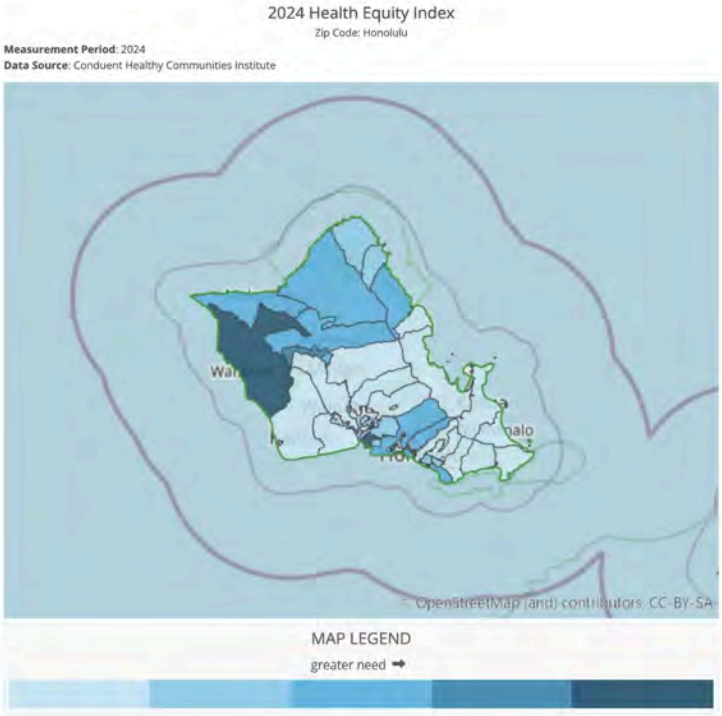
The 2024 Health Equity Index (formerly SocioNeeds Index), created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index is part of Conduent's SocioNeeds Index® Suite, which provides analytics around social determinants of health to advance equitable outcomes for a range of topics. Financial security can impact many aspects of one's health and can play a big role in the levels of socioeconomic need.

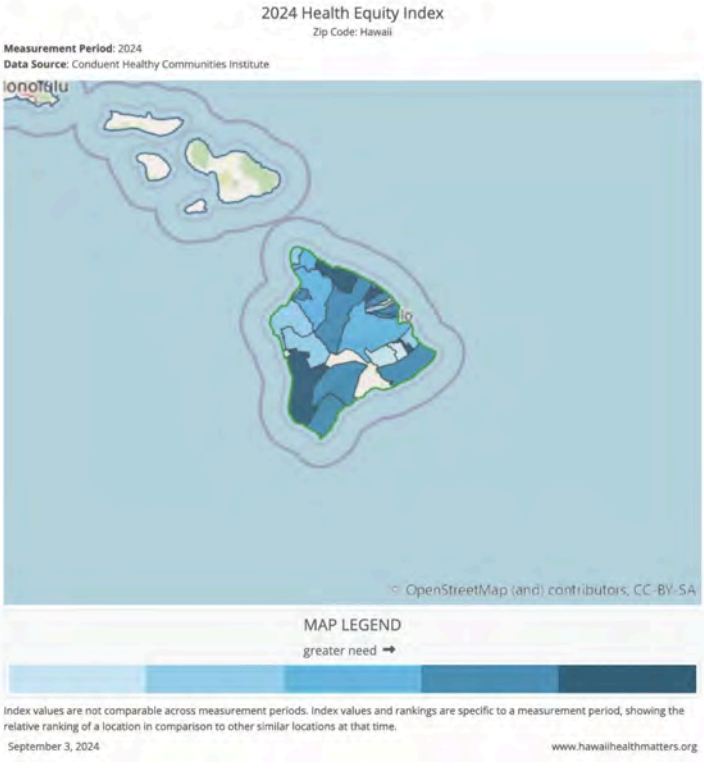
All zip codes, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). The locations in the map below are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the State. Areas shaded in darker blue represent areas with greater need.

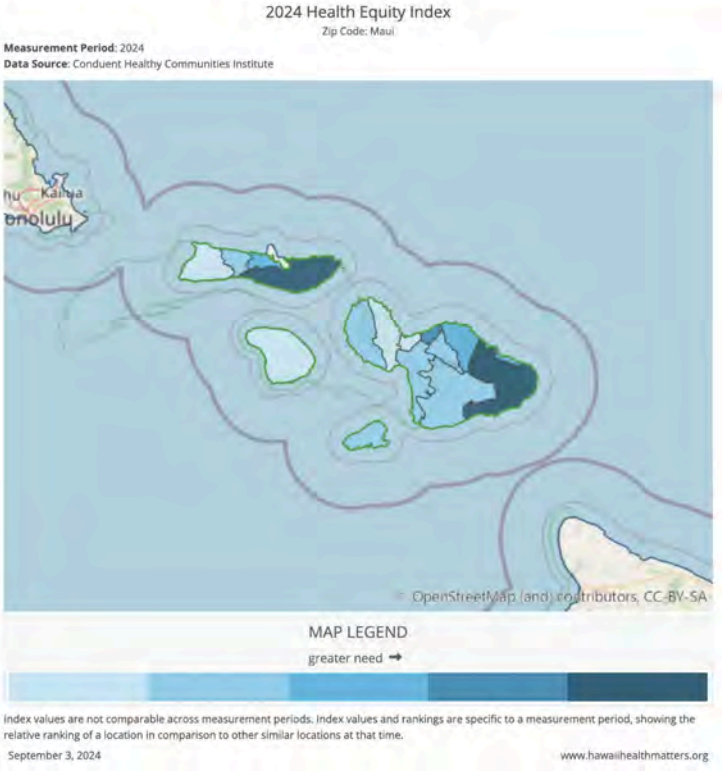
[21] State of Hawai'i, Unemployment Weekly Updates, *available at*: https://files.Hawai'i.gov/dbedt/economic/data_reports/unemployment/2021/ui_state_2023.pdf

Figure 4-12. 2024 Health Equity Index









The zip codes in Hawai‘i with the highest levels of socioeconomic need related to poor health outcomes are found in the Hanalei/Kalihiwai/Kilauea area in Kaua‘i County, the Wai‘anae and Pearl Harbor areas on O‘ahu, the Kaunakakai and Hāna areas in Maui County, and the Hawai‘i County communities of Honoka‘a, Pa‘auilo, ‘Ō‘Ōkala, Laupāhoehoe, Pāpa ‘Aloa, Pepe‘ekeo, Kurtistown, Pāhoa, Pāhala, Nā‘ālehu, Ocean View, and Waikoloa Village.[22]



Housing

Home Ownership, Housing Supply

According to the 2022 American Community Survey 5-Year Estimates, 38.2% of Hawai‘i residents (about 2 in 5) live in renter-occupied housing units; the City and County of Honolulu registered the highest among all counties, at 41.1%. The pandemic has offered the opportunity for more individuals to rethink their current living conditions, from living in the congested urban core to living in a less dense or even rural area. During the pandemic, low interest rates and the ability to work remotely have made Hawai‘i’s housing market even more competitive among local and out-of-state buyers, often purchasing above market price. According to an article by Hawai‘i Business Magazine, the housing market has become much less competitive since the pandemic, as homes are taking five times longer to sell on average. Myron Kiriu, CEO of Better Homes and Gardens Real Estate Advantage Realty explains, “It is going more from what was a crazy seller-centric market to a more balanced market now, where the buyer and the seller have more equal leverage when they’re negotiating a transaction”.[23]

The U.S. Census American Community Survey’s 5-year estimate for 2018-2022 reported the median housing unit value in Hawai‘i was $764,800, while nationally, it was $281,900. A recent study from Title Guaranty Hawai‘i reported that in June 2024, the median sales price for a single-family home on O‘ahu was $1.07 million.

In partnership with the counties, the State of Hawai‘i performs a housing gap study every three years. The need for housing at all income levels has steadily increased since the study began. The 2019 housing gap study demonstrates that over 50,000 housing units are needed across Hawai‘i to address

[22] Source: https://www.Hawai‘ihealthmatters.org/indexsuite/index/healthequity?localeType=3&locale=12140

[23] Hawai‘i Business Magazine, The Pandemic’s Frenzy is Over, so Buyers Have Time to Study Homes and Bargain, *available at:* https://www.Hawai‘ibusiness.com/single-family-homes-Hawai‘i-market-slowing-march-2023/

housing needs by 2035.[24] Housing is built at a rate of only a few thousand units per year. Just over half of those units are needed for families considered low to moderate-income, earning 80% or below the annual median income, demonstrating this is a problem shared by families of various household incomes.

Table 4-14. Home-Ownership Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2018	HOME OWNERSHIP	56.0%	49.4%	52.0%	44.7%	50.0%	46.4%
2021		56.2%	49.8%	53.6%	45.5%	50.1%	46.2%
2018-22		57.8%	53.3%	58.2%	49.8%	53.1%	49.3%

Percentage of all housing units (i.e. occupied and unoccupied) that are occupied by homeowners.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-15. Median Housing Value by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	MEDIAN HOUSING VALUE	$193,500	$563,900	$316,000	$569,100	$626,400	$520,100
2015-19		$217,500	$615,300	$350,000	$633,500	$678,200	$570,700
2018-22		$281,900	$764,800	$454,900	$800,100	$832,200	$742,900

Median housing unit value.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

[24] Hawai'i Housing Planning Study (2019), DBEDT, *available at:* https://dbedt.Hawai'i.gov/hhfdc/files/2020/01/FINAL-State_Hawai'i-Housing-Planning-Study.pdf

Table 4-16. Vacant Housing Unit Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	VACANT HOUSING UNITS	12.2%	14.9%	22.3%	24.6%	10.1%	26.3%
2015-19		12.1%	15.3%	20.9%	25.5%	10.8%	26.9%
2018-22		10.8%	13.7%	18.5%	23.8%	9.8%	24%

Percentage of total housing units that are vacant
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-17. Severe Housing Problem Rate by County

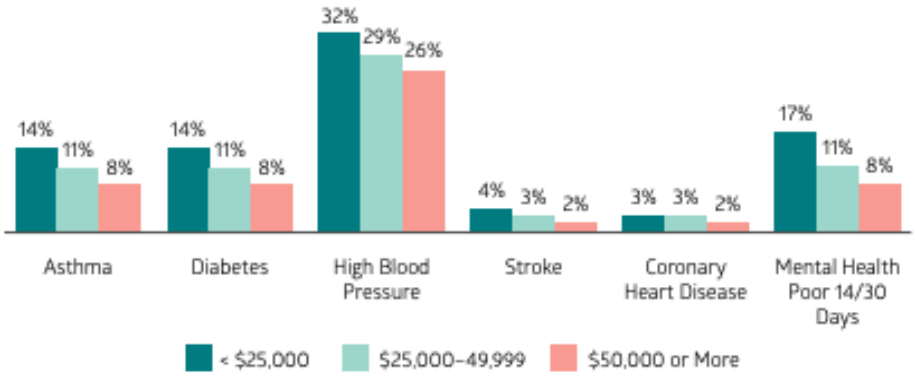
		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2010-14	SEVERE HOUSING PROBLEMS	18.8%	27.8%	26.9%	32.2%	27.3%	26.6%
2013-17		18.0%	26.7%	22.8%	28.6%	27.5%	23.4%
2016-20		N/A	25.7%	24.0%	26.2%	26.1%	24.1%

Percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.
(Data: 2010-14). Source: Hawai'i Health Matters, County Health Rankings, 2018
(Data: 2013-17). Source: Hawai'i Health Matters, County Health Rankings, 2021
(Data: 2016-20). Source: Hawai'i Health Matters, County Health Rankings, 2024

Housing stability has an important upstream impact on mental and physical health. Instability and poor housing conditions lead to greater stress, increased exposure to unhealthy environments, and less access to healthy food options. A recent study illustrated that "poverty and poor housing together are implicated in high rates of chronic diseases. Studies show a correlation of housing conditions with asthma, diabetes, high blood pressure and stroke, heart disease, and anxiety and depression. This is

borne out by data for Hawai'i showing the disproportionate prevalence of these conditions among low-income households."[25]

Figure 4-13. Prevalence of Housing-Linked Conditions by Income



Hospital Visits by Persons Experiencing Problems Related to Housing and Economic Circumstances

The Laulima Data Alliance was organized to collect, analyze, and disseminate statewide health information in support of efforts to continuously improve the quality and cost efficiency of healthcare services provided to the people of Hawai'i, while also safeguarding confidential individual patient and healthcare provider information. The Laulima Data Collection Program enables Hawai'i hospitals to efficiently submit, edit and validate their data.

The Laulima Data Reporting Program provides hospitals with ready access to Hawai'i, regional and hospital-specific information to support decision making and policies for the Department of Health, healthcare leaders, policymakers, researchers and community partners.

Laulima filters data by inpatient vs. outpatient and Z codes. An inpatient is a hospital patient who, in most cases, stays in the hospital overnight and meets a set of clinical criteria. Outpatients are people who receive care or hospital services and return home the same day. Outpatient data includes Emergency Department (ED), Ambulatory Surgery Centers (ASC), and other outpatient services (PT/OT, Radiation Therapy).

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM diagnosis codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.). SDOH refers to social determinants of health and are the conditions in the environments where people are born, live, learn, work, play,

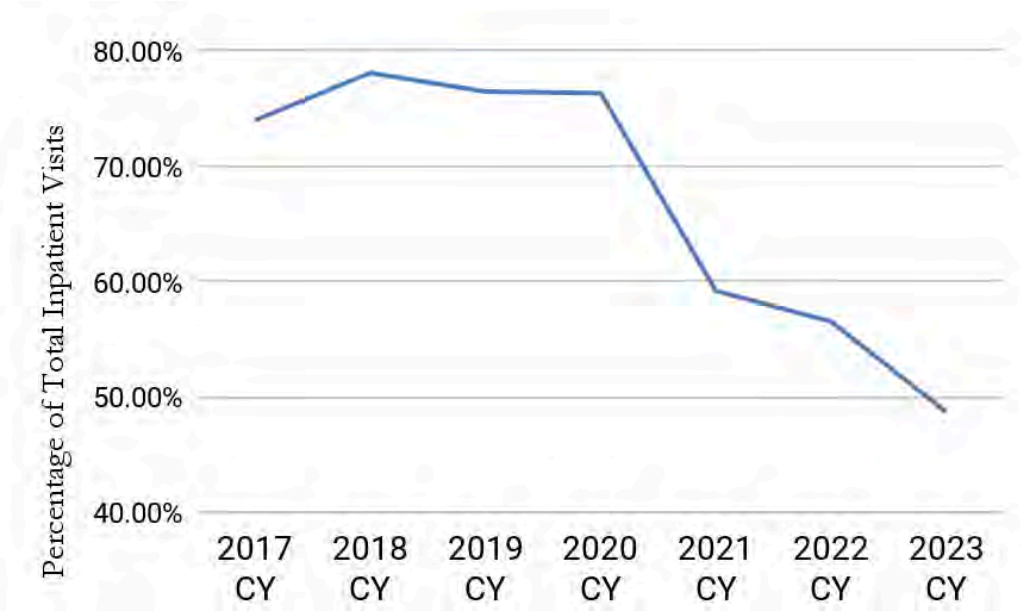
[25] Good Health Depends On Decent Housing, Hawai'i Budget and Policy Center (December 2021), *available at*: https://static1.squarespace.com/static/5ef66d594879125d04f91774/t/61cbb9d2e388e752f5626375/1640741331194/Health+%26+Housing+Handout.pdf

worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Of note, it appears that the SDOH data captures where there are challenges in a patient's environment and not where the SDOH indices are positive attributes or assets. While capturing this information was lauded as a positive improvement, it is recommended to revisit the language. Rather than calling the new codes "SDOH" since they do not evaluate the systemic issues of the social determinants or the positive conditions, the recommendation is to encourage consideration of "social needs" as the identifier.

Upon examination of data from the Laulima Data Alliance, it appears that there are some Z codes that have been put into use more recently or are being recorded more prominently now. Therefore, the increase in hospital visits with these codes is in part due to evolving hospital recording procedures/policies as data capture began focusing on these areas, particularly the rapid increase from the initial year to the second year as part of the reporting being incorporated into hospitals' daily recording processes. Please note that an "Inpatient Hospital Visit by Persons Experiencing Problems Related to Housing and Economic Circumstances" does not mean that someone went to the hospital for problems related to their housing and economic circumstance. The information is collected as part of the screening questions that patients are asked.

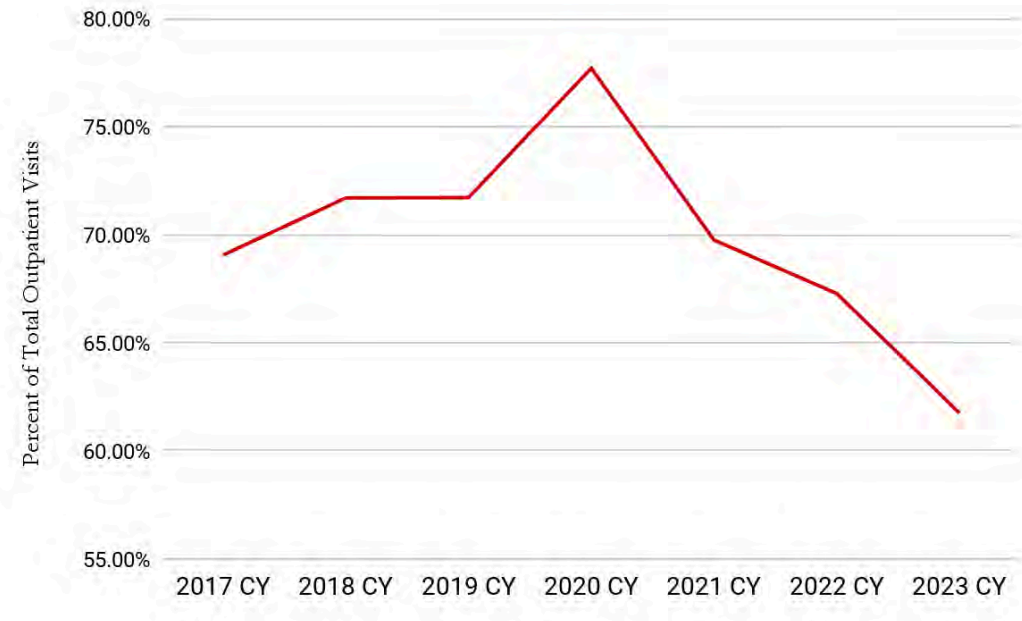
Challenges related to housing and economic circumstances include those related to homelessness, inadequate housing/utilities, housing instability, extreme poverty, and low household income. Inpatient visits, where the patient's chart includes the Z code for challenges related to housing and economic circumstances, have been steadily increasing since 2017. However, visits of this type have decreased in the share of total inpatient visits significantly since 2020. In 2023, there were 5,060 total visits of this type, accounting for 49% of total inpatient hospital visits.

Figure 4-14. Inpatient Hospital Visits by Persons Experiencing Problems Related to Housing and Economic Circumstances as a Share of Total Inpatient Visits



Outpatient visits for persons experiencing problems related to housing and economic circumstances, have also been steadily increasing since 2017, and at a higher frequency, but have been decreasing its share of total outpatient hospital visits since 2020.

Figure 4-14. Outpatient Hospital Visits by Persons Experiencing Problems Related to Housing and Economic Circumstances as a Share of Total Outpatient Visits



Homelessness

Homelessness is an important and critical component of the housing crisis. Having an affordable, available, and accessible house is a key element of health. An estimated 33% of unhoused persons on Oʻahu live with a mental health challenge, 36% live with a physical or developmental disability, and 22% are survivors of domestic violence.[26] These challenges further demonstrate the layered relationships between the 2024 Priorities and the importance of interconnected approaches.

Housing First models have been successfully implemented in Hawaiʻi and demonstrate positive health outcomes through a higher likelihood of staying housed, decreased use of drugs and emergent care, and increased social engagement. Additionally, the direct healthcare benefit includes an estimated healthcare cost savings of $6,197 per client per month, representing a 76% decrease in healthcare costs after housing placement.[27] Both national and local reports repeatedly demonstrate that the cost of addressing impacts of homelessness far exceed the cost of providing stable, permanent, supportive housing for those experiencing homelessness.[28]

Recently, Medicaid has added Community Integration Services (CIS) as eligible for coverage. This includes providing housing support services with the goals: "(1) Support the member's transition to housing; (2) Increase long-term stability in housing in the community; and (3) Avoid future periods of homelessness and institutionalization for members."[29] Multiple homeless service agencies have become or are in the process of becoming enrolled providers.

Just before the beginning of the pandemic, in January 2020, the Point-in-Time Count performed by Partners in Care identified 6,689 individuals as homeless, with 2,766 of these unsheltered. In 2024, the Point-in-Time Count identified 4,494 individuals as homeless, with 2,766 of these unsheltered. Hawaiʻi's homeless rate in 2023 leads the nation in dramatic numbers, at 43.2 per 10,000 compared to 17.5, less than half that, nationally.

Many of the unsheltered individuals face major health issues caused by health and safety challenges, including exposure and trauma of living on the street. According to the Honolulu Medical Examiner, the average life expectancy of an unsheltered homeless person is 52.6 years, nearly 30 years less than Hawaiʻi's general population[30]. Many individuals also face co-occurring health challenges, including

[26] 2024 Oʻahu Point in Time Count, Partners in Care (2024), *available at*: https://static1.squarespace.com/static/5db76f1aadbeba4fb77280f1/t/5efa984a8ae4f774863509e8/1593481306526/PIC+2024+PIT+Count+Report+Final.pdf

[27] Hawaiʻi Pathways Project, State of Hawaiʻi, *see:* https://homelessness.Hawaiʻi.gov/housing/.

[28] Good Health Depends On Decent Housing, Hawaiʻi Budget and Policy Center (December 2021).

[29] Medicaid Community Integration Services, Homelessness Initiative, *see*: http://homelessness.Hawaiʻi.gov/cis/.

[30] Hawaiʻi Public Radio, Honolulu Medical Examiner Warns Homeless Dying Early, *see:* https://www.Hawaiʻipublicradio.org/local-news/2019-06-05/honolulu-medical-examiner-warns-homeless-dying-early

mental health or addiction due to self-coping. According to the Evaluation Report of the City and County of Honolulu's Housing first Program, many individuals experiencing homelessness present mental health disorders after being faced with the trauma of being on the street[31]. This implies that one is more likely to become unhoused due to other factors like the lack of affordable housing or the inability to pay rent, and present mental health challenges only after being on the street, as opposed to becoming unhoused because of a mental health challenge.

Table 4-18. Rate of Houselessness by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	HOUSELESS (per 10,000)	18.3	55.4	70.2	69.2	49.8	61.4
2020		17.3	45.5	39.7	47.2	45.4	58.8
2023		17.5	43.2	48.6	42.8	40.5	66.1

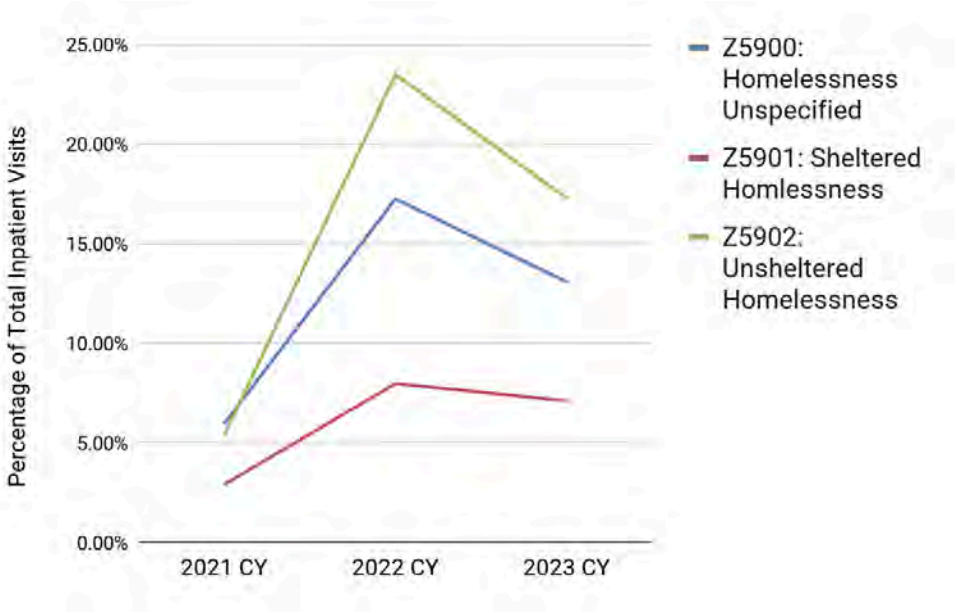
Rate of homelessness per 10,000 population.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i Dept. of Human Services, 2017. National figure from 2015.
(Data: 2020). Source: Hawai'i Health Matters, Hawai'i Dept. of Human Services, 2020. National figure from 2019.
(Data: 2020). Source: Hawai'i Health Matters, Hawai'i Dept. of Human Services, 2020. National figure from 2019.

Hospital Visits by Persons Experiencing Houselessness

Inpatient visits where the patient's chart includes the Z code for homelessness have been increasing since 2021, as has its share of total inpatient visits. In 2023, there were 3,890 total visits that included a Z code indicator for problems related to homelessness. The increase in hospital visits with these codes is in part due to evolving hospital recording procedures/policies as data capture began including this Z code, particularly the rapid increase from the initial year to the second year as part of the reporting being incorporated into hospitals' daily recording processes.

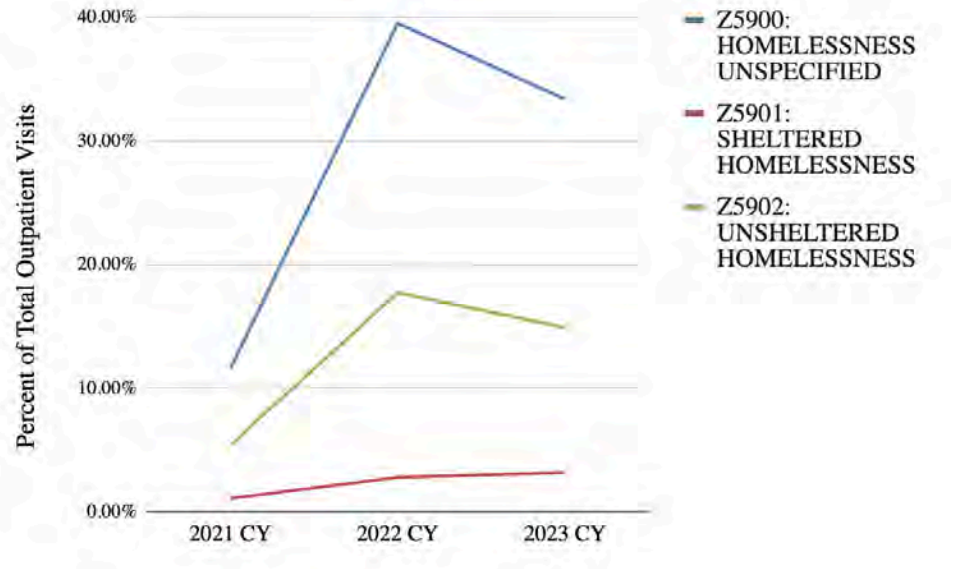
[31] Evaluation Report of the City and County of Honolulu's Housing first Program, University of Hawai'i, Ecological Determinants of Health, Department of Psychology, *see*:
https://www.honolulu.gov/rep/site/ohou/Housing_First_Year_5_Evaluation_Report_Final_with_Appendices.pdf

Table 4-15. Inpatient Hospital Visits by Persons Experiencing Houselessness as a Share of Total Inpatient Visits



Outpatient visits with homeless Z codes have also been increasing since 2021, much more frequent than inpatient visits with a total of 7,865 total visits for problems related to persons experiencing homelessness. Visits of this type have also been increasing its share of total outpatient visits since 2021.

Table 4-16. Outpatient Hospital Visits by Persons Experiencing Houselessness as a Share of of Total Outpatient Visits



Mental and Behavioral Health

Calls to Hawai‘i CARES, the crisis hotline staffed by trained counselors, fielded 1,494 more calls in July 2024 than in July 2023, representing a 22% increase. 2024 reflects data from January to July 2024 only. The 988 Suicide Crisis Lifeline launched in July of 2022, with calls in Hawai‘i getting directed to Hawai‘i CARES.

Figure 4-17. Hawai‘i CARES Crisis Center Inbound Calls

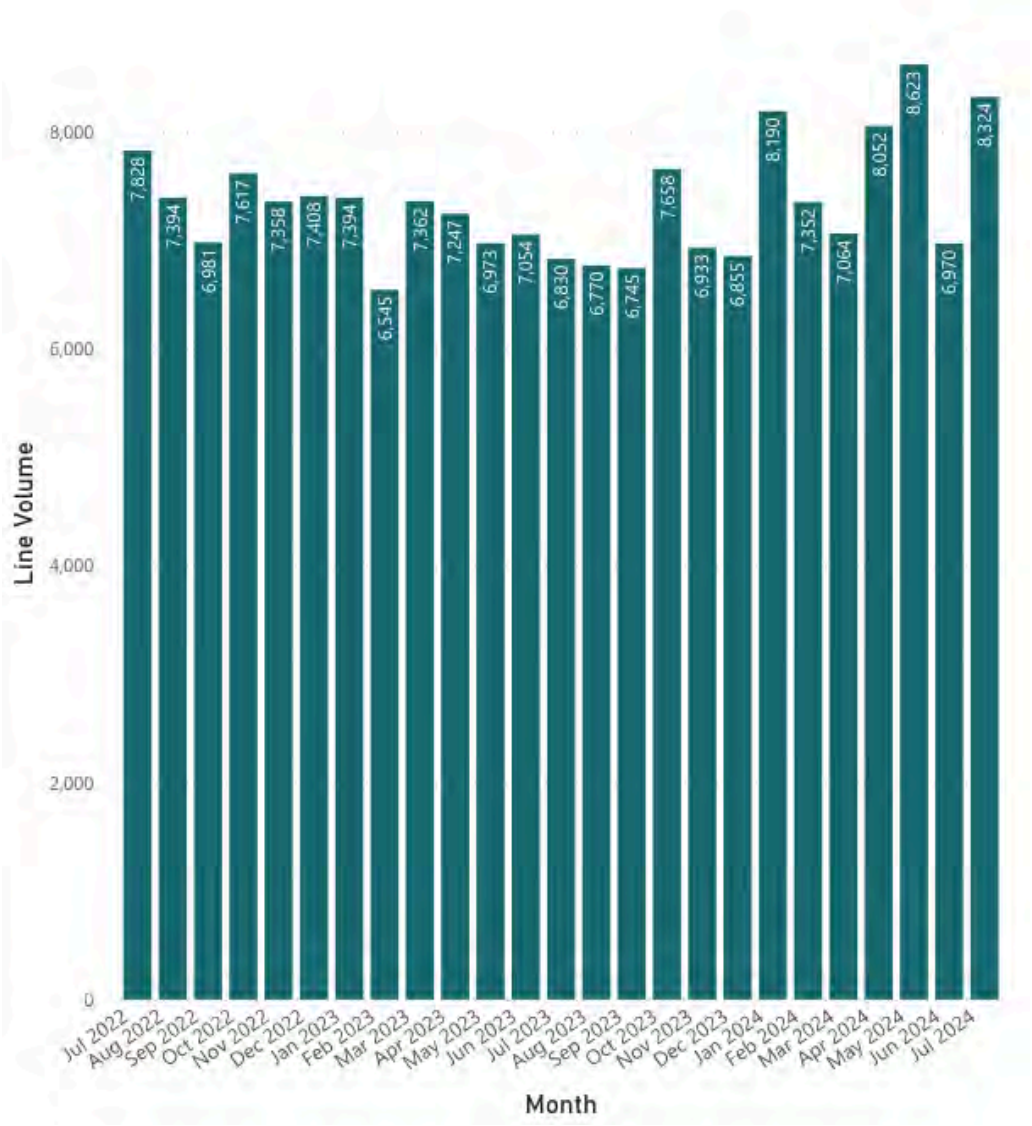


Table 4-19. Total Hawai'i CARES Crisis Center Calls

All Hawai'i Cares Crisis Center Calls	
84,366 January - December 2023	**54,575** January - July 2024

In 2021, 11.0% of adults in Hawai'i reported that their mental health was not good for 14 or more of the past 30 days. This included residents who experienced stress, depression, and emotional problems which lasted for more than 14 days during the past month. The national figure had increased by 15% from 2018, and Hawai'i's population increased by 7% with continued increases across all counties. At 15.0%, Hawai'i County was equal to the national average of (15.0%), while Kaua'i County had the greatest percentage-point increase of 2.5 points (from 11.5% to 14.0%).

Table 4-20. Rate of Frequent Mental Distress by County

		US	**Hawai'i**	**Hawai'i County**	**Maui County**	**C&C of Honolulu**	**Kaua'i County**
2016	FREQUENT MENTAL DISTRESS	15.0%	9.6%	11.7%	10.2%	8.5%	9.4%
2018		13.0%	10.3%	13.4%	11.8%	11.0%	11.5%
2021		15.0%	11.0%	15.0%	14.0%	13.0%	14.0%

Percentage of adults who stated that their mental health, which includes stress, depression, and problems with emotions, was not good for 14 or more of the past 30 days.
(Data: 2016). Source: Hawai'i Health Matters, County Health Rankings, 2018
(Data: 2018). Source: Hawai'i Health Matters, County Health Rankings, 2020
(Data: 2021). Source: Hawai'i Health Matters, County Health Rankings, 2024

As stress and other emotional issues increased, substance abuse has increased in some areas, as well. Hawai'i saw a 2% decrease in its heavy drinking rate however, heavy alcohol usage in Hawai'i continues to outpace the national level at 8.3% and 6.5%, respectively, and Hawai'i remains 3% higher than in 2016. Hawai'i County saw the highest 2022 percentage at 10.7% reporting heavy alcohol consumption, a 15% increase over 2019. Maui County saw a 17% decrease from 2019 to 2022, although it is still two points higher than in 2016. Kaua'i and Honolulu Counties continued seeing more moderate decreases.

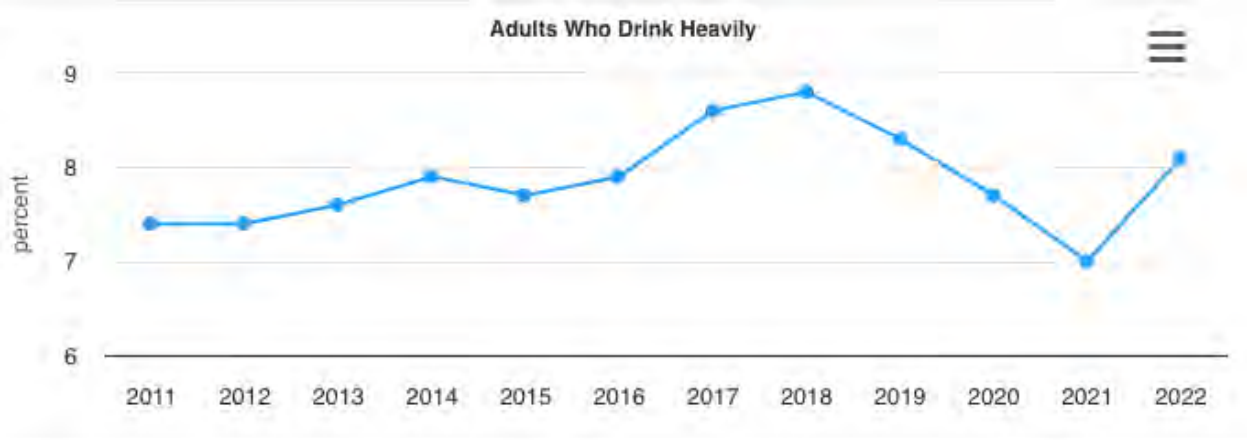
Table 4-21. Rate of Heavy Drinking by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	HEAVY DRINKING	6.5%	7.9%	11.6%	7.9%	7.4%	9.7%
2019		6.5%	8.3%	9.3%	11.9%	7.4%	8.9%
2022		6.8%	8.1%	10.7%	9.9%	7.0%	8.7%

Percentage of adults who reported having more than two drinks per day on average (for men) or more than one drink per day on average (for women).
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024.

From 2011 to 2018, the heavy drinking rate in the state has steadily increased with the exception of a slight decrease in 2015. Then, from 2018 to 2021 the state's heavy drinking rate fell to its lowest level since before 2011. In 2022, the heavy drinking rate rose relatively sharply by 1.1 percentage points from the previous year.

Figure 4-18. Heavy Drinking Rate by Year (State)



Mortality rates from drug overdoses have escalated both nationally and locally. While the overall overdose death rate in Hawai'i is lower than the nationwide figure, it nevertheless still presents an ongoing and significant challenge for Hawai'i with rapid increases. The 2019-2021 rate of 18.0 represents a 17% increase over the 2017-2019 figures and a 49% increase over the 2014-2016 figures. Kaua'i County (23.0) and the City and County of Honolulu (19.0) reported the highest overdose

death rates, while Hawai'i County (12.0) had the lowest. Across the nation, 75% of drug overdose deaths involved opioids in 2021. Locally, 34% of drug overdose deaths involved opioids.[32]

Table 4-22. Drug Overdose Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2014-16	DRUG OVERDOSE DEATHS (per 100,000)	16.9	12.1	10.9	12.8	12.2	12.1
2017-19		21.0	15.4	10.8	15.8	16.3	16.2
2019-21		27.0	18.0	12.0	18.0	19.0	23.0
Death rate per 100,000 population due to drug poisoning (accidental or intentional) *(Data: 2014-16). Source: Hawai'i Health Matters, County Health Rankings, 2018* *(Data: 2017-19). Source: Hawai'i Health Matters, County Health Rankings, 2021* *(Data: 2019-21). Source: Hawai'i Health Matters, County Health Rankings, 2024*							

Suicide

Though Hawai'i's rate of deaths by suicide has decreased by 7% since 2019 (14.8 to 13.7 per 100,000), suicide is still an overwhelming problem in modern society. The City and County of Honolulu continued to have the lowest suicide death rate across all counties, though Honolulu was the only county to see an increase going from 10.7 per 100,000 between 2017 and 1019 to 11.0 per 100,000 between 2019 and 2021.

[32] Mental Health in Hawai'i, Kaiser Family Foundation, 2021. *Available at:* https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/Hawai'i/#:~:text=As%20shown%20in%20the%20figure%20below%2C%20drug%20overdose%20death%20rates,17.3%20per%20100%2C000%20in%202021.

Table 4-23. Suicide Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	SUICIDE DEATH RATE (per 100,000)	13.3	12.9	20.4	15.9	10.3	14.6
2017-19		13.9	14.8	21.4	18.4	10.7	22.0
2019-21		14.0	13.7	21.0	18.0	11.0	20.0

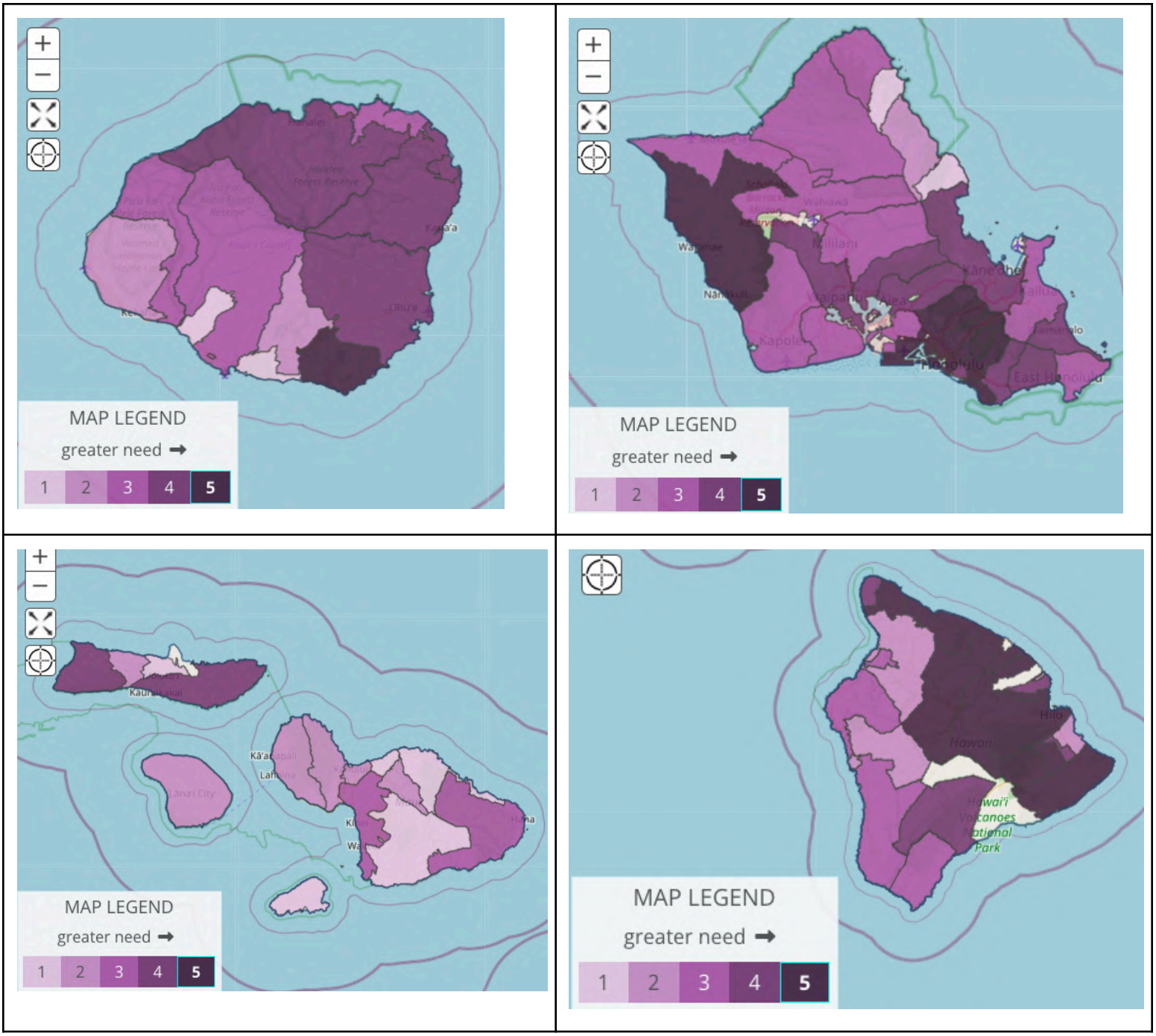
Age-adjusted death rate due to suicide (ICD-10 codes *U03, X60-X84, Y87.0).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH Vital Statistics, 2017
(Data: 2017-19). Source: Hawai'i Health Matters, Hawai'i DOH Vital Statistics, 2021
(Data: 2019-21). Source: Hawai'i Health Matters, Hawai'i DOH Vital Statistics, 2024

2024 Mental Health Index

The 2024 Mental Health Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic and health factors correlated with self-reported poor mental health. The index is part of Conduent's SocioNeeds Index® Suite, which provides analytics around social determinants of health to advance equitable outcomes for a range of topics.

All zip codes, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the region.

Figure 4-19. Mental Health Index



The zip codes with the highest mental health needs are in the Welokā, Honokaʻa and Hilo areas in Hawaiʻi County, Kalihi-Palama, Waiʻanae and Mccully/Mōʻiliʻili areas on Oʻahu.[33]

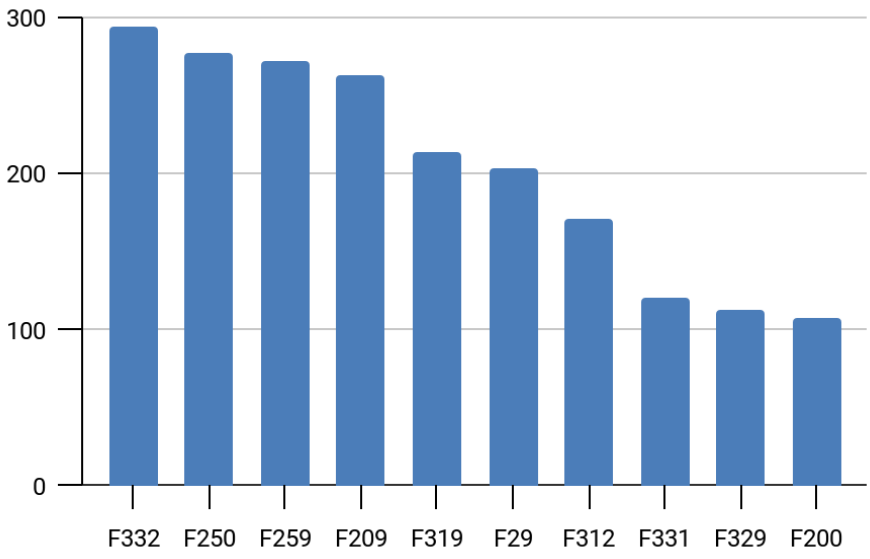
[33] Mental Health Index, Hawaiʻi Health Matters, 2024. *Available at: https://www.Hawaiʻihealthmatters.org/indexsuite/index/mentalhealth*

Mental Health Diagnoses

Figures 4-20 through 4-25 represent data from the Laulima Data Alliance and depict diagnoses and Z codes that are related to mental health. It is important to note that the diagnoses are based only on patients that are seen at hospitals and do not include those that may seek support from other clinical settings, therapy, social settings, anonymous hotlines, or not seek help at all.

The top ten inpatient mental health diagnoses include more severe mental health conditions, such as severe depression, schizoaffective disorder, schizophrenia, and bipolar disorder.

Figure 4-20. Top Ten Mental Health Diagnoses



F332: Major depressive disorder, recurrent severe without psychotic features

F250: Schizoaffective disorder, bipolar type

F259: Schizoaffective disorder, unspecified

F209: Schizophrenia, unspecified

F319: Bipolar disorder

F29: Psychosis not related to substance or physiological condition

F312: Bipolar disorder, current episode manic severe with psychotic features

F331: Major depressive disorder, recurrent, moderate

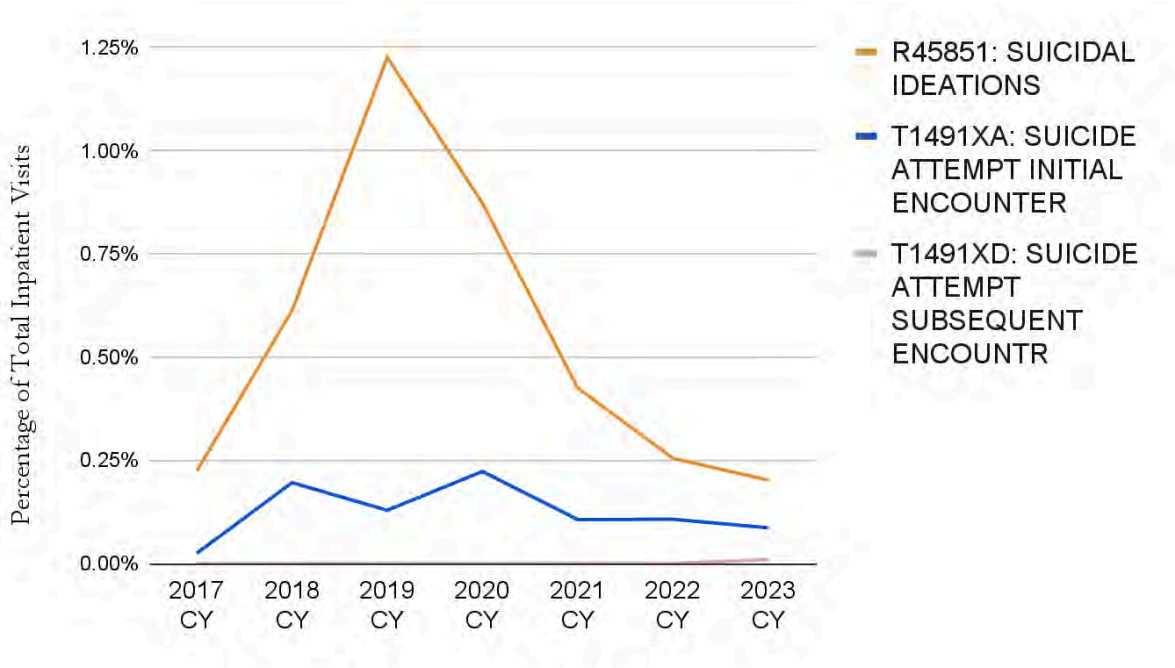
F329: Major depressive disorder, single episode of depression

F200: Paranoid schizophrenia

According to data from the Laulima Data Alliance, suicidality diagnoses as the primary presenting diagnosis have been relatively low. Most individuals presenting to a hospital would receive a different

mental health diagnosis as their primary diagnosis, such as major depressive disorder. Of important note, this also does not capture those that may have sought support from other clinical settings, therapy, social settings, anonymous hotlines, or not sought help at all.

Figure 4-21. Inpatient Hospital Visits by Persons Experiencing Suicidality as a Share of Total Inpatient Visits



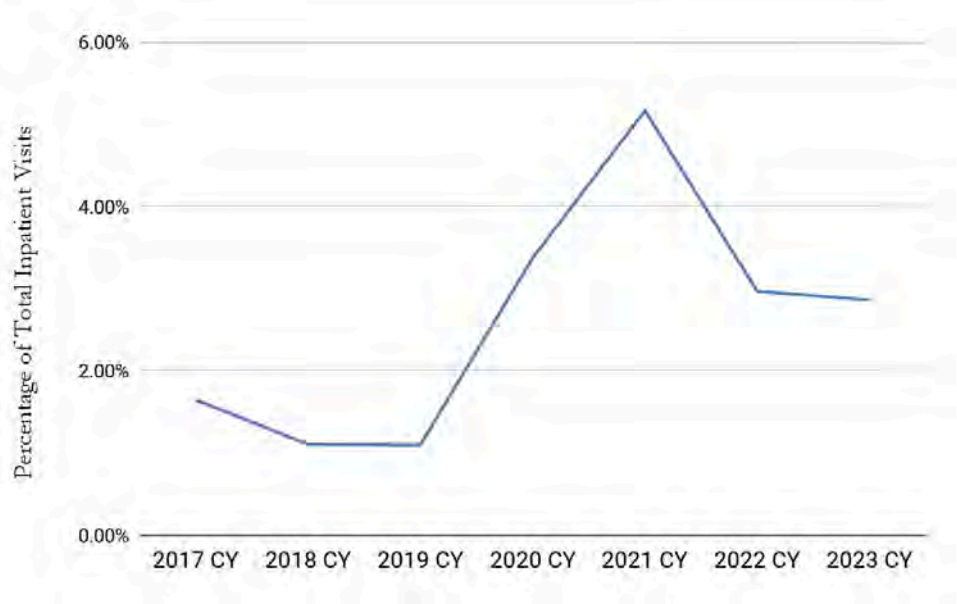
It is also important to consider the mental and physical well-being of our medical providers, especially after the COVID-19 pandemic and Maui Wildfires.

Hospital Visits by Persons Experiencing Problems Related to Psychosocial Circumstances

Problems related to certain psychosocial circumstances include problems related to unwanted pregnancy, multiparity, incarceration, crime.

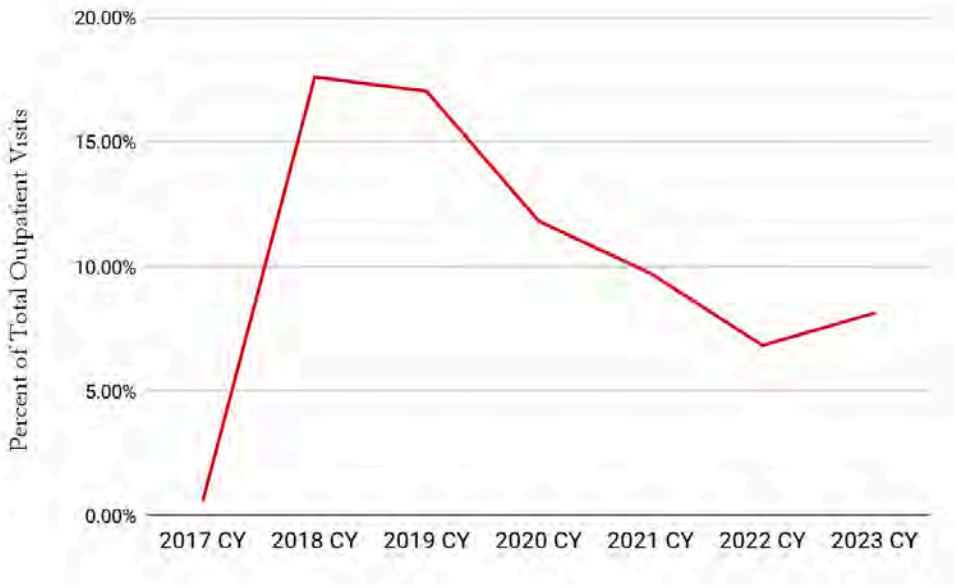
Inpatient visits where the patient's chart includes the Z code for problems related to certain psychosocial circumstances increased from 2022 but are still lower than 2021. Visits of this type have also decreased its share of total inpatient visits since 2021. In 2023, there were 297 inpatient visits where the patient's chart includes the Z code for problems related to certain psychosocial circumstances, accounting for 8.1% of total inpatient visits.

Figure 4-22. Inpatient Hospital Visits by Persons Experiencing Problems Related to Certain Psychosocial Circumstances as a Share of Total Inpatient Visits



With the sharp increase seen in 2023, visits of this type are below the 2021 peak but remain substantially higher than pre-pandemic levels. However, visits of this type have decreased its share of total outpatient visits significantly since 2019.

Figure 4-23. Outpatient Hospital Visits by Persons Experiencing Problems Related to Certain Psychosocial Circumstances as a Share of Total Outpatient Visits

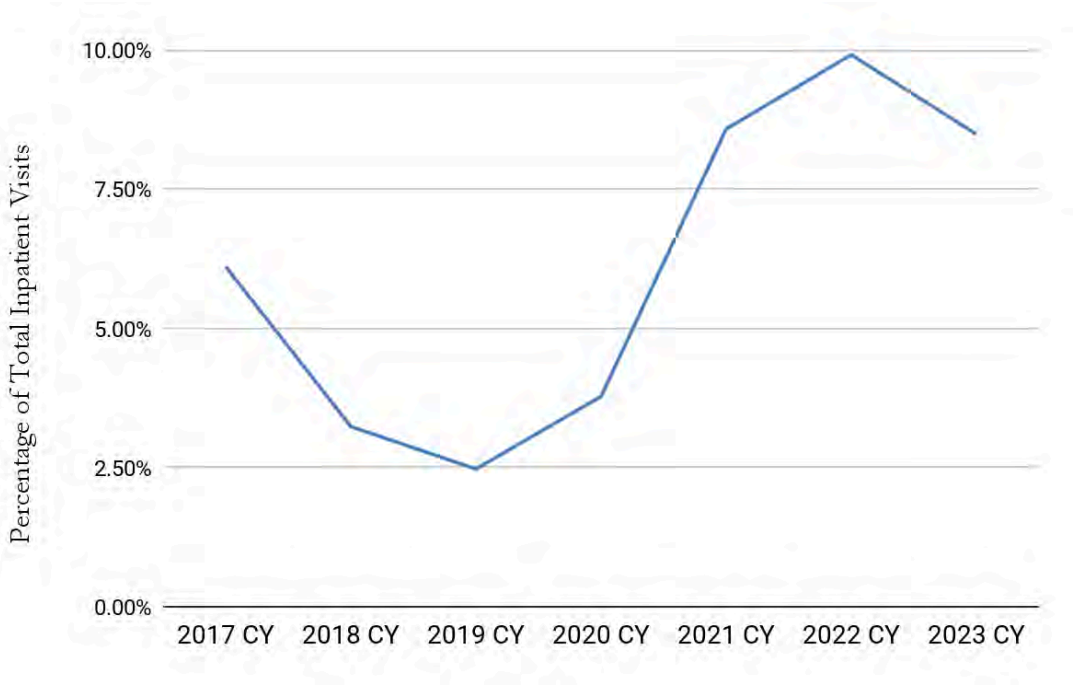


Hospital Visits by Persons Experiencing Problems Related to Social Environment

Problems related to the social environment include problems related to life-cycle transitions, living alone, acculturation difficulty, social exclusion and rejection and discrimination. Issues related to the social environment can negatively affect one's mental health.

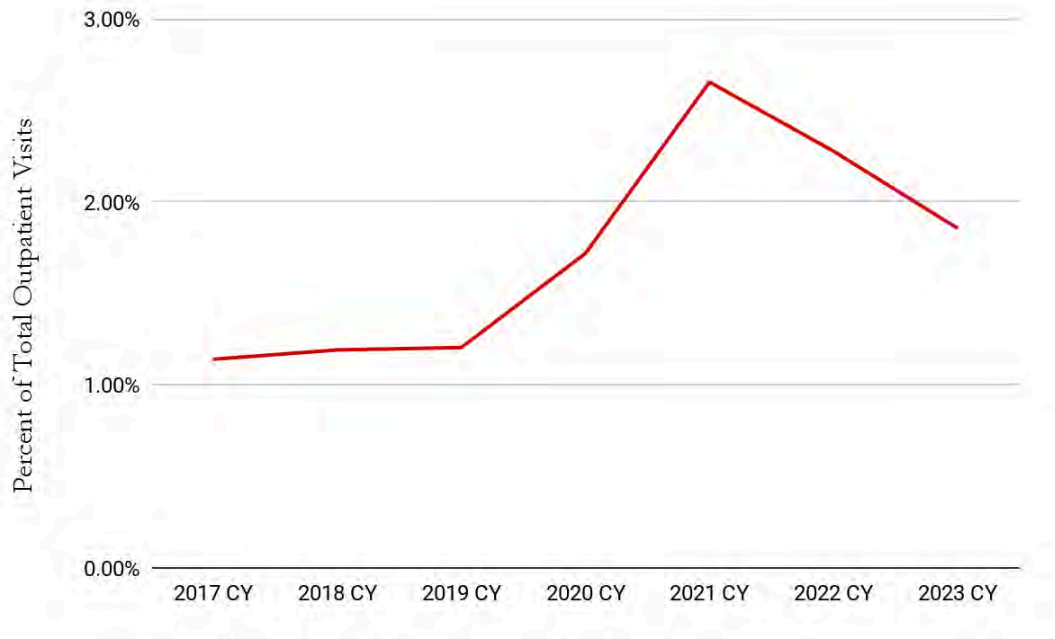
Inpatient visits where the patient's chart includes the Z code for problems related to the social environment have been increasing since 2020, as has its share of total Inpatient visits. In 2023, there were a total of 882 visits where the patient's chart includes the Z code for problems related to their social environment, accounting for 8.5% of total inpatient visits.

Figure 4-24. Inpatient Hospital Visits by Persons Experiencing Problems Related to Social Environment as a Share of Total Inpatient Visits



Outpatient visits where the patient's chart includes the Z code for problems related to their social environment have also been increasing since 2020. Visits of this type have been decreasing its share of total outpatient visits since 2021. In 2023, there were a total of 284 visits where the patient's chart includes the Z code for problems related to their social environment, accounting for 1.9% of total outpatient visits.

Figure 4-25. Outpatient Hospital Visits by Persons Experiencing Problems Related to Social Environment as a Share of Total Outpatient Visits



Upon examination of data from the Laulima Data Alliance, it appears that there may be some Z codes that have been put into use more recently or are being recorded more prominently now. Therefore the increase in hospital visits where the patient's chart includes the Z code for people experiencing problems related to their social environment, for example, is in part due to evolving hospital recording procedures/policies as data capture began focusing on these areas.



Food Security

Recent natural disasters have shown just how vulnerable we are, especially in rural areas and islands with varying periodic barge deliveries. It is estimated that 85-90% of Hawai'i's food is imported[34], proving the necessity to be more sustainable in order to face future threats. This priority seeks to understand and address both hunger and related food insecurity as well as food systems and pathways that can be strengthened for greater economic, ecological, and sustainable resiliency. In 2023, the

[34]Office of Planning, DBEDT, State of Hawai'i, "Increased Food Security and Food Self-Sufficiency Strategy" (October 2012).

Hawai‘i Foodbank distributed 17.7 million pounds of food. Compared to 2022 where the Foodbank distributed 17.4 million pounds of food and in 2021 where they distributed 25 million pounds food as Hawai‘i recovered from the pandemic.

Access to Food

According to Feeding America data from 2022, 188,280 Hawai‘i residents face hunger, with 61,440 of them children. In 2022, 13.1% of Hawai‘i households were food insecure, meaning there was difficulty in providing good, healthy food to their ‘ohana because of a lack of money. 14.4% of Hawai‘i County households were food insecure, as compared to 12.1% in Kaua‘i County. Recent studies and qualitative data input describe this data as significantly underestimating food insecurity. A survey by the Hawai‘i Foodbank found that actually 29.8% of households in Hawai‘i were food insecure in 2023.[35]

Data from the Accountable Health Communities Hawai‘i Project shows food sitting atop the list of needs reported by individuals screened across practice sites at five O‘ahu facilities: The Queen’s Medical Center - Punchbowl and Queen’s Medical Center - West O‘ahu, Kalihi-Pālama Health Center, University Health Partners (Family Medicine Clinic), and Wai‘anae Coast Comprehensive Health Center. Note that data spans pre-pandemic through October 2021.

While the pandemic exposed policy gaps for those most affected and with the least resources, some programs have been beneficial, such as the federally sponsored Supplemental Nutrition Assistance Program (SNAP). As shown in the figure below, the State Department of Human Services reported that Hawai‘i had an average of 178,386 SNAP recipients per month in 2022, which is down from 2021 with an average of 190,791. 50.0% of households receiving SNAP benefits have children. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC), is a federally funded program which provides Hawai‘i residents with nourishing supplemental foods, nutrition education, breastfeeding promotion and health and social service referrals. The participants of WIC are either pregnant, breastfeeding, or postpartum women, and infants and children under age five who meet income guidelines and have a medical or nutritional risk. In 2022 there were approximately 40,000 women, infants and children that participated in the WIC program, representing a 54% increase from 2020 where 25,900 women, infants and children participated in the program.[36]

[35] Hawai‘i Foodbank, “The State of Food Insecurity in Hawai‘i” (2023), *available at:* https://d9x3r8n6.rocketcdn.me/wp-content/uploads/2024/07/HawaiʻiFoodbank_TheStateOfFoodInsecurityInHawaiʻi_2023.pdf.

[36] Hawai‘i Vendor Training 2023, State of Hawai‘i Department of Health. *Available at:* https://health.Hawai‘i.gov/wic/files/2023/02/Vendor-Training-2023_PPT.pdf

Figure 4-26. Average Monthly SNAP Clients and Cases



[37]

The percentage of the Hawai'i population that is classified as food insecure had fallen from 13.7% in 2014 to 11.5% in 2019, but increased to 13.1% in 2022. The proportion of food insecure individuals who qualified for SNAP benefits fell from 48.0% to 46.0%.

Table 4-24. Food Insecurity Rate by County (Feeding America)

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2014	FOOD INSECURITY	N/A	13.7%	13.1%	13.1%	13.0%	12.8%
2019		N/A	11.5%	13.1%	10.3%	10.5%	9.8%
2022		13.5%	13.1%	14.4%	12.1%	12.3%	12.1%

Feeding America accounts for poverty, unemployment, and median income to project the number of "food insecure" individuals.
(Data: 2014). Source: Hawai'i Community Foundation, Hunger in Hawai'i; Feeding America, Map the Meal Gap, 2016
(Data: 2019). Source: Feeding America, Map the Meal Gap, 2020
https://map.feedingamerica.org/county/2019/overall/Hawai'i
(Data: 2022). Source: Feeding America, Map the Meal Gap, 2022
https://map.feedingamerica.org/county/2022/overall/Hawai'i

Feeding America and the Hawai'i Foodbank have both produced statistics for food insecurity in Hawai'i that are significantly different from each other. Feeding America has Hawai'i's food insecurity

[37] Interactive Databook, State of Hawai'i Department of Human Services. *Available at:* https://humanservices.Hawai'i.gov/interactive-databook/

rate at 13.1% while the Hawai‘i Foodbank has it at 29.8%. The difference likely comes down to methodology. Hawai‘i Foodbank conducted a survey among 778 Hawai‘i households. Feeding America utilizes an estimation that takes into consideration the relationship between food insecurity and its closely linked indicators (poverty, unemployment, homeownership, disability prevalence, etc.) Then, the coefficient estimates from this analysis are used with the same variables for every county and congressional district. The 2023 Hawai‘i Foodbank report discusses that many national food security estimates likely underestimate food insecurity in Hawai‘i in part due to Hawai‘i’s distinct and unique population when compared to the rest of the country. For instance, Hawai‘i has a higher proportion of military personnel and houseless individuals than most states in the U.S. Many national food insecurity estimates do not account for military personnel or houseless individuals. Hawai‘i Foodbank believes that Hawai‘i’s food insecurity rate is closer to 30% than the 13% reported by Feeding America.

Table 4-25. Food Insecurity Rate by County (Hawai‘i Foodbank)

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2023	FOOD INSECURITY	N/A	29.8%	39.5%	31.4%	28.3%	22.5%

Hawai‘i Foodbank, The State of Food Insecurity in Hawai‘i. *Available at:* https://d9x3r8n6.rocketcdn.me/wp-content/uploads/2024/07/HawaiʻiFoodbank_TheStateOfFoodInsecurityInHawaiʻi_2023.pdf

Figures 4-27 through 4-33 below break down the food insecurity rates by different demographics. The graphs are from Hawai‘i Foodbank’s The State of Food Insecurity in Hawai‘i Report and represent data from 2023. Food insecurity rates for those aged 65+ are significantly lower than other age groups.

Figure 4-27. Food Insecurity Rate by Income



Figure 4-28. Food Insecurity Rate by Age Group

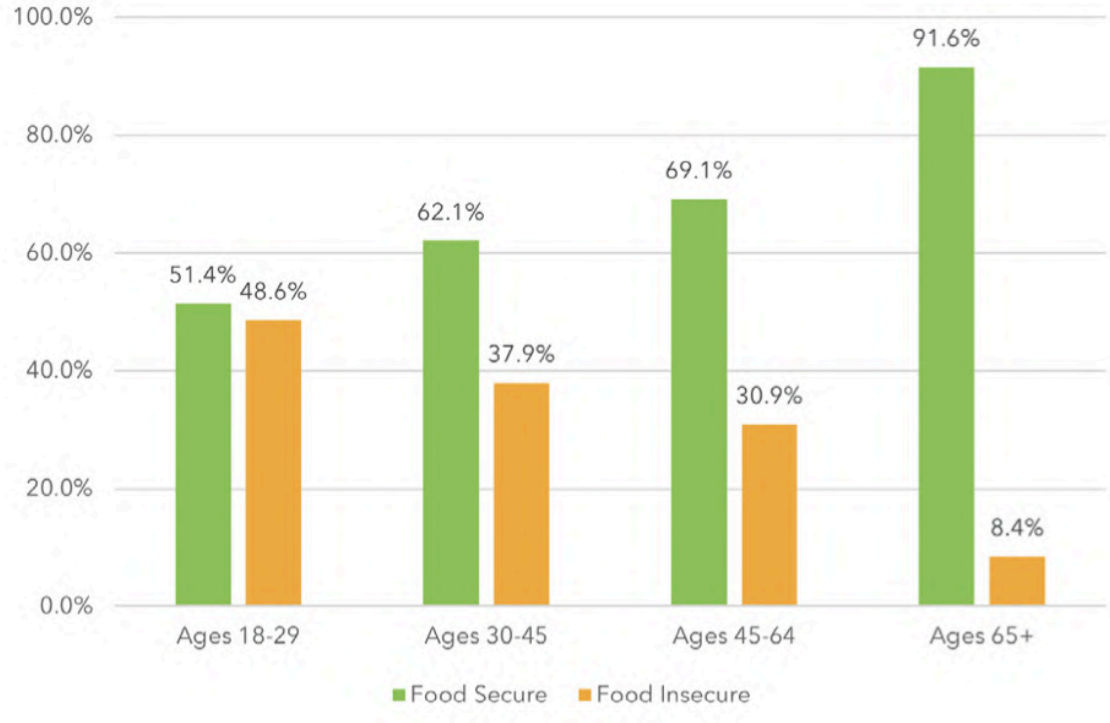


Figure 4-29. Food Insecurity Rate by Gender

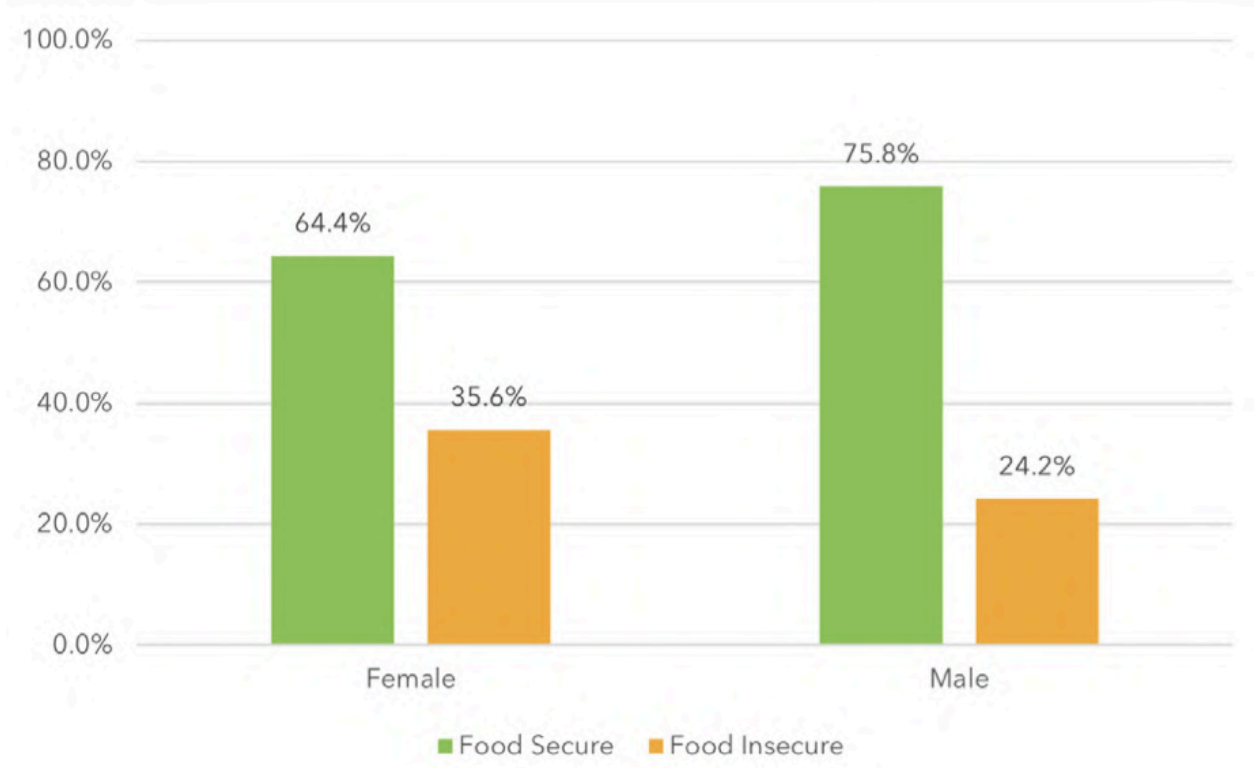


Figure 4-30. Food Insecurity Rate by Number of Older Adults in Household

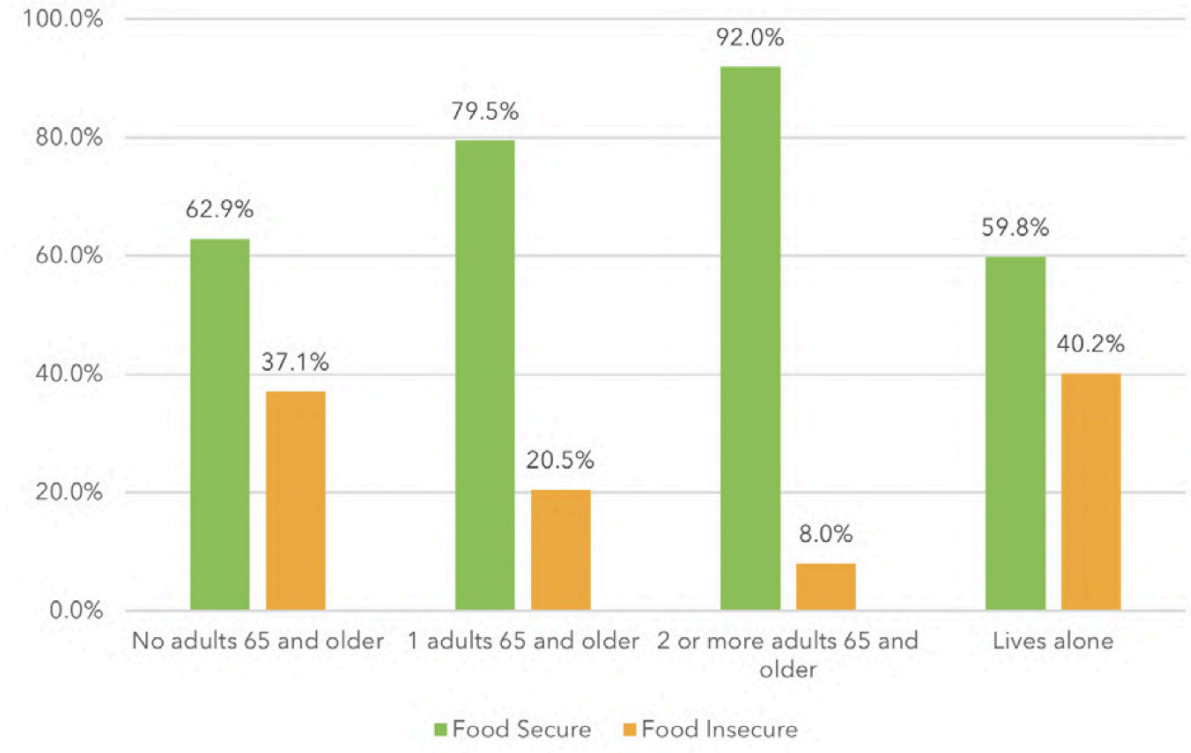


Figure 4-31. Food Insecurity Rate by Household Size

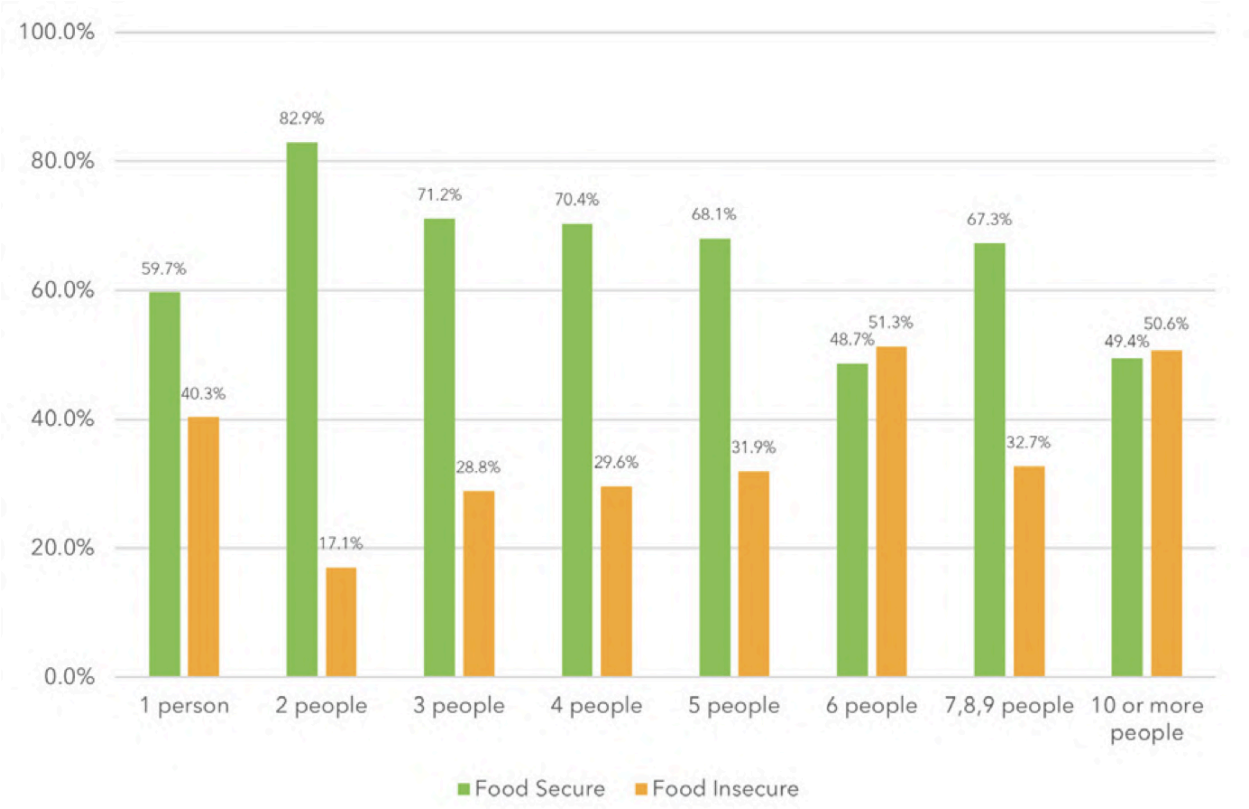


Figure 4-32. Food Insecurity Rate by Sexual Identity

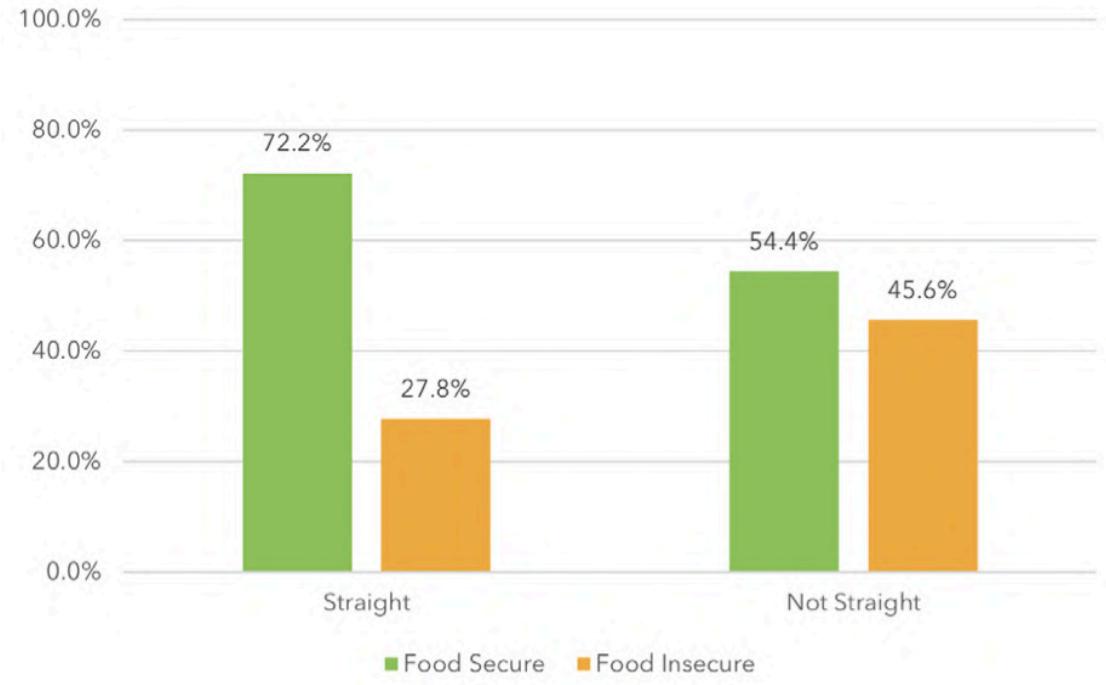


Figure 4-33. Food Insecurity Rate by Race/Ethnicity

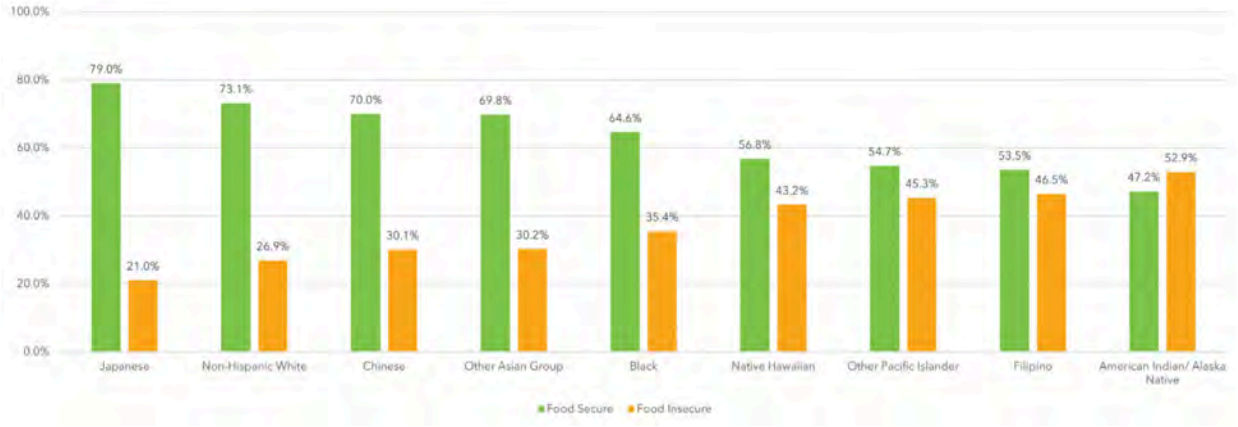


Table 4-26. SNAP Eligibility Rate Among Food Insecure by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2014	FOOD INSECURE, % SNAP ELIGIBLE	N/A	57.0%	75.0%	65.0%	54.0%	66.0%
2019		N/A	48.0%	65.0%	52.0%	48.0%	56.0%
2022		64.0%	46.0%	64.0%	52.0%	48.0%	55.0%

Feeding America identified "food insecure" individuals who live below 200% FPL and are eligible for government benefits.
(Data: 2014). Source: Hawai'i Community Foundation, Hunger in Hawai'i; Feeding America, Map the Meal Gap, 2016
(Data: 2019). Source: Feeding America, Map the Meal Gap, 2020
https://map.feedingamerica.org/county/2019/overall/Hawai'i
(Data: 2022). Source: Feeding America, Map the Meal Gap, 2022
https://map.feedingamerica.org/county/2022/overall/Hawai'i

Table 4-27. SNAP Ineligibility Rate Among Food Insecure by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2014	FOOD INSECURE, % NOT SNAP ELIGIBLE	N/A	43.0%	25.0%	35.0%	46.0%	34.0%
2019		N/A	52.0%	35.0%	48.0%	52.0%	44.0%
2022		36.0%	54.0%	36.0%	48.0%	52.0%	45.0%

Feeding America identified "food insecure" individuals who live above 200% FPL and are disqualified from government benefits.
(Data: 2014). Source: Hawai'i Community Foundation, Hunger in Hawai'i; Feeding America, Map the Meal Gap
(Data: 2019). Source: Feeding America, Map the Meal Gap, 2020
https://map.feedingamerica.org/county/2019/overall/Hawai'i
(Data: 2022). Source: Feeding America, Map the Meal Gap, 2022
https://map.feedingamerica.org/county/2022/overall/Hawai'i

The 2023 Food Insecurity Index, created by Conduent Healthy Communities Institute, is a measure of economic and household hardship correlated with poor food access. The index is part of Conduent's SocioNeeds Index® Suite, which provides analytics around social determinants of health to advance equitable outcomes for a range of topics.

All zip codes, counties, and county equivalents in the United States are given an index value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the region. The following pages show maps with 2023 areas of need.

The zip codes in Hawai'i with the highest levels of socioeconomic need are found in the Schofield area on O'ahu, all of Moloka'i, and the Pāhoa, Kurtistown and Mountain View areas in Hawai'i County.[38]

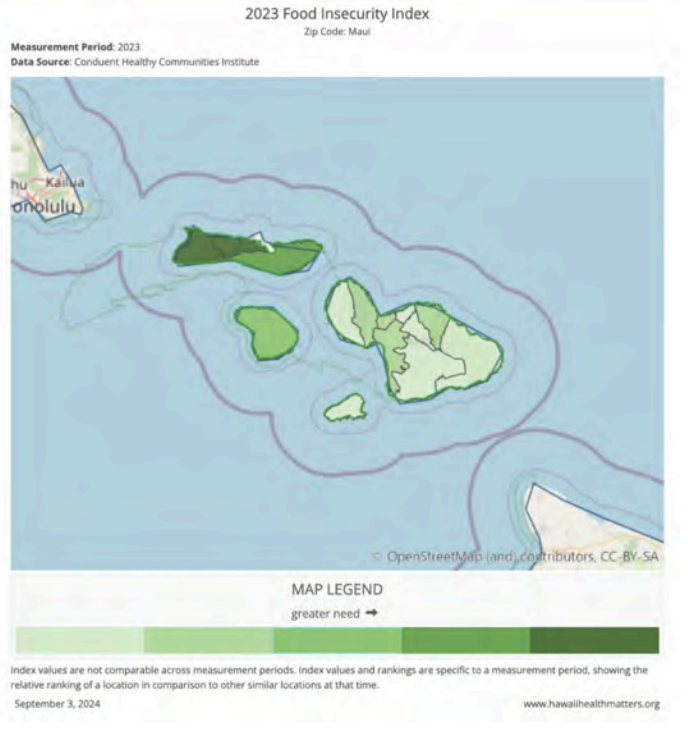
[38] Source: https://www.Hawai'ihealthmatters.org/indexsuite/index/healthequity?localeType=3&locale=12140

Figure 4-34. 2023 Food Insecurity Index





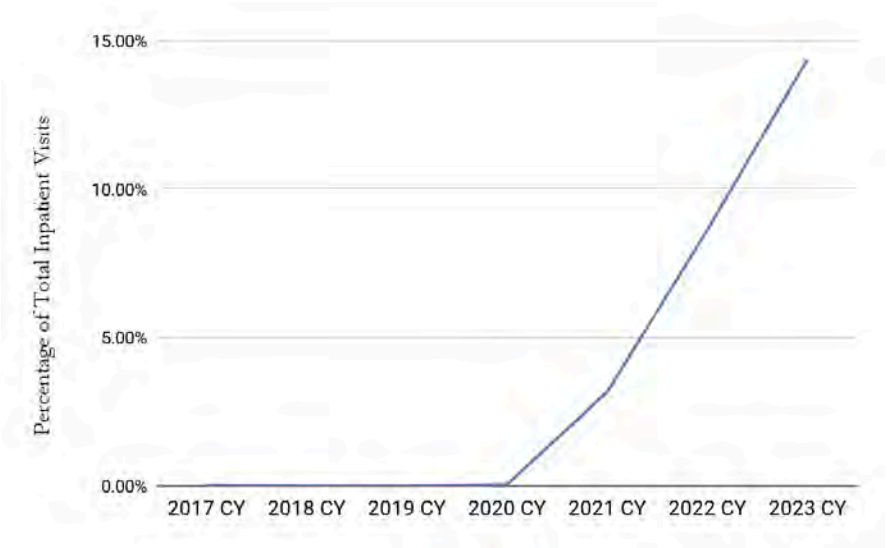




Hospital Visits for Food Insecurity

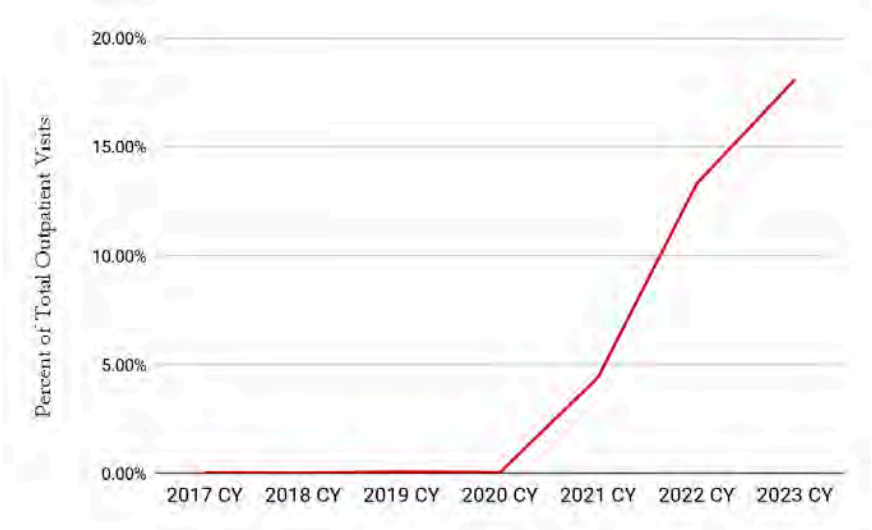
According to data from the Laulima Data Alliance, inpatient visits where the patient's chart includes the Z code for problems related to food insecurity have been increasing since 2020, as has its share of total inpatient visits. There were 1,494 inpatient hospital visits in 2023, accounting for 14.4% of total inpatient visits. There are some Z codes that have been put into use more recently or are being recorded more prominently now. Therefore the increase in hospital visits where the patient's chart includes the Z code for people experiencing problems related to food insecurity, for example, is in part due to evolving hospital recording procedures/policies as data capture began focusing on these areas, evidenced by the zero hospital visits before 2021. The increase in hospital visits with this code is in part due to evolving hospital recording procedures/policies, particularly the rapid increase from the initial year to the second year as part of the reporting being incorporated into hospitals' daily recording processes. Visits where the patient's chart includes the Z code for food insecurity have been increasing, but we do not know how much of that increase is due to recording procedures or if there is actually higher food insecurity in the community.

Figure 4-35. Inpatient Hospital Visits by Persons Experiencing Problems Related to Food Insecurity as a Share of Total Inpatient Visits



Outpatient hospital visits where the patient's chart includes the Z code for problems related to food insecurity have been increasing since 2020, much more frequent than inpatient visits with a total of 2,769 in 2023. Its share of total outpatient visits have also been increasing.

Figure 4-36. Outpatient Hospital Visits by Persons Experiencing Problems Related to Food Insecurity as a Share of Total Outpatient Visits



Access to Healthy Food

With so much of Hawai'i's food supply reliant upon overseas and inter-island transport by ocean barges and/or container ships, the State Emergency Operations Plan notes that the hub-and-spoke model of Hawai'i's shipping network, the vulnerability of island ports and harbors, and the minimal logistics system for distribution of commodities has rendered problematic the development of a large and sustainable warehousing system with sufficient capacity to meet surges in demand and/or withstand long impacts or interruptions. There is an estimated 5-7 days of food supply in-state, and a disruption to the supply chain would have an almost immediate impact on the population.[39]

These vulnerabilities are one reason that decades-long calls for investments in greater agriculture participation to support food security both as a normal course and especially in times of impact have grown. Countless articles over the past five years have discussed opportunities for investing the thousands of agriculturally zoned lands across the pae'āina into agriculture, supporting local farmers, and making food security accessible on a household level through food gardens and other neighborhood solutions. Organizations like 'Āina Aloha Economic Futures have put forward visions for how to rebuild towards a circular economy with restorative and regenerative economies with investment in local food security as a pillar.[40]

[39] State of Hawai'i, Emergency Management Agency, "Emergency Operations Plan" (November 2019), available at: https://dod.Hawai'i.gov/hiema/files/2020/02/Hawai'i-State-EOP-Fall-2019-Published.pdf.
[40] *See*: https://www.ainaalohafutures.com/.

Efforts like the Food Pantry, a no-waste, healthy food resource using online ordering, help to empower communities to come together. Community organizations play critical roles in helping to mitigate food insecurity in a wide range of ways. These grassroots partnerships coordinate and distribute local produce from local farms to families in need. While these community efforts proved effective, a University of Hawai'i, College of Social Sciences study completed in March 2021, *"Addressing Hunger and Food Insecurity among Hawai'i's Families"* observed several barriers that should be addressed:

- A lack of public awareness of available services
- Shame about needing to use food services
- Transportation (some food distributions are drive-up only)
- Difficulty receiving benefits without a stable address
- Lack of a coordinated plan statewide for addressing food insecurity

Despite the challenges, food distributions provided an opportunity for many non-profit programs to connect with their communities. Outreach was paired with wellness checks, vaccination access, assessment of safety concerns such as intimate partner violence, assessments for in-home health services, and enrollment in SNAP benefits for those that were eligible. The industry coordination created mesh networks to meet broad communities while minimizing overlap. Those networks built important trust connections that may allow an even deeper ability to reach people where they are and support their health needs.

Greater opportunity exists to make families aware of resources available to them. Programs such as "Da Bux" help to lower the cost of healthy food for SNAP eligible households and make healthy food more accessible. Building of gardens at affordable housing projects, where people are living and gathering, was an investment some organizations and counties made during the pandemic to help families to access healthy food right at their own homes - vegetables, fruit trees, herbs - with success at multi-family properties where enough families indicated in advance they were interested and would help care for a food garden if provided the opportunity.

Starting October 1st, 2024, Hawai'i SNAP recipients will be seeing a decrease in their monthly SNAP benefits. The U.S. Department of Agriculture is adjusting Hawai'i's Thrifty Food Plan funding, which means a cut in Hawai'i's Supplemental Nutrition Assistance Program. The cut for a household of one is going to be $11 a month, while a family of four will see a monthly decrease of $35.[41] The adjustment does not affect eligibility requirements. According to the American Community Survey 5-Year

[41] *See:* https://www.Hawai'inewsnow.com/2023/08/08/despite-rising-prices-Hawai'i-residents-poised-see-cut-food-stamp-benefits-this-fall/

Estimates, in 2022 there were 52,928 Hawai'i households receiving SNAP benefits, representing 11% of the State's households, which will all see a decrease in their SNAP benefits.



Equitable Access

Underserved communities are often so because there are barriers to accessing, understanding, or being aware of healthcare services and offerings. Focusing on equitable access becomes an opportunity for hospitals to meet people where they are, apply trauma-informed care principles, and help build meaningful relationships with those communities. In doing so, trust can be built, or in some cases rebuilt, to allow communities to try to gain meaningful access and better address the population's needs.

Investments into building systems that will increase access to healthcare can also have a leveraging effect to increase access beyond healthcare and in support of addressing upstream determinants. For example, as will be discussed in more detail later in the report, hospitals' inclusion of community health workers can help people navigate the healthcare system and also be connected to existing services, programs, and organizations.

When discussing access to medical care or the broader healthcare system with residents of islands other than O'ahu, rural residents, marginalized ethnic populations, or kūpuna, consistent themes emerged around the following areas of systemic barriers:

- Transportation
- Language Access
- Cultural Competence
- Stigma & Bias
- Safety
- Digital Literacy & Access
- Insurance
- Tru

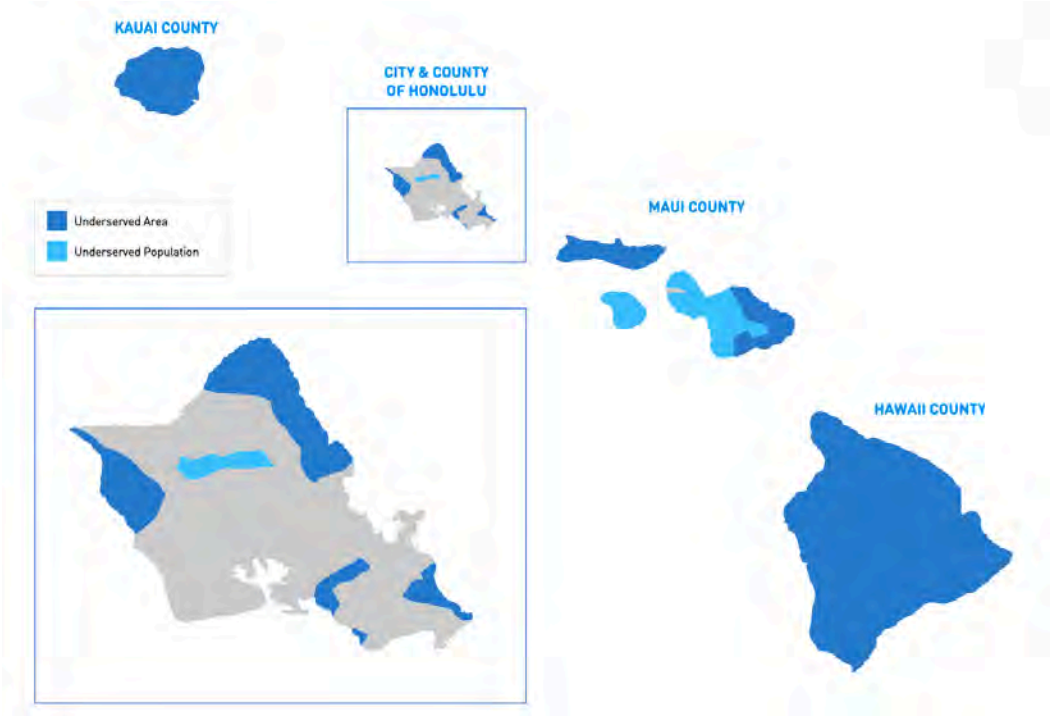
Medically Underserved Area/Populations

The term medically underserved area (MUA) or medically underserved population (MUP) means the population of an urban or rural area designated as an area with a shortage of primary care health services. Recipients of Community Health Center (CHC) grant funds are legislatively required to serve areas or populations designated as medically underserved. Grants for the planning, development,

or operation of community health centers under Section 330 of the PHS Act are available only to centers that serve designated MUAs or MUPs. Systems of care which meet the definition of a community health center and are serving a designated MUA or MUP, but are not funded under Section 330, are eligible for certification as Federally Qualified Health Centers (FQHCs). The Division of Shortage Designation of the Bureau of Health Professions determines MUA/MUP designations.

All of Molokaʻi, Kauaʻi County and Hawaiʻi County are considered to be MUAs. The west and north sides of Oʻahu as well as the East side of Maui are designated as MUAs. The west side of Maui and all of Lanaʻi are designated as MUPs.

Figure 4-37. Federally Designated Medically Underserved Area/Populations[42]



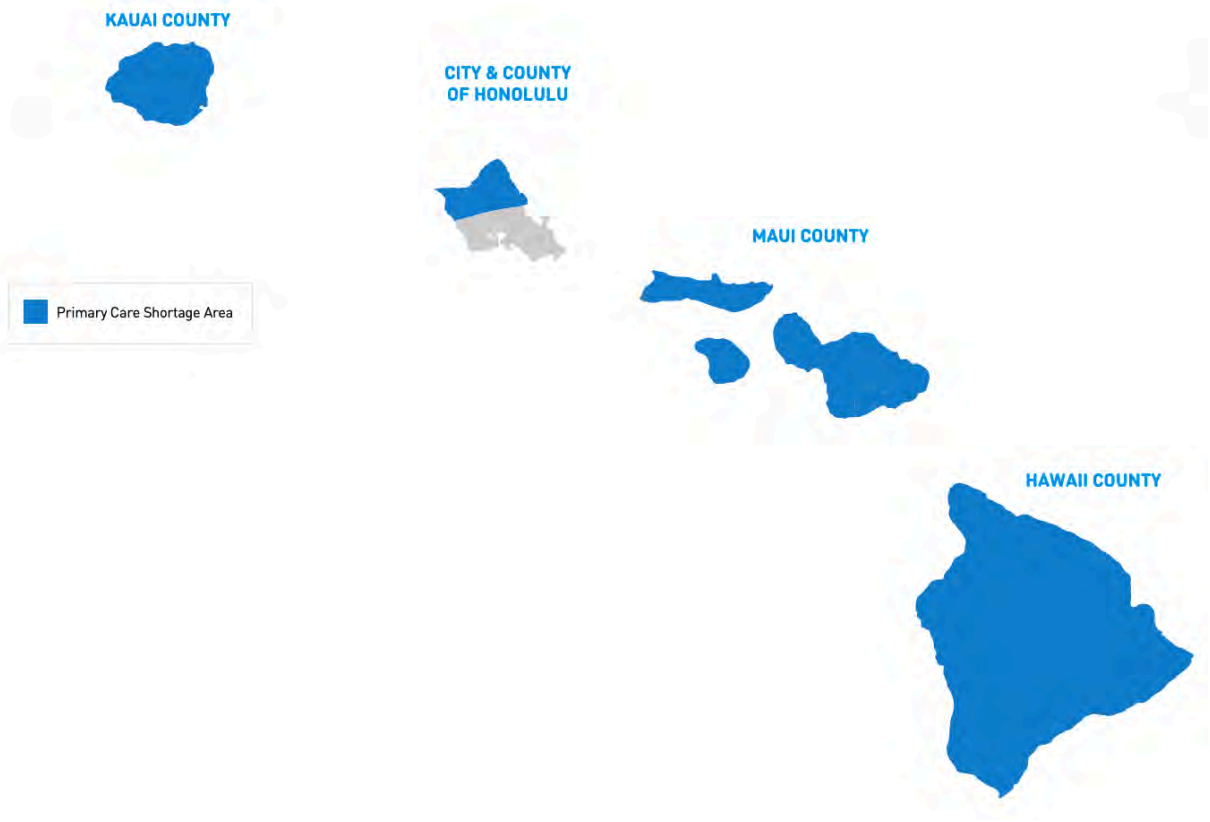
Primary Care Health Professional Shortage Areas

A Health Professional Shortage Area (HPSA) means any of the following which has a shortage of health professionals: (a) an urban or rural area which is a rational service area for the delivery of health services, (b) a population group, or (c) a public or nonprofit private medical facility.

All of Kauaʻi, Maui, and Hawaiʻi Counties are designated as primary care HPSAs. The north and west sides of Oʻahu are also designated as primary care HPSAs.

[42] FQHC Maps M4, State of Hawaiʻi, Department of Health, 2020. *Available at:* https://health.Hawaiʻi.gov/fhsd/files/2020/10/Maps-of-Health-Care-Facilities-and-Shortage-Needs-Area.pdf

Figure 4-38. Primary Care Health Professional Shortage Areas



According to a report by Community First Hawai'i, 38% of medical providers on Maui say their mental health has declined since the Pandemic and 36% of medical providers say their physical health has declined since the Pandemic.

Transportation

While for some, the ability to work remotely and engage with telehealth has had a positive impact in increasing access, there are several ways in which transportation is a persistent barrier to healthcare for large portions of our community. The first is the proximity of clinics or hospitals to the populations that they serve and the viability of public transportation in relation to those places.

On Kaua'i, the lack of residential mental health treatment facilities means that those who get care are typically covered by insurance to travel to and stay on O'ahu. Far more don't receive care, especially if it is difficult to find options with keiki care.

Despite the fact there is an increase of transportation modes available, there has been a regression in getting residents out of their vehicles and opting to commute by public transportation, walking, or

bicycling across all counties. Since 2015, the number of crashes with fatal or serious injury outcomes for pedestrians or bicyclists has not decreased. Even though the number of major crashes has decreased over time, the number of people being killed or seriously injured on Honolulu's streets has remained relatively constant since 2015. In addition, people walking are overrepresented in fatal and serious injury crashes on Oʻahu. People walking to work make up only 6% of commuters, but they are involved in 15% of all injury crashes and make up 36% of fatalities on Oʻahu.[43]

Table 4-27. Percentage of Commutes Made by Walking or Public Transit by County

		US	Hawaiʻi	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2013-17	COMMUTE BY PUBLIC TRANS OR WALK	7.8%	11.2%	3.4%	5.2%	14.0%	3.7%
2015-19		7.7%	10.7%	3.5%	4.8%	13.6%	2.5%
2018-22		3.8%	4.3%	0.8%	1.6%	5.6%	1.1%

Percentage of total trips to work made by walking or public transit.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-28. Percentage of Commutes Made by Bicycle by County

		US	Hawaiʻi	Hawaiʻi County	Maui County	C&C of Honolulu	Kauaʻi County
2013-17	COMMUTE BY BICYCLE	0.6%	1.0%	0.4%	0.8%	1.2%	0.5%
2015-19		0.5%	0.8%	0.3%	0.4%	0.9%	0.3%
2018-22		0.5%	0.8%	0.3%	0.7%	0.9%	0.3%

Percentage of total trips to work made by bicycling.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

[43] See https://www8.honolulu.gov/completestreets/vision-zero/

Language Access

In comparison to the nation, Hawai'i's ethnically diverse community is composed largely of individuals of Asian and/or Pacific Island descent. According to the U.S. Census - American Community Survey, 18.0% of Hawai'i residents were foreign born compared to 13.7% in the U.S.

Limited English Proficiency (LEP) in local households is much higher than it is nationwide. A limited ability to speak, understand, read and write in English limits a person's access to specialized healthcare and social services. This proved true with effective outreach plans to situate community health workers into these target communities that needed the most aid. It was also resourceful in providing invaluable communication of information and access to healthcare regarding COVID-19. Those that speak a language other than English in Hawai'i can earn 10-34% less than English speakers even if they have the same experience, education, gender, and occupation[44]. Without English language proficiency, LEP individuals are more susceptible to being taken advantage of when they are trying to find housing or when they are looking for work.

Table 4-29. Percentage of People that Have Difficulty with English by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	DIFFICULTY WITH ENGLISH	8.5%	12.4%	6.3%	10.5%	14.2%	9.0%
2015-19		8.4%	11.9%	7.7%	10.6%	13.2%	8.7%
2018-22		8.2%	11.0%	8.4%	9.4%	12.0%	8.7%

Percentage of people who speak English less than "very well"
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Language access and understanding the unique needs of migrant populations was a particularly key issue in the response to the 2023 Maui wildfire. In 2022, Lahaina was home to more than 2,300 LEP individuals, accounting for 19.6% of Lahaina's population.[45] Nearly one in three (32.7%) Lahaina residents are foreign born.[46] The Philippines, Japan, China, Korea, Micronesia, Vietnam, Mexico,

[44] State of Hawai'i, Department of Business Economic Development and Tourism, Research and Economic Analysis Division, Non-English Speaking Population in Hawai'i.
[45] U.S. Census Bureau, 2022 ACS 5-Year Estimates, Selected Social Characteristics in the United States.
[46] *See:* https://www.Hawai'ipublicradio.org/local-news/2023-11-20/rebuild-or-leave-lahainas-immigrant-families-struggle-to-have-hope

Marshall Islands and Canada represent 85% of the immigrants' countries of origin in Hawai'i with the Philippines accounting for 45.8%.[47] In 2022, there were 150,743 LEP individuals in Hawai'i.[48]

Table 4-30. Foreign Born Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	FOREIGN BORN	13.4%	18.1%	11.3%	18.6%	19.4%	16.6%
2015-19		13.6%	18.5%	12.7%	18.7%	19.7%	16.8%
2018-22		13.7%	18%	12.9%	17.2%	19.4%	15.2%

Percentage of people who were born outside of the United States
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Safety

In relationships with intimate partner violence, safety is a significant barrier to receiving any medical care at all. Abusers isolate their partners, and keeping them from medical access is a form of maintaining control. When survivors do come into hospital settings, healthcare workers are not always trained in trauma-informed care and do not recognize the situation. Even when they do, and they find a way to privately offer assistance, without integrated services such as housing and safety plans, survivors may feel they cannot risk leaving.

While national data lags information available for Hawai'i and its four counties, it is important to point out that Hawai'i's percentages are much higher than those for the nation overall. Domestic violence providers as well as hospital workers reported significant increases in intimate partner violence. In the 2021 CHNA, social workers noted that the "Safer at Home" slogans did not apply to many people, who were not safer at home but were afraid to go to shelters. Those shelters were in turn facing the same constraints as other shelters with the need to open up space, and where their kids might get exposed to COVID-19, there were fewer opportunities to ask for help and develop safety plans, and courts were closed. Providers added services such as texting, online chat, and participated in at-home food delivery in order to meet people where they were and offer resources. One hospital worker indicated having patients that called 911 feigning illness to the Emergency Department and privately asking for help.

[47] New American Economy, Immigrants and Migrants in Hawai'i, Essential Contributors to the State's Workforce and Economy
[48] U.S. Census Bureau, 2022 ACS 5-Year Estimates, Selected Social Characteristics in the United States.

While national reporting of intimate partner violence remained steady from 2013 to 2022 for both physical and sexual violence, Hawai'i saw a 13% increase in reported physical violence and 64% increase in reported sexual violence during the same period. The largest increases were in Hawai'i County and Maui County. It is important to note that incidences of domestic violence are accepted to be underreported, even in anonymous surveys, so actual figures may be higher than reported. In an editorial published by the Journal of Epidemiology & Community Health, it is estimated that 25% of women in Western countries experience intimate partner violence in their lifetimes. The disparity in the data represents a problem known as the "iceberg" of domestic violence, in that the reported cases of domestic violence, for which there is data for, only represent the tip of the iceberg and that many more instances are going unreported.[49]

Table 4-31. Domestic Violence Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	INTIMATE PARTNER VIOLENCE - PHYSICAL	8.6%	9.5%	11.5%	14.3%	8.3%	10.7%
2022		8.6%	10.7%	16.4%	14.9%	10.2%	13.1%
Percentage of adults who report they have ever been hit, slapped, kicked, or hurt in any way by a current or former intimate partner. *(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2015. National figure is from 2007.* *(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024. National figure is from 2007.*							
2013	INTIMATE PARTNER VIOLENCE - SEXUAL	1.8%	3.6%	4.5%	5.5%	3.0%	3.8%
2022		1.8%	5.9%	9.6%	5.1%	5.1%	6.0%
Percentage of adults who report they have ever experienced unwanted sex by a current or former intimate partner. *(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2015 National figure is from 2008.* *(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024. National figure is from 2008.*							

According to a report by the Hawai'i State Coalition Against Domestic Violence, 18% of Hawai'i residents have experienced intimate partner violence (IPV) in the past five years.[50] The report also

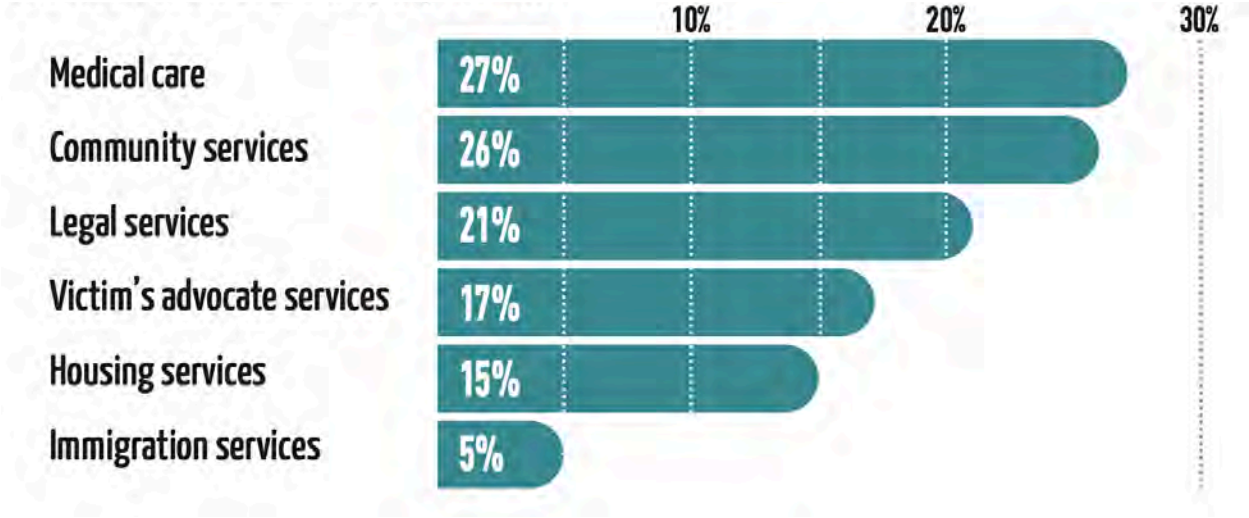
[49] Unreported cases of domestic violence against women: towards an epidemiology of social silence, tolerance, and inhibition, Enrique Gracia. *Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732820/pdf/v058p00536.pdf*

[50] SCARS ON THE HEART: Barriers to Safety for Survivors of Domestic Violence, Hawai'i State Coalition Against Domestic Violence, 2024. *Available at:* https://www.hscadv.org/wp-content/uploads/2024/05/Scars-on-the-Heart-FNL-web.pdf

found that survivors of IPV tended to be younger in age, more commonly Native Hawaiian or Filipino, and live in larger households. The research indicates that the pandemic had an adverse effect on over 1-in-4 (28%) survivors of IPV who saw an increase in violence from their intimate partner over this time period. For 37%, the abuse remained unchanged during the pandemic—meaning, only about a third (36%) of IPV survivors experienced some relief during this period. Compared to heterosexual survivors, LGBTQ+ survivors shared much earlier occurrences of verbal abuse, with the average age being 20.64 years old compared to 28.89 years old for heterosexuals.

More than half (53%) of Hawai'i's IPV survivors have chronic stress, substance use disorders, anxiety, depression, or thoughts of suicide. Many IPV survivors shared that they needed a range of services as a result of the abuse they experienced from their intimate partner. The most commonly mentioned services were medical care, community services, and legal services.

Figure 4-39. Services Needed as a Result of IPV



Hospital Visits for Problems with Relationship of Spouse/Partner

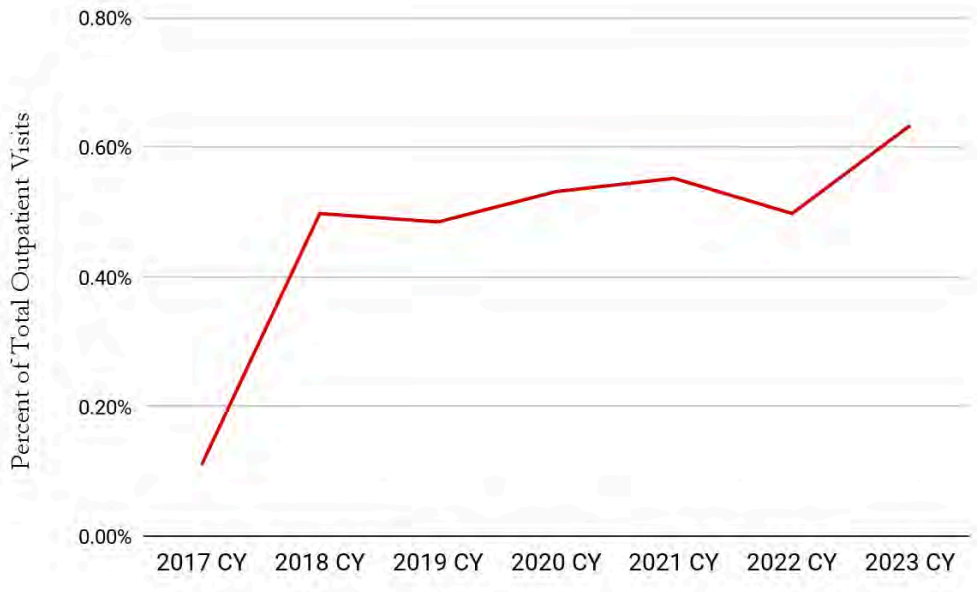
According to data from the Laulima Data Alliance, inpatient visits where the patient's chart includes the Z code for problems related to spouse/partner, increased sharply in 2023 with 111 visits in 2023. Its share of total inpatient visits has also increased since 2022 but is below pre-pandemic levels.

Figure 4-40. Inpatient Hospital Visits by Persons Experiencing Problems Related to the Relationship of Spouse/Partner as a Share of Total Inpatient Visits



Outpatient visits where the patient's chart includes the Z code for problems related to spouse/partner, also saw a sharp increase in 2023 with 97 visits in 2023. Its share of total outpatient visits has also increased since 2022.

Figure 4-41. Outpatient Hospital Visits by Persons Experiencing Problems Related to the Relationship of Spouse/Partner as a Share of Total Outpatient Visits



Affordability

Across the nation, fewer people are avoiding a doctor visit because of the cost. The nation saw a 20% decrease from 2019 in the rate of people foregoing a doctor visit because of the cost, while the state saw a 30% decrease. Hawai'i and Maui Counties saw the biggest decrease at 35% and 36% respectively.

Hawai'i fared better than the continental U.S. when it came to insurance coverage and the cost of seeing their doctor. Only 5.5% of Hawai'i adults reported having no healthcare insurance.

Both Hawai'i (27.5%) and Kaua'i (21.4%) Counties had a higher percentage of residents covered by only public health insurance than was true nationally. These include Medicare, Medicaid, Veterans Affairs (VA) healthcare, Children's Health Insurance Program (CHIP), and other state health plans).

For 25 years, COFA communities were unable to access Medicaid after being removed in 1996. Although the state continued to cover the federal portion for a period, it was dramatically reduced in 2009. One Marshallese physician at the time recalled, "we heard stories of people actually going home to die because they couldn't get access to the health care they needed."[51] In December 2020, Congress restored COFA migrants as eligible for Medicaid, impacting an estimated 25,000 Hawai'i residents, and efforts by community leaders to get their members enrolled are actively underway. Obtaining funding for those positions has been a challenge as organizations are largely left to grant processes.

In the meantime, damage has already been done to the COFA community and many community members' relationship with healthcare. For 25 years, many community members did not go to the doctor at all, even for life-threatening issues, and saved what little money they could to try to afford to pay out of pocket for care for their children. Being impacted by and having to pay for healthcare needs has also worked to keep COFA communities in poverty. Trying to rebuild those relationships and habits will take time and concerted effort. In June of 2024, the Hawai'i Community Foundation put out a COFA Health Outreach grant in an attempt to increase the enrollment of eligible COFA migrants in either Medicaid or other health insurance coverage.

[51] "How Decades of Advocacy Helped to Restore Medicaid Access to Micronesian Migrants." Honolulu Civil Beat (December 2020), *available at*: https://www.civilbeat.org/2020/12/how-decades-of-advocacy-helped-restore-medicaid-access-to-micronesian-migrants/.

Table 4-32. Percentage of Adults Who Avoided Doctor Visit Due to Cost by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	NO DOCTOR VISIT DUE TO COST	12.1%	7.4%	9.9%	8.6%	6.5%	8.4%
2019		12.6%	8.2%	10.1%	10.2%	7.1%	8.7%
2022		10.1%	5.7%	6.6%	6.5%	5.3%	5.6%

Percentage of adults who report not seeing a doctor in the past 12 months because of cost.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-33. No Health Insurance Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	ADULTS w/o HEALTH INSURANCE	14.8%	6.6%	9.0%	8.3%	5.6%	8.4%
2015-19		12.4%	5.5%	7.5%	6.7%	4.8%	7.3%
2018-22		12.2%	5.5%	7.0%	6.3%	4.9%	6.9%

Percentage of adults aged 19-64 that do not have any kind of health insurance coverage.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-34. Public Health Insurance Only Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	PUBLIC HEALTH INSURANCE ONLY	22.3%	18.9%	30.1%	20.8%	16.2%	20.4%
2021		20.6%	17.6%	26.4%	20.1%	14.7%	24.2%
2018-22		21.0%	18.2%	25.8%	18.5%	16.1%	25.5%

Percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and individual state health plans.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-35. Medicaid Enrollment Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016-20	ENROLLED IN MEDICAID	15.3%	13.9%	21.4%	15.2%	11.8%	17.0%
2018-22		19.2%	17.6%	25.5%	16.7%	16.0%	20.2%

Percentage of adults enrolled in Medicaid.
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Accessing Health Care

Hawai'i's supply of primary care physicians (PCPs) has stayed fairly stable from 2020 to 2021. Kaua'i County saw the biggest improvement, adding ten more PCPs per 100,000 people in just one year. Maui County experienced the only decrease, losing three PCPs per 100,000 people. On Moloka'i, 3 of only 4 primary care physicians were lost since the last CHNA, putting incredible strain on the health needs of that community. Hawai'i continues to follow a national trend of increasing the rate of non-physician PCPs per 100,000 people. Nationally, there was a 50% increase in the rate of non-physician PCPs per 100,000 from 2020 to 2023, while Hawai'i saw a significant 28% increase, or 18 points, from 2020 to 2023. All counties saw increases in this measure with Hawai'i County seeing the largest improvement with a 47% increase.

Table 4-36. Primary Care Physician Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	PRIMARY CARE PHYSICIANS (per 100,000)	N/A	87	74	94	90	72
2020		N/A	89	77	86	93	72
2021		N/A	89	77	83	93	82

Number of primary care physicians including non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics per 100,000 residents
(Data: 2015). Source: County Health Rankings, Area Health Resource File, 2018
(Data: 2020). Source: County Health Rankings, Area Health Resource File, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

The rate of non-physician PCPs in Hawai'i has significantly increased from 88 per 100,000 in 2020 to 132 per 100,000 in 2023. The biggest increase was seen in Hawai'i County with an additional 24 non-PCPs per 100,000 since 2020.

Table 4-37. Non-Physician Primary Care Provider Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	NON-PHYSICIAN PCP (per100,000)	81	53	38	43	58	43
2020		88	64	51	56	70	47
2023		132	82	75	71	88	53

Non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.
(Data: 2017). Source: Hawai'i Health Matters, County Health Rankings, 2018
(Data: 2020). Source: Hawai'i Health Matters, County Health Rankings, 2021. National figure from 2018.
(Data: 2023). Source: Hawai'i Health Matters, County Health Rankings, 2024.

Technology

While COVID-19 has thrust many of us into new digital spaces, these spaces are not always equitable. Across the state, broadband access is spotty, with rural populations suffering the most and entire communities unable to regularly connect to internet service. The rise of telehealth has broadened the barrier to care among folks without internet, a device, or the training to use one. Connect Kākou, a State of Hawai'i initiative, is dedicated to providing all residents with affordable high-speed broadband internet. With an investment of over $320 million in federal funds, Connect Kākou will strive to ensure everyone in Hawai'i can access the internet. In April 2024, the U.S. Treasury Department, in partnership with Governor Green's office, announced Hawai'i will receive about $115 million in funding to improve and expand high-speed broadband availability throughout the state as part of the $10-billion Capital Projects Fund going to jurisdictions around the country.[52]

According to the Hawai'i Digital Equity PlanV2 (2024) by the Hawai'i Broadband and Digital Equity Office, one goal is to help residents increase in their Digital Literacy according to a step ladder. At the lowest level of digital literacy, 17% of residents ages 18 to 65 years old are classified as "The Unprepared" see Figure 4-42 for more. They have the lowest level of tech adoption and tech ownership. They are least likely to learn both online and in other areas of life. They do not have confidence in their computer skills, need help setting up new tech devices, and are least likely to feel

[52] Hawai'i to receive $115M to improve statewide broadband connectivity, University of Hawai'i News. *Available at: https://www.connectkakou.org/news/improve-statewide-broadband-connectivity*

productive using electronic devices. They are not familiar with "ed tech" terms. This group is more likely to reside on islands outside of Oʻahu, and to be women, be between 45 to 65 years of age, have a higher incidence of retirees, have lower levels of education and lower income, and tend to be those who speak a language other than English. The Old Guard (23%) are more traditional in how they acquire information and learn, this group has the lowest level of technology adoption and technology ownership. They are least likely to learn (both online and through other channels). They do not have confidence in their computer skills, need help setting up new technology devices, and are least likely to feel productive using electronic devices. They are not familiar with "ed tech" terms. Those in the Old Guard cluster skew male, are likewise between 45 to 65 years old, work in blue collar jobs, are self-employed, have a lower education and have a higher incidence of being born outside of Hawaiʻi.[53]

Figure 4-42. Digital Literacy



Trust

Many of these fractures in access and in social relationships and conditions as a whole work together to create a lack of trust between communities and institutions, including hospitals. The lack of trust in the healthcare system, combined with distrust of government, has made current conditions ripe for misinformation and prevents many from engaging with providers, health educators, and others. While the root causes of this distrust may go back generations and is important to understand, it is instructive to focus on: a) how it currently manifests and b) what actions are needed to rebuild trust.

[53] Hawaiʻi Digital Equity Plan V2, Hawaiʻi Broadband and Digital Equity Office, 2024. *Available at:* https://broadband.Hawaiʻi.gov/wp-content/uploads/2024/03/HawaiʻiDE-Plan-022924-V2.pdf

According to the Access to Care report by Community First Hawai'i, Hawai'i residents use mostly negative and emotional language to describe the state of health care in Hawai'i. Language like "Heartbreaking; we must do better," "Easy to fall through the cracks," and "Kind of hopeless." demonstrate the hardships associated with healthcare in Hawai'i and how it can lead to a lack of trust. Another participant talked about how forgotten they feel within the system. "I feel invisible, unheard and that no one cares about our family in the health care community. It's never been like this before."[54]

In order to rebuild trust among the public, a number of actions need to be taken, one of which is bolstering the local workforce."[Recruiting locals is important because]they bring a sense of service, a strong sense of community and that extends to work and a commitment to give back." A number of recommendations have been identified to support a local workforce: Tackle cost of living issues, especially high housing costs. Start generating interest in middle schools for health care professions and related coursework. Expand high school dual credit health care programs (CNAs, CHWs). Free or reduced tuition for Hawai'i students (with a residency commitment). Increase salaries across the health care spectrum; consider incentive pay or student loan assistance for hard-to-fill positions and regions. Improve reimbursement rates from public and private insurers. Incentivize providers with pay, tax incentives, loan assistance, and/or housing. Encourage under-represented racial and ethnic groups to consider health care professions Specifically target those bilingual in the most commonly used languages; increase focus on cultural wellness practices and greater cultural competency. Increase communications and outreach to JABSOM grads in residency programs or practicing on the mainland as well as UH and other university graduates in related fields, reminding them of the benefits of returning home and what is here for them

C. Significant Health Needs

Calls to Aloha United Way's (AUW) 211 referral service increased slightly from 2022 to 2023. Calls related to "Disasters" rose from just 22 in 2022 to 1,808 in 2023, likely in response to the Maui Wildfires as the most "Disaster" related calls came from the zip codes 96793, 96790 and 96753 which are located in or near West Maui. Calls to AUW's 211 service in 2023, reinforce the significant health needs identified in this report (See Figure 4-10).

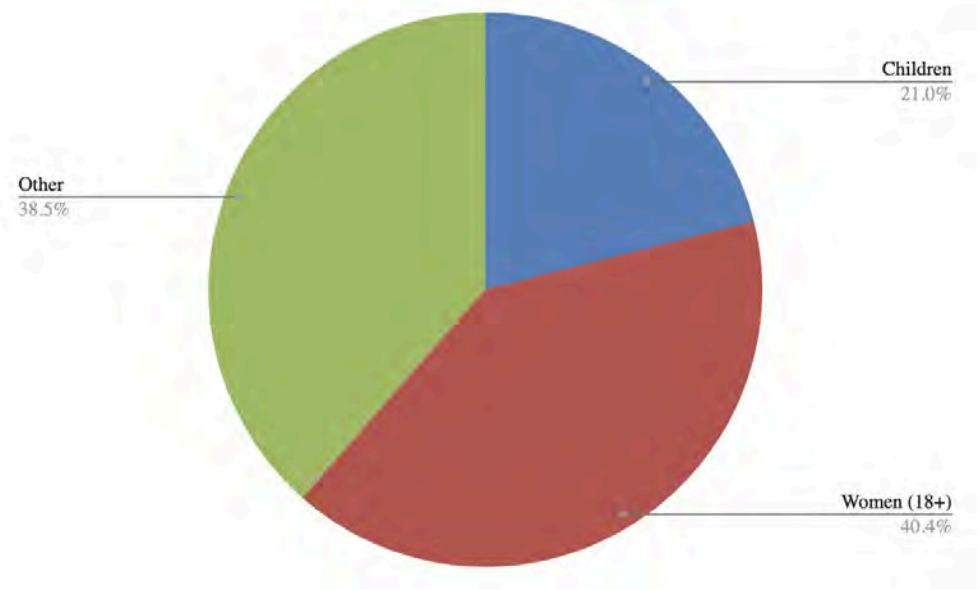
Healthy Starts

In 2022, Hawai'i's population included 305,319 children under age 18 and 570,857 women over age 18. The population of women over age 18 in Hawai'i decreased when compared to the nation overall.

[54] Access to Care, Community First Hawai'i, 2022. *Available at:* https://static1.squarespace.com/static/6620200d56d6a822686cf52e/t/66258c37e2542b7b45e4c797/1713736761320/ATC_July+2022+Report_06232022_FINAL.pdf

The share of the state's population under 18 (21.0%) was smaller than the U.S. overall (22.1%) as of 2022. Hawai'i's female population is slightly older than the rest of the country, with a median age of 41.5 in 2019, compared to 39.7 for the nation.

Figure 4-43. Proportion of Women and Children in Hawai'i



The birth rate in the state and nationally has decreased since 2018. Hawai'i's birth rate decreased to 10.8, while nationally the rate dropped to 11.0 per 1,000 total population in 2022. Unfortunately, Hawai'i had a higher rate of newborns at low birth weight than the national figure of 7.6%. Hawai'i County accounted for the highest at 9.4%.

The proportion of birth mothers with adequate prenatal care during pregnancy declined statewide from 2013 to 2022 (63.2% from 70.8%). Decreases in the proportion of birth mothers with adequate care were greatest in Maui County (60.9% from 67.3%), Kaua'i County (76.4% from 81.4%), and Hawai'i County (57.1% from 59.9%). Over the same period, Honolulu County experienced an increase in the proportion of birth mothers with adequate prenatal care (88.0% from 72.7%).

Teen birth rates in the U.S and Hawai'i have reflected a dramatic decrease from 2018, with a 22% and 32% decrease respectively.

Table 4-38. Birth Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	BIRTH RATE (per 1,000 total population)	12.4	12.9	12.1	11.5	13.3	12.4
2018		11.6	11.9	11.1	10.9	12.4	10.4
2022		11.0	10.8	10	11.1	10.5	10.2

The birth rate is an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, it depends on both the level of fertility and the age structure of the population.

(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017

(Data: 2018). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2020

(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2023

Table 4-39. Teen Birth Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	TEEN BIRTH RATE (per 1,000 teen girls)	26.5	20.6	29.5	22.1	17.8	28.8
2018		17.4	17.2	24.0	20.2	15.4	14.8
2022		13.5	11.7	16.3	11.2	11.7	12.9

Rate of live births to resident mothers between the ages of 15 and 19 years.

(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017; National figure from 2013

(Data: 2018). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2021; National figure from 2013

(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024; National figure from 2022

Table 4-40. Early/Adequate Prenatal Care Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	EARLY/ ADEQUATE PRENATAL CARE	66.8%	70.8%	59.6%	67.3%	72.7%	81.4%
2019		66.8%	66.4%	60.9%	83.1%	63.4%	91.7%
2022		66.8%	63.2%	57.1%	60.9%	88.0%	76.4%

Percentage of women with a recent birth who had adequate prenatal care according to the Adequacy of Prenatal Care Utilization Index.

(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH, Pregnancy Risk Assessment Monitoring System, 2017

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH, Pregnancy Risk Assessment Monitoring System, 2021. National figure from 2019.

(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Pregnancy Risk Assessment Monitoring System, 2024. National figure from 2020.

Table 4-41. Rate of Mothers that Smoked During Pregnancy by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	MOTHER SMOKED DURING PREGNANCY	9.0%	4.3%	7.0%	2.1%	4.0%	7.3%
2022		5.4%	2.0%	1.7%	1.5%	2.0%	3.7%

Percentage of births to mothers who smoked during their pregnancy.
(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2015
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024. National figure from 2021

Table 4-42. C-Section Birth Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	C-SECTION BIRTHS	26.9%	25.6%	32.8%	29.7%	23.5%	28.4%
2017		32.0%	25.9%	N/A	N/A	N/A	N/A
2022		32.1%	27.60%	30.50%	27%	25.40%	29.30%

Percentage of births to resident mothers delivered by a cesarean delivery, or a C-section.
(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2015
(Data: 2017). Source: https://www.cdc.gov/nchs/pressroom/sosmap/cesarean_births/cesareans.html
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Table 4-43. Early Preterm Birth Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	EARLY PRETERM BIRTHS	1.5%	1.3%	1.4%	1.1%	1.3%	1.1%
2016-18		1.2%	1.1%	1.2%	1.0%	1.1%	1.2%
2022		10.5%	9.8%	11.1%	8.7%	10.1%	8.4%

Percentage of births to resident mothers in which the baby had 32 to 33 weeks of gestation.
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2016-18). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2020
Percentage of births to resident mothers in which the baby had 37 weeks of gestation.
(Data: 2020-22). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Table 4-44. Low Birth Weight Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	LOW BIRTH WEIGHT	8.1%	8.3%	5.4%	4.6%	9.3%	4.7%
2016-18		8.3%	8.2%	8.6%	7.9%	8.5%	8.5%
2020-22		7.6%	8.4%	6.0%	5.4%	9.4%	5.8%

Percentage of births to resident mothers in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2016-18). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2020
(Data: 2020-22). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Food Security

Children experiencing food insecurity are more likely to experience developmental problems and perform poorly in school. The negative physiological and psychological impacts affect a child's behavioral and social development, which is likely to lead to future adverse health outcomes into adulthood. Converging research indicates that household food insecurity impedes children from reaching their full physical, cognitive, and psychosocial potential.[55]

Going into the pandemic, fewer Hawai'i students were eligible for the Free Lunch Program than in years prior, and the percentage of children living below poverty level had improved. However, when the pandemic closed public schools, many children risked losing access to daily meals, leading to tremendous public and non-profit efforts to create food distribution programs and networks.. In 2022-2023, the percentage of students eligible for free student lunch remained steady from 2019-2020 with decreases in Hawai'i County and increases in Maui and Kaua'i Counties.

Many families have also lost financial stability during the pandemic. Most children come from households where all parents are in the workforce. Overall, Hawai'i (73.7%) and its counties continued to have more households with all parents holding down a job than was true nationally (72.2%), and, of course, multiple jobs are often necessary to keep up with the cost of living. Kaua'i County (81.4%) had the highest among the counties; while Honolulu was at 72.8%.

[55] Food Insecurity and Child Development: A State-of-the-Art Review, National Institutes of Health. *Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8431639/*

Table 4-45. Students Eligible for Free Lunch Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015-16	STUDENTS ELIGIBLE FOR FREE LUNCH	42.6%	40.1%	58.3%	40.7%	36.1%	38.4%
2019-20		41.2%	36.5%	53.9%	34.5%	32.6%	35.5%
2022-23		42.8%	36.7%	50.8%	37.1%	33.2%	37.1%

Percentage of students eligible to participate in the Free Lunch Program under the National School Lunch Program.
(Data: 2015-16). Source: Hawai'i Health Matters, National Center for Education Statistics, 2018
(Data: 2019-20). Source: Hawai'i Health Matters, National Center for Education Statistics, 2020. State figure is from 2018-19.
(Data: 2022-23). Source: Hawai'i Health Matters, National Center for Education Statistics, 2024.

Table 4-46. Children Below Poverty Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	CHILDREN BELOW POVERTY	20.3%	12.9%	23.7%	11.6%	11.2%	8.3%
2015-19		18.5%	11.9%	22.9%	10.7%	10.1%	9.0%
2018-22		16.7%	12.4%	19.2%	10.9%	11.4%	10.6%

Percentage of people under the age of 18 who are living below the federal poverty level.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Table 4-47. Parents Working Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	PARENTS WORKING	70.7%	73.4%	73.8%	79.1%	71.7%	81.5%
2015-19		71.5%	74.2%	74.4%	77.8%	72.9%	82.9%
2018-22		72.2%	73.7%	73.6%	75.6%	72.8%	81.4%

Percentage of households with children 6-17 years old and all parents in the family are in the workforce
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Stress

The percentage of children living in single parent households has increased in recent years. Today, single-parent families make up a large segment among family households at more than one out of three. Overall, the state is just above (35.0%) the national level (34.0%), although Honolulu continues to have lower levels at 24.5%.

Table 4-48. Single Parent Household Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	SINGLE PARENT HOUSEHOLDS	33.0%	29.1%	37.7%	33.8%	26.5%	30.9%
2015-19		32.7%	28.7%	38.1%	32.5%	25.8%	32.9%
2018-22		34.0%	35.0%	38.7%	32.2%	24.5%	33.1%

Percentage of children living in single-parent family households (with a male or female householder and no spouse present) out of all children living in family households.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Health Insurance

Overall, Hawai'i has been fairly consistent in keeping children insured. Both nationally and locally, there was a slight uptick in children without health insurance in 2018-2022.

Since the beginning of the pandemic, there has been an increase of residents enrolled in Medicaid coverage. Hawai'i County (25.5%) had the highest portion of residents enrolled under Medicare since March 2020 compared to 19.2% nationally. According to the official Medicaid website, in May 2024, there were 157,810 children enrolled in Medicaid or Children Health Insurance Programs (CHIP), representing 52% of the children in Hawai'i. In May of 2022, 164,261 children were enrolled in Medicaid or Children Health Insurance Programs (CHIP), representing 56% of the children in Hawai'i.[56]

[56] State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data, Data.Medicaid.Gov. 2024. *Available at:* https://data.medicaid.gov/dataset/6165f45b-ca93-5bb5-9d06-db29c692a360/data?conditions[0][property]=report_date&conditions[0][value]=2022-05-01&conditions[0][operator]=%3D&conditions[1][property]=preliminary_updated&conditions[1][value]=U&conditions[1][operator]=%3D

Table 4-49. Rate of Children Without Health Insurance by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	CHILDREN w/o HEALTH INSURANCE	5.7%	2.5%	2.7%	3.2%	2.4%	2.6%
2015-19		5.1%	2.3%	2.6%	3.3%	2.0%	3.0%
2018-22		5.3%	2.8%	2.9%	4.1%	2.5%	4.2%

Percentage of children under 19 years who do not have health insurance.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Asthma

Asthma is a common chronic disease among young children. The rate for childhood asthma is relatively high (9.2%, state), and has increased since last reported (7.5%). Kaua'i County demonstrates the highest rate at 12.5%. Hawai'i County observed the highest increase from 6.9% to 10.8%, while Maui County saw a decrease to 7.3%, the lowest among Hawai'i's counties.

Table 4-50. Children with Asthma Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	CHILDREN w/ASTHMA	9.2%	10.2%	11.9%	10.0%	10.1%	8.2%
2019		N/A	7.5%	6.9%	9.1%	7.2%	12.5%
2022		N/A	9.2%	10.8%	7.3%	9.6%	12.5%

Percentage of children under 18 years of age that currently have asthma.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024. Kaua'i figure from 2019. National figure has not been updated since 2016.

Education

In 2019, there was a slight improvement in early childhood education enrollment among three- and four-year olds for Hawai'i and three of its counties. Accounting for data collected during and immediately following the height of the pandemic (2018-2022), overall early childhood education enrollment has dropped from 48.3% in 2019 to 45.6% in 2022. Maui County had the biggest decrease,

going from 44.6% to 36.2%, while Kauaʻi County saw the only increase across the counties going from 41.8% to 59.6% during the same time period.

The disruption in education caused by the pandemic impacted the environment and learning opportunities for many developmental three- and four- year olds during their developmental years. Many childcare workers were faced with unemployment or termination as enrollment decreased or childcare centers closed. In 2019, before the pandemic, national (48.3%) and state (48.0%) figures for early childhood education enrollment remained stable and showed positive change. However, during and following the height of the pandemic (2018-2022), these figures have faced a downturn both nationally and in Hawaiʻi.

2021 key informant interviews described challenges when daycare centers were shut down due to lack of workers or low student enrollment due to low immunization rates among preschoolers. During the pandemic, many residents avoided medical centers and doctor offices or lost health insurance coverage for their family because they were unable to work. This meant immunization among 3- and 4-year olds was postponed or ignored, for children who were about to start preschool or daycare. Thus, children were unable to enroll in daycare or preschool without the required immunization.

Preschool Open Doors (POD) promotes school readiness by providing child care subsidies to eligible families for the year prior to kindergarten. The Department of Human Services (DHS) contracts with PATCH to run the program. The DHS administers the program. In January of 2024, the Department of Human Services (DHS) announced that it is expanding the Preschool Open Doors program to eligible 3-year-olds and helping families better afford preschool for the 2024-2025 school year with increased gross income eligibility limits. Families that may have been over income in previous years may now qualify if they have eligible 3- or 4-year-old children and need help with preschool tuition.[57]

[57] DHS EXPANDS PRESCHOOL OPEN DOORS PROGRAM TO INCLUDE ELIGIBLE 3-YEAR-OLDS AND INCREASES INCOME ELIGIBILITY LIMITS, State of Hawaiʻi, Department of Human Services, 2024. *Available at:* https://humanservices.Hawaiʻi.gov/dhs-expands-preschool-open-doors-program-to-include-eligible-3-year-olds-and-increases-income-eligibility-limits/

Table 4-51. Early Childhood Education Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	EARLY CHILDHOOD EDUCATION	47.5%	47.6%	43.7%	51.7%	48.5%	35.8%
2015-19		48.3%	48.0%	44.1%	44.6%	49.9%	41.8%
2018-22		45.6%	46.2%	41.9%	36.2%	47.7%	59.6%

Percentage of three- and four- year olds enrolled in school (public or private).
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Results of the Strive Hawai'i (DOE) testing in 2021 showed a sobering 26% decrease in math proficiency scores, a similar 20% drop in science scores and a 7% drop in language arts scores from 2019. The disruption in in-classroom teaching is proving to be problematic in a child's early foundation for critical thinking and social wellbeing. It will be particularly challenging to assess the needs of certain at-risk groups (including those experiencing homelessness, Micronesians, Pacific Islanders, and Native Hawaiians), where families may have been more likely to opt to keep children home rather than return back to the classroom for in-person learning. In 2023, we finally start to see some ground being made up with a 25% increase in math proficiency scores, 4% increase in language arts proficiency scores and a 14% increase in science proficiency scores since 2021. Though, there is still a long way to go to get back to pre-pandemic proficiency scores.

Many students who were described by the Strive Hawai'i report to be at-risk, were not equipped with a technological device nor internet access to participate in online learning. Thus, chronic absenteeism was observed among Micronesians (77%), English language learners (72%), and among Pacific Islanders (55%).

Children with Special Health Care Needs

When schools shut down and distance learning took into effect, it proved especially challenging for parents of school-aged children with disabilities and special needs. Daily routines utilizing specialized occupational exercises and tools could not be followed at home.

Hawai'i saw a significant increase in children aged 5-17 with a disability going from 3.9% in 2019 to 5.9% in 2022, representing a 51% increase. This may be impacted by increased encouragement for screening at younger ages. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

benefit under Medicaid provides a comprehensive, preventive child health program, which includes regular screenings for children from birth through age 21. This program has helped increase access to early screenings, especially for families who may face financial barriers. The U.S. is on a different trend and saw a decrease in this measure going from 5.5% in 2019 to 4.3% in 2022, representing a 22% decrease.

Table 4-52. Rate of Children Under Five With a Disability by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	CHILDREN W/ DISABILITY <5 YRS	0.8%	0.5%	0.3%	0.6%	0.6%	0.7%
2015-19		0.7%	0.7%	0.8%	0.6%	0.7%	0.7%
2018-22		0.7%	0.8%	1.3%	0.4%	0.7%	0.3%

Percentage of children less than 5 years old with any disability
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2

Table 4-53. Rate of Children Between Five and Seventeen With a Disability by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	CHILDREN W/ DISABILITY 5-17 YRS	5.4%	3.7%	3.5%	4.1%	3.8%	2.9%
2015-19		5.5%	3.9%	5.3%	3.7%	3.8%	1.7%
2018-22		4.3%	5.9%	6.4%	3.5%	4.1%	4.1%

Percentage of children 5 to 17 years old with any disability
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2024

Strong Families

The ongoing stress, fear, grief, and uncertainty created by the COVID-19 pandemic has impacted everyone, but many children and teens have had an especially tough time coping with the unknown. The social bonding in formative years has been severed due to school closures, separation of friends, and canceled activities. Anxiety, stress and mental health challenges are heightened concerns that need immediate attention.

Obesity and Eating Disorders

During the pandemic, as parents found themselves with more things to do but with less time to do it, fast food meals became the quick solution. A CDC study released in September 2021 showed significant weight gain nationally among children and teens between the ages of 2 and 19. Before the pandemic, child obesity levels were at 19%, increasing to 22% during the pandemic. Higher obesity levels translate to greater risk of respiratory problems, diabetes and high blood pressure at an earlier age.

According to a recent report by the Robert Wood Johnson Foundation, the obesity rate for preteens and teens in Hawai'i ages 10 to 17 showed a significant increase from 15.5% in 2019-2020 to 18.6% in the years 2021-2022.

The prevalence of eating disorders continues to rise at a steady pace for Hawai'i's teens. While Maui County showed a slight improvement at 23.4% from 22.4% in 2017, data from other counties indicated an increase. The latest data for teen eating disorders are from 2019.

Table 4-54. Teen Eating Disorder Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	TEEN EATING DISORDER	N/A	20.8%	18.1%	23.4%	21.0%	19.9%
2019		N/A	21.5%	22.0%	22.4%	21.2%	22.3%

Percentage of public school students in grades 9-12 who went without eating for 24 hour or more, took diet pills, powders, or liquids without a doctor's advice, or vomited or took laxatives to lose weight or keep from gaining weight in the past 30 days.
(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

Going into the pandemic, data show a decreasing percentage of Hawai'i's teens consuming a healthy diet, and continued to demonstrate lower levels than the national rates. That trend continues in 2021 with Hawai'i seeing a slight decrease in teen fruit and vegetable consumption.

Table 4-55. Teen Fruit and Vegetable Consumption Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN FRUIT/VEG CONSUMPTION	22.3%	14.2%	15.6%	15.6%	13.6%	14.1%
2019		22.3%	13.9%	16.6%	15.7%	13.2%	13.0%
2021		22.3%	13.8%	15.1%	13.4%	13.3%	17.4%

Percentage public school students in grades 9-12 who ate fruits and vegetables five or more times per day during the seven days preceding the survey.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021. National figure from 2011.
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024. National figure from 2011.

Mental Health

The qualitative data has highlighted a significant concern with increased mental health needs among teens. In alignment, more teens were experiencing mental distress (i.e., feeling sad, empty, hopeless, angry, anxious) in 2021 (73.0%) than in 2019 (66.7%). Among those youth, only 1 in 5 youth (20.1%) reported being able to get the help they need when they need it.

The secondary data did not see a significant change in teen depression when comparing 2019 (34.7%) and 2021 (34.8%), although both are up from 2017 rates (29.5%). The rate of teens hurting themselves also saw a steady increase from 2017 (19.1%) to 2021 (22%), or nearly 1 in 4 youth. According to the reporting, suicidal thoughts among teens have risen slightly from 2019 (16.7%) to 2021(17.2%), while suicidal actions, such as formulating a plan and attempting have decreased slightly from 2019 to 2021. Suicide attempts in Hawai'i among youth are reported at 1.8% in 2021, below the national level that rose significantly to 10.2%.

A growing health concern is the number of teen suicide attempts across Hawai'i. In 2019, the state surpassed the national figure where 3.2% of Hawai'i's public school teens had attempted suicide versus 2.5% nationally. However in 2021, the suicide attempt rate among Hawai'i's public school teens fell to 1.8% while the national figure shot up to an alarming 10.2%. In Hawai'i County, 2.6% of their public school teens reported a suicide attempt that required medical attention within the past year. Maui County reported the second highest percentage at 2.4%. While the U.S. overall reflected an increase from 2019 to 2021, Hawai'i's teen percentage of suicide attempts saw a decrease from the prior period, although still above the 2013-2015 figures.

According to a 2018 report by the Sexual and Gender Minority Workgroup, sexual and gender minority youth have a 2 to 3 times higher risk for depression, anxiety disorders, suicidal ideation, suicide attempts, and self-harm.[58]

Table 4-56. Teen Depression Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN DEPRESSION	31.5%	29.5%	31.4%	33.1%	28.6%	28.0%
2019		37.6%	34.7%	34.5%	37.9%	34.3%	33.2%
2021		42.3%	34.8%	36.5%	36.5%	34.0%	35.7%

Students who ever felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021.

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024.

Table 4-57. Rate of Teens who Purposely Hurt Themselves by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN SELF-HARM	N/A	19.1%	22.4%	21.1%	18.3%	16.4%
2019		N/A	19.7%	22.2%	23.2%	18.5%	20.6%
2021		N/A	22.0%	24.4%	21.7%	21.6%	21.0%

Students who did something to purposely hurt themselves without wanting to die (such as cutting or burning themselves on purpose one or more times) in the past.

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

[58] Sexual & Gender Minority Youth in Hawai'i, Sexual and Gender Minority Workgroup, 2017. *Available at:* https://health.Hawai'i.gov/harmreduction/files/2024/03/Presentation-SGM-Youth-in-HI-2017-2019-FINAL-VERSION-2-3-4-2024.pdf

Table 4-58. Teen Mental Distress Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN MENTAL DISTRESS	N/A	71.3%	73.3%	74.5%	70.5%	69.6%
2019		N/A	66.7%	70.2%	72.1%	65.1%	66.1%
2021		N/A	73.0%	75.2%	72.3%	72.4%	77.1%

Students who report ever feeling sad, empty, hopeless, angry or anxious.

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Table 4-59. Rate of Teens Able to Get the Mental Health Help They Need by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN MENTAL HEALTH HELP	N/A	20.1%	21.6%	18.8%	20.0%	19.9%
2019		N/A	20.9%	19.3%	20.5%	21.4%	20.8%
2021		N/A	20.1%	22.6%	21.1%	19.4%	20.0%

Students who most of the time or always get the kind of help they need (among students who report having felt sad, empty, hopeless, angry or anxious).

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Table 4-60. Rate of Teens With Suicidal Thoughts by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN SUICIDAL THOUGHTS	17.2%	16.0%	18.6%	18.6%	15.1%	15.7%
2019		18.8%	16.7%	18.2%	19.6%	15.9%	16.8%
2021		22.2%	17.2%	18.2%	16.8%	16.1%	17.5%

Students who seriously considered attempting suicide in the past 12 months.

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Table 4-61. Rate of Teens who Made a Suicide Plan by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN SUICIDAL PLAN	13.6%	13.8%	15.7%	15.0%	13.3%	12.9%
2019		15.7%	14.6%	15.8%	17.3%	13.8%	14.9%
2021		1	13.3%	17.4%	15.1%	11.8%	16.1%

Students who made a plan about how they would attempt suicide in the past 12 months.

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Table 4-62. Teen Suicide Attempt Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN SUICIDE ATTEMPT	7.4%	2.4%	3.5%	3.1%	2.1%	3.4%
2019		8.9%	3.2%	4.3%	4.0%	2.9%	3.0%
2021		10.2%	1.8%	2.6%	2.4%	1.5%	2.1%

Percentage of public school students in grades 9-12 who reported at least one suicide attempt that required medical attention in the past 12 months.

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Table 4-63. Rate of Teen Suicide Attempt that Resulted in Injury by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN SUICIDE ATTEMPT - INJURY	2.4%	2.4%	3.5%	3.1%	2.1%	3.4%
2019		2.5%	3.2%	4.3%	4.0%	2.9%	3.0%
2021		2.9%	1.8%	2.6%	2.4%	1.5%	2.1%

Students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse in the past 12 months.

(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Sufficient Sleep

On average, only one of four Hawai'i teens get eight or more hours of sleep per night. Hawai'i generally has tracked alongside national data with all Counties except Honolulu County (21.7%) reporting a higher percentage of teens getting 8 or more hours of sleep on a school night than the national figure (22.7%).

Table 4-64. Rate of Teens with Sufficient Sleep by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN w/SUFFICIENT SLEEP	27.3%	22.8%	26.6%	21.8%	22.2%	23.8%
2019		22.1%	22.8%	25.7%	23.5%	21.9%	26.0%
2021		22.7%	23.5%	26.5%	27.7%	21.7%	28.3%

Percentage of public school students in grades 9-12 who got 8 or more hours of sleep on an average school night.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Time Spent Online

Prior to the pandemic, data shows that Hawai'i teens were more likely to spend less than 2 hours a day online (on activities other than school-related) than the national figures. The latest data for teen screen time are from 2019.

Table 4-65. Rate of Teens that get Less Than Two Hours of Screen Time by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN <2 HOURS SCREEN TIME	58.3%	59.3%	61.3%	55.3%	59.2%	63.5%
2019		53.9%	58.2%	63.8%	54.4%	57.4%	62.0%

Percentage of public school students in grades 9-12 who play video or computer games or use a computer for something that is not school related for two hours or less on an average school day.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021

Bullying

Bullying and cyberbullying continue to show signs of improvement, but remain a concern. In 2021, 10.5% of island teens reportedly experienced bullying, down from 17% in 2019 and below the national rates of 15%.

Table 4-66. Rate of Teens who were Bullied at School by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN BULLIED	20.2%	18.4%	21.3%	21.7%	17.1%	19.9%
2019		19.5%	17.0%	20.7%	18.1%	15.8%	19.2%
2021		15%	10.5%	13.6%	14.1%	8.7%	15.8%

Percentage of public school students in grades 9-12 who were bullied on school property in the 12 months preceding the survey.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Table 4-67. Rate of Teens who were Cyberbullied by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN CYBERBULLIED	15.5%	14.6%	15.1%	16.4%	14.0%	16.1%
2019		15.7%	13.1%	15.8%	14.0%	12.2%	14.5%
2021		15.9%	11.8%	14.6%	14.3%	10.3%	15.5%

Percentage of public school students in grades 9-12 who were electronically bullied, including bullying through email, chat rooms, instant messaging, web sites, or texting, in the past 12 months.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Trusted Adults and Role Models

Six out of eight (73.5%) of Hawai'i teens reported that they had an adult or teacher they could confide in. However, when compared with data from 2019, these percentages have decreased in all counties.

Table 4-68. Rate of Teens With an Adult They Can Talk To by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	TEEN w/ADULT THEY CAN TALK TO	N/A	81.9%	84.4%	81.7%	81.5%	81.3%
2019		N/A	79.0%	78.7%	78.3%	79.0%	81.3%
2021		N/A	73.5%	77.6%	68.4%	73.6%	74%

Percentage of public school students in grades 9-12 who report they have an adult or teacher they can talk to about things that are important to them.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

Vaping

Following a national trend, teen vaping in Hawai‘i is decreasing. However, it is still a major health concern. In 2019, Hawai‘i reported that 48.3% of teens had tried vaping. In 2021, the percentage of teens that had tried vaping decreased significantly to 32.4%; however, two counties surpassed the national rate of 36.2%, with Hawai‘i County reporting the highest rate at 39.7%.

Table 4-69. Teen Vaping Rate by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2017	TEEN TRIED VAPING	N/A	42.3%	49.6%	50.7%	39.0%	45.3%
2019		50.1%	48.3%	56.5%	58.1%	44.5%	51.6%
2021		36.2%	32.4%	39.7%	36.6%	29.7%	35.4%

Percentage of public school students in grades 9-12 who have ever tried an electronic vapor product (e.g. e-cigarettes, vaping pens).
(Data: 2017). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2021
(Data: 2021). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2024

Alcohol

Alcohol use among teens showed improvement in 2021, with consumption across Hawai‘i down to 16.6% from 20.4%. This decrease can be seen in all four counties.

Table 4-70. Teen Alcohol Use Rate by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2017	TEEN ALCOHOL USE	32.8%	24.5%	32.1%	32.8%	21.0%	30.1%
2019		29.2%	20.4%	27.9%	27.7%	17.3%	24.3%
2021		22.7%	16.6%	21.0%	18.0%	15.1%	19.5%

Percentage of public school students in grades 9-12 who had at least one drink of alcohol on at least one day in the past 30 days.
(Data: 2017). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2021
(Data: 2021). Source: Hawai‘i Health Matters, Hawai‘i DOH Youth Risk Behavior Surveillance System, 2024

Teen Meth

Hawai‘i’s teen methamphetamine trial and usage rate of 1.8% is now on par with the national rate (1.8%) in 2021. Hawai‘i’s teen meth usage rate dropped by 60% from 2019 to 2021. Decreases were seen across all counties with the largest decrease being seen in Kaua‘i County with a 60% decrease. The percentage of teens who reported being offered drugs at school is higher than is reported nationally.

Table 4-71. Teen Meth Use Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2018	TEEN METH USE	3.0%	4.8%	5.7%	6.2%	4.3%	5.4%
2019		2.1%	4.5%	4.7%	4.6%	4.4%	5.3%
2021		1.8%	1.8%	2.1%	2.2%	1.6%	2.1%

Percentage of public school students in grades 9-12 who have used methamphetamines (also called speed, crystal, crank, or ice) one or more times during their life.
(Data: 2017). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2024

The latest data for the percentage of teens being offered drugs at school are from 2018, which showed Hawai'i higher than national rates, including all counties except Kaua'i.

Table 4-72. Rate of Teens who Were Offered Drugs at School

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2018	OFFERED DRUGS AT SCHOOL	21.7%	25.4%	26.8%	26.5%	25.3%	21.4%

Percentage of public school students in grades 9-12 who were offered, sold, or given illegal drugs on school property in the past 12 months. Note that the Youth Risk Behavior Study does not appear to have included this in more recent research.
(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2016

Hospital Visits by Persons Experiencing Problems Related to Primary Support Group, Including Family Circumstances

Problems related to primary support groups include but are not limited to problems with a spouse or partner, death of a family member, family separation, family military deployment, and alcoholism or drug addiction in the family.

Visits where the patient's chart includes the Z code for problems related to primary support groups have been increasing since 2020 for both inpatient and outpatient data, as has its share of total visits.

Figure 4-44. Other Inpatient Hospital Visits by Persons Experiencing Problems Related to Primary Support Group, Including Family Circumstances as a Share of Total Inpatient Visits

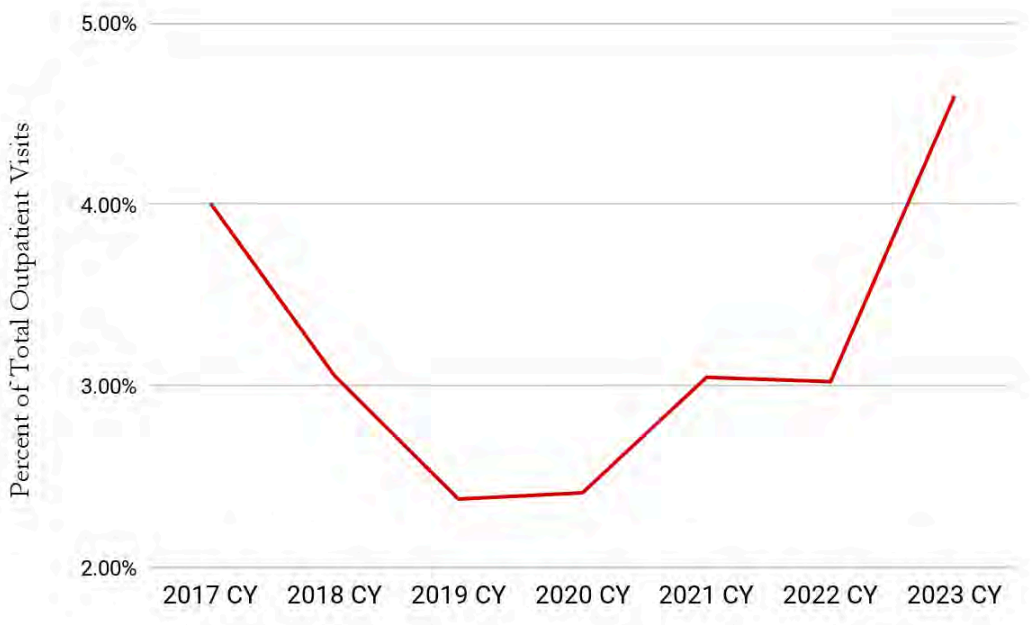
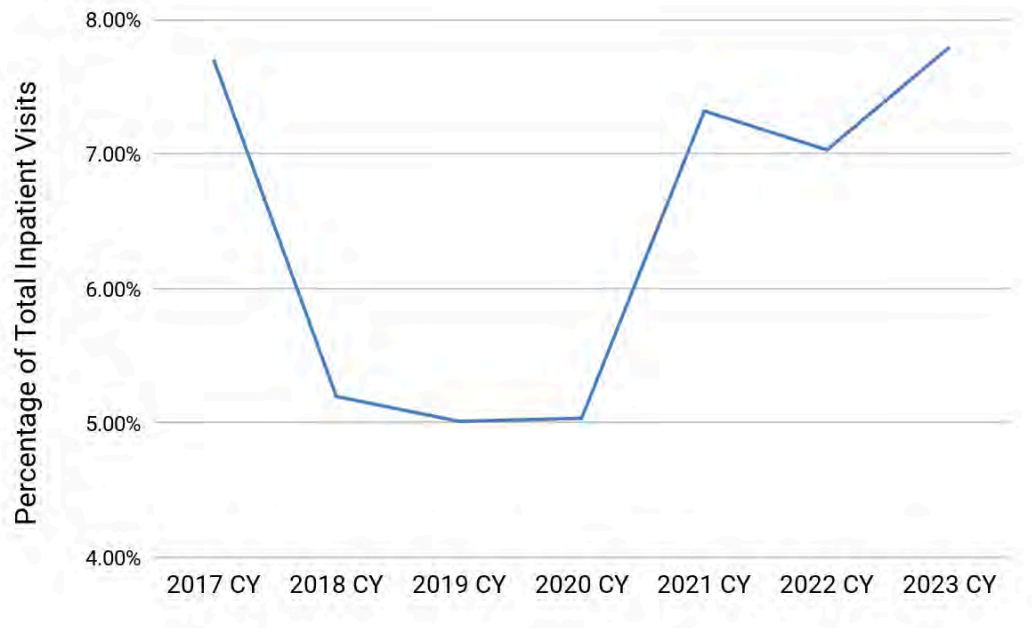


Figure 4-45. Other Outpatient Hospital Visits by Persons Experiencing Problems Related to Primary Support Group, Including Family Circumstances as a Share of Total Outpatient Visits

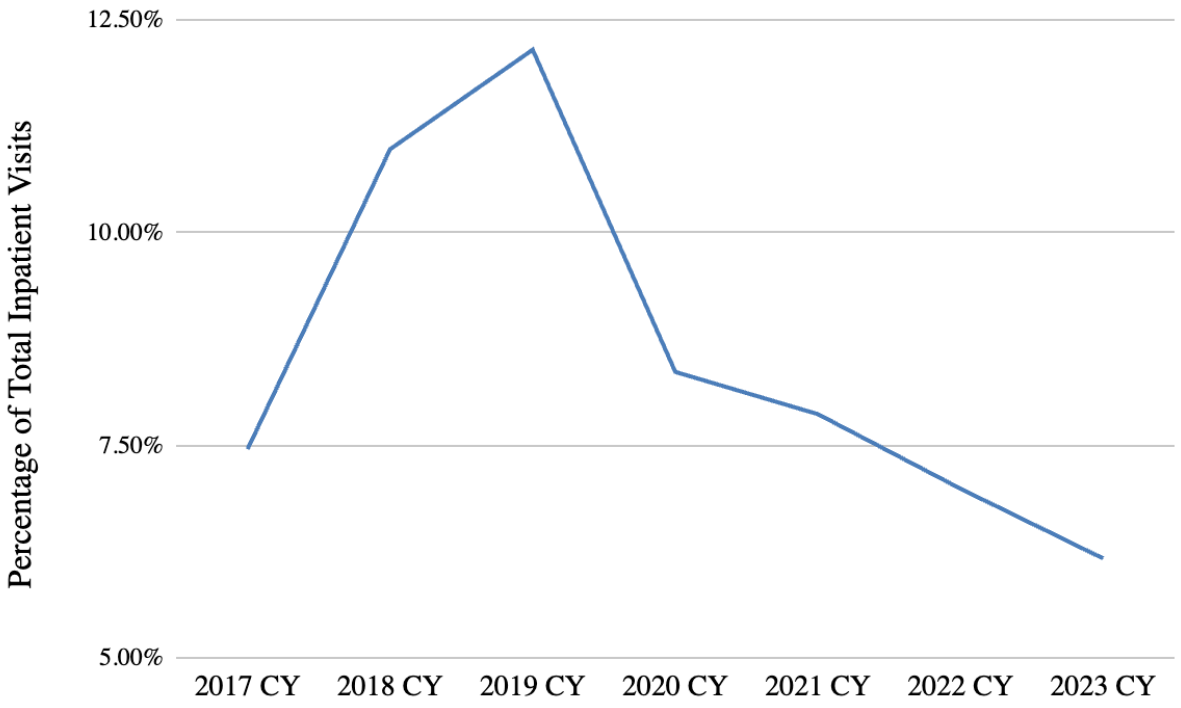


Hospital Visits by Persons Experiencing Problems Related to Upbringing

Problems related to upbringing include but are not limited to problems related to inadequate parental supervision and control, parental overprotection, child in welfare custody, institutional upbringing, physical and sexual child abuse and parent-child estrangement.

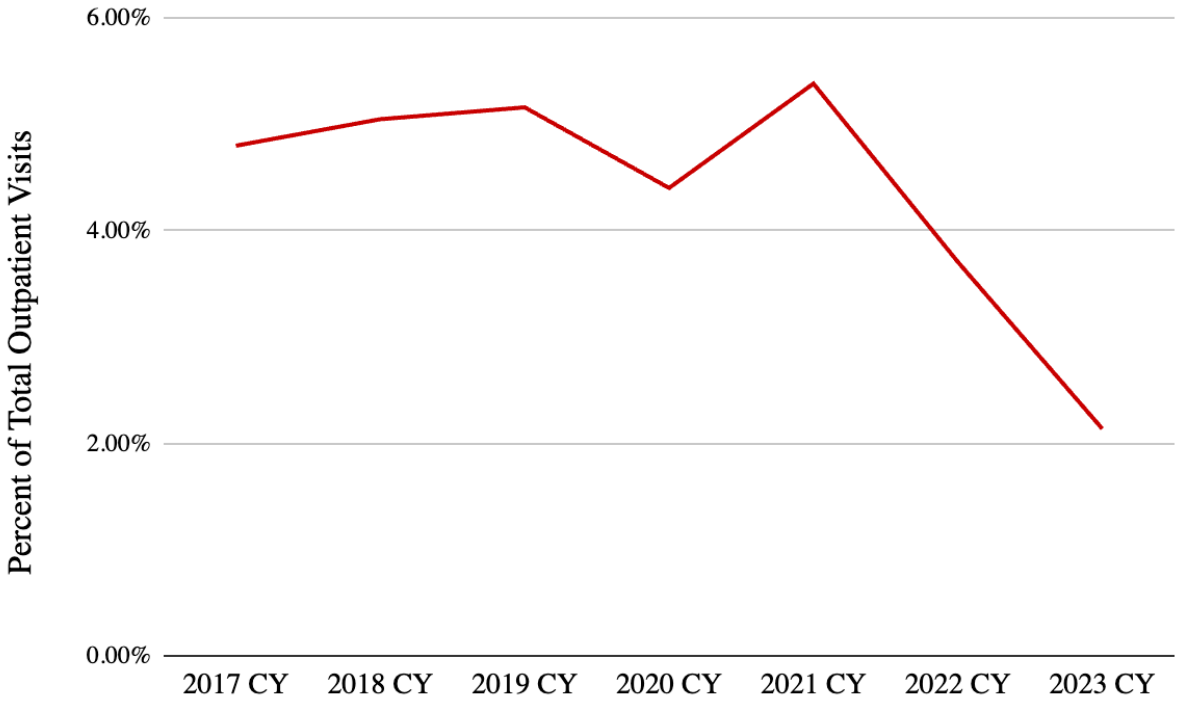
Inpatient visits where the patient's chart includes the Z code for problems related to upbringing have been increasing since 2020. However, its share of total inpatient visits has been decreasing since 2020. In 2023, there were a total of 641 hospital visits where the patient's chart includes the Z code for problems related to upbringing accounting for 6.2% of total inpatient visits.

Figure 4-46. Inpatient Hospital Visits by Persons Experiencing Problems Related to Upbringing as a Share of Total Inpatient Visits



Outpatient visits where the patient's chart includes the Z code for problems related to upbringing peaked in 2021 but have since been declining, as has its share of total outpatient visits. In 2023, there were a total of 327 hospital visits where the patient's chart includes the Z code for problems related to upbringing accounting for 2.1% of all outpatient visits.

Figure 4-47. Outpatient Hospital Visits by Persons Experiencing Problems Related to Upbringing as a Share of Total Outpatient Visits



Environment

When reported in 2013, Hawai'i was experiencing a series of natural phenomena with earthquakes and volcanic eruptions from Kīlauea. The air pollution caused volcanic gasses (or vog) across the island chain and created a health risk for residents with respiratory problems, but especially for Hawai'i Island. Since then, air quality in Hawai'i County has improved with far fewer unsatisfactory days than was reported in 2013. The latest data for unsatisfactory air quality days is from 2020.

Table 4-73. Unsatisfactory Air Quality Days by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013	UNSATISFACTORY AIR QUALITY (days)	N/A	254	254	0	0	0
2020		N/A	11	11	0	0	0

Number of days per calendar year in which the Air Quality Index (AQI) value was over 100.
(Data: 2013). Source: Hawai'i Health Matters, Hawai'i DOH State Laboratories Division, 2014
(Data: 2020). Source: Hawai'i Health Matters, Hawai'i DOH State Laboratories Division, 2021. State figure from 2018.

Table 4-74. Pounds of Carcinogen Released by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	CARCINOGENS RELEASED (lbs)	N/A	64,111	1,632	717	61,762	0
2019		N/A	65,964	661	698	64,605	0
2022		N/A	45,904	722	651	44,350	182

Quantity (in pounds) of reported and recognized carcinogens released into the air. The quantity is based on fugitive and point source emissions of 179 recognized U.S. Occupational Safety and Health Administration carcinogens.
(Data: 2017). Source: Hawai'i Health Matters, U.S. Environmental Protection Agency, 2018
(Data: 2019). Source: Hawai'i Health Matters, U.S. Environmental Protection Agency, 2021
(Data: 2022). Source: Hawai'i Health Matters, U.S. Environmental Protection Agency, 2023

Table 4-75. Pounds of PBT Released by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	PBT RELEASED (lbs)	N/A	120,783	30,318	366	90,099	0
2019		N/A	78,033	15,823	369	61,840	0
2022		N/A	62,240	5,166	376	56,513	1

Total net pounds of reported PBT (Persistent, Bioaccumulative, and Toxic Chemicals) released. These data only reflect releases and other waste management activities of chemicals, not whether (or to what degree) the public has been exposed to those chemicals.
(Data: 2017). Source: Hawai'i Health Matters, U.S. Environmental Protection Agency, 2018
(Data: 2019). Source: Hawai'i Health Matters, U.S. Environmental Protection Agency, 2021
(Data: 2022). Source: Hawai'i Health Matters, U.S. Environmental Protection Agency, 2022

Kūpuna Care

In Hawai'i, our kūpuna or elders are revered as family leaders and keepers of ancestral knowledge. However, many kūpuna are struggling to get by. The effects of the pandemic are still being felt, and the aftermath of the Maui Wildfires left many kūpuna in tough situations.

According to the state Department of Business, Economic Development and Tourism, the number of Hawai'i residents aged 65 and older is expected to be about 29% of Hawai'i's population by 2040. Currently, this age group makes up for 19.3% of Hawai'i's population.

Table 4-76. Rate of 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2022	% 65+	16.5%	19.3%	22.2%	19.3%	18.6%	21.2%

Percentage of residents aged 65+.
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH Youth Risk Behavior Surveillance System, 2018

In Hawai'i, it was common to grow up in a multi-generational household, where the kūpuna shared their wealth of knowledge and experiences with younger generations. Taking care of and keeping kūpuna healthy and safe is a significant part of many local cultures, and many families see multi-generational homes as a natural and important part of life. According to the U.S. census, grandparents and grandchildren living under the same roof was more than twice as high in Honolulu (10.9%) and Maui Counties (10.6%) than in the nation (5.1%).

Many grandparents, on fixed incomes, were also responsible for providing basic needs for their grandchild(ren). 1.5% of our kūpuna reported that they provided care for a grandchild(ren), compared to 1.1% nationally.

Table 4-77. Rate of 65+ Year Olds Living With Grandchildren by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ LIVING w/ GRANDCHILD	5.1%	11.3%	7.9%	11.8%	12.1%	10.0%
2015-19		5.1%	10.8%	7.8%	11.6%	11.5%	10.1%
2018-22		5.0%	10.1%	7.2%	10.6%	10.9%	8.8%

Percentage of residents 65 years or older with grandchild(ren) in their household
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-78. Rate of 65+ Year Olds Responsible for Grandchild(ren) by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ RESPONSIBLE FOR GRANDCHILD	1.2%	1.8%	2.6%	1.7%	1.6%	0.9%
2015-19		1.2%	1.6%	2.4%	1.4%	1.4%	1.5%
2018-22		1.1%	1.5%	1.6%	1.9%	1.4%	1.4%

Percentage of residents 65 years or older who are responsible for grandchild(ren)
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Hawai'i's high cost of living for housing rent, food, taxes, medical insurance, prescriptions, and transportation has made it difficult for many kūpuna to retire at age 65. About 21.3% of Hawai'i's seniors reported they are still working, compared with 17.9% in the U.S. overall.

Table 4-79. Employment Rate of 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ EMPLOYED	16.8%	20.1%	19.1%	22.7%	19.7%	21.7%
2015-19		17.4%	21.2%	20.4%	22.2%	21.2%	21.8%
2018-22		17.9%	21.3%	21.6%	22.0%	20.9%	22.6%

Percentage of residents 65 years or older who in the labor force and employed
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-80. Rate of Veteran 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ VETERANS	19.4%	20.0%	22.5%	17.7%	20.0%	17.7%
2015-19		17.9%	18.9%	21.1%	16.3%	18.9%	17.7%
2018-22		15.4%	16.3%	18.0%	14.5%	16.1%	16.6%

Percentage of residents 65 years or older who are Veterans
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

According to the American Community Survey - U.S. Census, 22,936 of Hawai'i's 279,708 seniors fell below the poverty level. This means that in 2018-2022, about 8.2% of our kūpuna still lived below the

federal poverty level, compared to 10.0% nationally. Hawai'i County (10.2%) had the highest level of kūpuna living in poverty, which was the only county higher than the national figure.

Kūpuna Access to Care

Without access to financial means, access to healthcare becomes strained. The percentage of kūpuna over 65 who have a household income below the poverty line has stayed relatively stable since 2017.

Table 4-81. Poverty Rate of 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ BELOW POVERTY	9.3%	8.0%	9.4%	8.4%	7.7%	7.9%
2015-19		9.3%	8.1%	9.8%	8.1%	7.8%	6.4%
2018-22		10.0%	8.2%	10.2%	7.7%	7.8%	7.5%
Percentage of residents 65 years or older who are below 100% FPL *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017* *(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019* *(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022*							

Aging at Home

As our elders live longer, the quality of life and living in place are issues to be addressed. Caregiving responsibilities will fall on their adult children or relatives. Oftentimes they have become their parent's healthcare aide, financial planner, cook, cleaner and transporter overnight. Many of these caregivers are still in the workforce and with a family of their own. Suddenly, they find themselves taking care of two households - stressed and physically and emotionally drained. Furthermore, they are often financially strained and dealing with their own family and health problems. In 2023, there were 154,000 informal caregivers in Hawai'i who put in 144 million hours of caregiving. Informal or family caregiving was valued at $2.6 billion in 2023.

Table 4-82. Rate of 65+ Year Olds Living Alone by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ LIVING ALONE	42.9%	33.9%	35.9%	34.8%	33.4%	32.5%
2015-19		42.8%	34.5%	37.7%	33.2%	34.1%	32.2%
2018-22		43.0%	34.3%	37.1%	31.9%	34.1%	32%
Percentage of residents 65 years or older who is a householder living alone *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017* *(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019* *(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022*							

Table 4-83. Rate of Widowed 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ WIDOWED	24.9%	24.5%	21.3%	21.9%	25.6%	24.8%
2015-19		23.7%	23.4%	20.2%	19.2%	24.9%	23.0%
2018-22		22.1%	21.1%	17.6%	18.3%	22.7%	18.6%
Percentage of residents 65 years or older who are widowed *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017* *(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019* *(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022*							

The share of seniors in Hawai'i over the age of 65 who spoke English less than "very well" nearly doubled that of the national rate.

Table 4-84. Rate of 65+ Year Olds with Limited English by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-17	65+ LIMITED ENGLISH	8.7%	18.1%	8.2%	15.0%	21.2%	13.0%
2015-19		8.7%	17.5%	9.0%	13.6%	20.6%	12.2%
2018-22		8.6%	16.3%	8.1%	13.0%	19.0%	13.8%
Percentage of residents 65 years or older who speak English less than "very well" *(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017* *(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019* *(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022*							

Seven in ten of Hawai'i's seniors have received the flu vaccine in the past year, which is slightly higher than the national rate of 67.7%. While more than half of our kūpuna population have been vaccinated for pneumonia, it is still slightly below the national figure of 71.4%. Between 2023 and 2024, COVID

vaccination rates among those aged 65 years and older have decreased across the State going from 95% in 2021 to 82% in 2023-2024.

Table 4-85. Flu Vaccination Rate of 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	65+ FLU VACCINE	58.2%	56.9%	50.0%	56.0%	59.9%	53.4%
2019		64.0%	58.8%	53.1%	48.4%	62.7%	58.1%
2022		67.7%	70.2%	59.7%	60.8%	75.5%	62.1%
Percentage of adults aged 65 years and older who received an influenza vaccination in the past year. *(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018* *(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021* *(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024*							

Table 4-86. Pneumonia Vaccination Rate of 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	65+ PNEUMONIA VACCINE	73.4%	67.6%	56.7%	63.1%	72.8%	64.0%
2019		73.1%	66.3%	64.4%	53.3%	70.6%	56.0%
2022		71.4%	62%	56.7%	68.4%	65.4%	54%
Percentage of adults aged 65 years and older who have ever received a pneumococcal (pneumonia) vaccine. *(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018* *(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021* *(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024*							

Table 4-87. COVID Vaccination Rate of 65+ Year Olds by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2021	65+ COVID VACCINE	N/A	95%	97%	88%	95%	97%
2023-24		N/A	82.0%	83.6%	66.6%	85.4%	69.4%
Percentage of residents 65 years or older who have received a COVID vaccine. *(Data 2021) https://health.Hawai'i.gov/coronavirusdisease2019/current-situation-in-Hawai'i/#vaccine.*							

According to a report by the University of Hawai'i, Center on Aging, one in five (19%) Honolulu 65+ year olds live alone and there were 29,000 kūpuna in 2023.[59]

[59] Age-Friendly Honolulu 2022-2023, University of Hawai'i, Center on Aging, 2024. *Available at:* https://www8.honolulu.gov/dcs/wp-content/uploads/sites/24/2024/04/AFH-Annual-Report-2022-2023-Final-04.24.24-Online.pdf

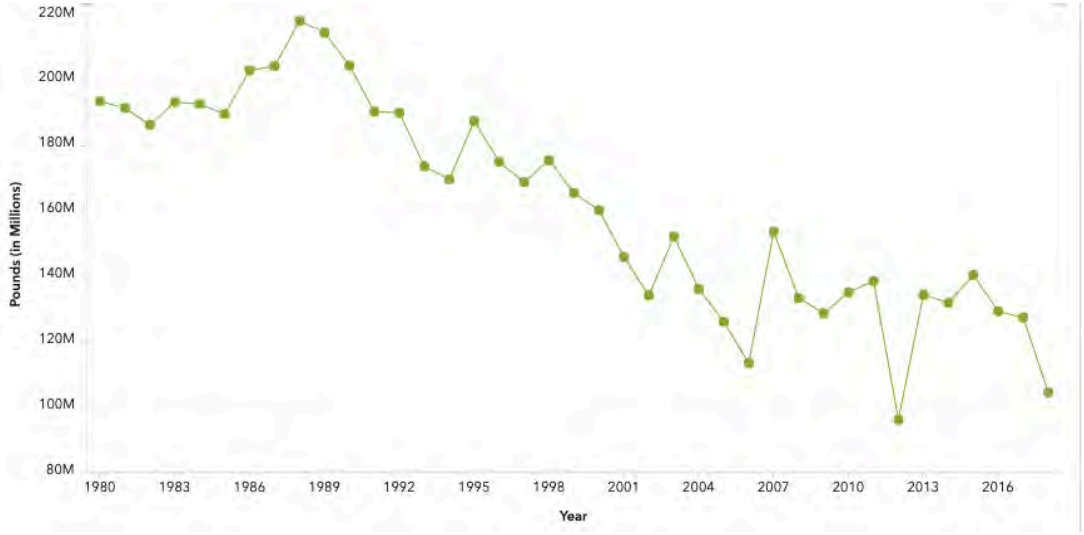
Emergency Preparedness

The geographical isolation of Hawai‘i poses unique threats to our islands in the face of emergencies.

Food Security

With about 90% of our food being imported, food security is a high priority area when it comes to emergency preparedness. In the latest year where data is available, 2018, 104.6 million pounds of food were produced in Hawai‘i which is down from 127.5 million pounds in 2017, an 18% decrease. From 1988 (218.3 million pounds) to 2018, Hawai‘i’s local food production has decreased by 52%.

Figure 4-57. Pounds of Food Locally Produced



D. Access to Healthcare

Both nationally and locally, less people have been getting routine medical checkups, though the rates still show that three in four people get routine medical checkups. Nationally, the rate for routine check ups reduced by 2.1 percentage points while the state’s rate reduced by 3.8 percentage points. The largest decrease was seen in Kaua‘i County with a 7.1 percentage point decrease. Hawai‘i continues to outpace the US in the percentage of adults, who have one or more persons they think of as their personal healthcare provider, at a rate of 88.4% compared to 76.8% nationally.

Table 4-88. Routine Check Up Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	ROUTINE CHECK-UP IN THE PAST YEAR	70.8%	72.0%	67.9%	65.1%	74.4%	66.1%
2019		77.6%	80.6%	77.3%	76.0%	82.0%	81.2%
2022		75.5%	76.8%	75.6%	74.4%	78.2%	74.1%

Percentage of adults who have had a routine medical checkup in the past 12 months.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-89. Dentist Visit Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	DENTIST VISIT	66.3%	72.7%	65.0%	66.3%	75.6%	73.0%
2018		67.6%	75.3%	66.3%	72.1%	78.1%	71.7%
2022		65.2%	71.9%	63.6%	70.9%	73.9%	72.2%

Percentage of adults who have visited a dentist or dental clinic for any reason in the past year.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2018). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2020
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-90. Adults with Usual Source of Healthcare Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	ADULTS w/USUAL SOURCE OF HEALTHCARE	78.2%	84.7%	82.2%	78.5%	86.8%	83.4%
2019		77.0%	83.6%	81.5%	78.1%	85.4%	87.0%
2022		76.8%	88.4%	86.5%	85.1%	90.2%	82.3%

Percentage of adults that report having one or more persons they think of as their personal doctor or health care provider.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-91. Diabetics with Diabetes Education Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	DIABETICS w/DIABETES EDUCATION	N/A	56.0%	53.2%	55.7%	57.4%	51.4%
2019		N/A	62.9%	62.8%	65.0%	62.3%	67.9%

Percentage of persons aged 18 years and older with diabetes who report they have taken a course or class in diabetes self-management. Persons with pre-diabetes, borderline diabetes, and women with gestational diabetes are excluded.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Affordable Care

Hawai'i fared better than the national average when it came to insurance coverage and the cost of seeing their doctor. Only 5.5% of Hawai'i adults reported having no healthcare insurance.

Table 4-95. No Doctor Visit Due to Cost Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	NO DOCTOR VISIT DUE TO COST	12.1%	7.4%	9.9%	8.6%	6.5%	8.4%
2019		12.6%	8.2%	10.1%	10.2%	7.1%	8.7%
2022		10.1%	5.7%	6.6%	6.5%	5.3%	5.6%

Percentage of adults who report not seeing a doctor in the past 12 months because of cost.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Both Hawai'i (25.8%) and Kaua'i (25.5%) Counties had a higher percentage of residents covered by public health insurance alone than was true nationally. These include Medicare, Medicaid, Veterans Affairs (VA) healthcare, Children's Health Insurance Program (CHIP), and other state health plans.

Table 4-96. Uninsured Adult Rate by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2013-17	ADULTS w/o HEALTH INSURANCE	14.8%	6.6%	9.0%	8.3%	5.6%	8.4%
2015-19		12.4%	5.5%	7.5%	6.7%	4.8%	7.3%
2018-22		12.2%	5.5%	7.0%	6.3%	4.9%	6.9%

Percentage of adults aged 19-64 that do not have any kind of health insurance coverage.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2015-19). Source: U.S. Census, American Community Survey 5-year estimates, 2019
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Table 4-97. Public Health Insurance Only Rate by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2013-17	PUBLIC HEALTH INSURANCE ONLY	22.3%	18.9%	30.1%	20.8%	16.2%	20.4%
2021		20.6%	17.6%	26.4%	20.1%	14.7%	24.2%
2018-22		21.0%	18.2%	25.8%	18.5%	16.1%	25.5%

Percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and individual state health plans.
(Data: 2013-17). Source: U.S. Census, American Community Survey 5-year estimates, 2017
(Data: 2018-22). Source: U.S. Census, American Community Survey 5-year estimates, 2022

Supply of Doctors

Hawai‘i's supply of primary care physicians (PCPs) has stayed fairly stable from 2020 to 2021. Kaua‘i County saw the biggest improvement, adding ten more PCPs per 100,000 people in just one year. Maui County experienced the only decrease, losing three PCPs per 100,000 people. Hawai‘i continues to follow a national trend of increasing the rate of non-physician PCPs per 100,000 people. Nationally, there was a 50% increase in the rate of non-physician PCPs per 100,000 from 2020 to 2023, while Hawai‘i saw a significant 28% increase, or 18 points, from 2020 to 2023. All counties saw increases in this measure with Hawai‘i County seeing the largest improvement with a 47% increase.

Table 4-92. Primary Care Physicians Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	PRIMARY CARE PHYSICIANS (per 100,000)	N/A	87	74	94	90	72
2020		N/A	89	77	86	93	72
2021		N/A	89	77	83	93	82

Number of primary care physicians including non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics per 100,000 residents
(Data: 2015). Source: County Health Rankings, Area Health Resource File, 2018
(Data: 2020). Source: County Health Rankings, Area Health Resource File, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-93. Non-Physician PCP Rate per 100,000 by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2017	NON-PHYSICIAN PCP (per 100,000)	81	53	38	43	58	43
2020		88	64	51	56	70	47
2023		132	82	75	71	88	53

Non-physician primary care provider rate per 100,000 population. Primary care providers who are not physicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.
(Data: 2017). Source: Hawai'i Health Matters, County Health Rankings, 2018
(Data: 2020). Source: Hawai'i Health Matters, County Health Rankings, 2021. National figure from 2018.
(Data: 2023). Source: Hawai'i Health Matters, County Health Rankings, 2024.

Table 4-94. Dentist Rate per 100,000 by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	DENTISTS (per 100,000)	N/A	85	65	62	94	64
2018		N/A	90	66	65	101	68
2022		N/A	90	63	69	101	68

Number of dentists per 100,000 residents
(Data: 2016). Source: County Health Rankings, Area Health Resource File 2018
(Data: 2022). Source: County Health Rankings, Area Health Resource File 2024

Physician Shortage

Hawai'i is facing a critical physician shortage according to the Hawai'i Physician Workforce Assessment Project. In 2023, there were 3,599 licensed physicians that currently provide patient care. However, some of these practicing physicians do not work full-time. To account for this, a full-time equivalent

(FTE) is calculated and is used to show the number of full-time physicians needed. In 2023, there was a physician shortage of 567 FTEs. When considering geographic realities of specialty coverage on different islands, the shortage is closer to 757 FTEs. Adaptations for geographic barriers and time-sensitive coverage needs were made for practitioners of Emergency Medicine, Critical Care, Orthopedic Surgery, Urologic Surgery, Cardiothoracic Surgery, Vascular Surgery, Neurologic Surgery, and Psychiatry. The shortage percentage depicts what percentage more that each specialty needs to reach demand. For example, the 11.0% Primary Care Shortage in Hawai‘i could be read as “Hawai‘i needs 11% more Primary Care Physicians than they currently have to reach demand”.

Table 4-98. Primary Care Shortage by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2022	PRIMARY CARE SHORTAGE	N/A	15.0%	9.0%	36.0%	14.0%	0.0%
2023		N/A	11.0%	12.0%	33.0%	7.0%	11.0%

Primary care physician shortage percentage.
(Data: 2022). Source: University of Hawai‘i System, Annual Report on Findings from the Hawai‘i Physician Workforce Assessment Project, 2024
(Data: 2023). Source: University of Hawai‘i System, Annual Report on Findings from the Hawai‘i Physician Workforce Assessment Project, 2024

The subspecialties with the greatest physician shortages are Pediatric Gastroenterology, Pediatric Endocrinology, Pediatric Pulmonology, Colorectal Surgery, Adult Endocrinology, Thoracic Surgery, and Adult Pulmonology. One avenue to address these subspecialty gaps, at least in part, is to have O‘ahu-based subspecialists regularly travel to other islands and provide care to residents. This could be something that hospital systems could facilitate.

Table 4-99. Pediatric Gastroenterology Shortage by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2023	PEDIATRIC GASTROENTER-OLOGY SHORTAGE	N/A	66.0%	100.0%	100.0%	58.0%	100.0%

Pediatric Gastroenterology specialist shortage percentage.
(Data: 2023). Source: University of Hawai‘i System, Annual Report on Findings from the Hawai‘i Physician Workforce Assessment Project, 2024

Table 4-100. Pediatric Endocrinology Shortage by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2023	PEDIATRIC ENDOCRINOLOGY SHORTAGE	N/A	64.0%	100.0%	100.0%	46.0%	100.0%

Pediatric endocrinology specialist shortage percentage.
(Data: 2023). Source: University of Hawai'i System, Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, 2024

Table 4-101. Pediatric Pulmonology Shortage by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2023	PEDIATRIC PULMONOLOGY SHORTAGE	N/A	64.0%	100.0%	100.0%	53.0%	100.0%

Pediatric pulmonology specialist shortage percentage.
(Data: 2023). Source: University of Hawai'i System, Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, 2024

Table 4-102. Colorectal Surgery Shortage by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2023	COLORECTAL SURGEON SHORTAGE	N/A	64.0%	100.0%	77.0%	44.0%	83.0%

Colorectal surgery specialist shortage percentage.
(Data: 2023). Source: University of Hawai'i System, Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, 2024

Table 4-103. Adult Endocrinology Shortage by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2023	ADULT ENDOCRINOLOGY SHORTAGE	N/A	60.0%	97.0%	82.0%	49.0%	100.0%

Adult endocrinology specialist shortage percentage.
(Data: 2023). Source: University of Hawai'i System, Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, 2024

Table 4-104. Thoracic Surgeon Shortage by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2023	THORACIC SURGEON SHORTAGE	N/A	55.0%	100.0%	78.0%	36.0%	100.0%

Thoracic surgery specialist shortage percentage.
(Data: 2023). Source: University of Hawai'i System, Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, 2024

Table 4-105. Adult Pulmonology Shortage by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2023	ADULT PULMONOLOGY SHORTAGE	N/A	54.0%	100.0%	84.0%	42.0%	64.0%

Adult pulmonology specialist shortage percentage.
(Data: 2023). Source: University of Hawai'i System, Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project, 2024

E. Impact of Crises

As the State continued to recover from the pandemic, Maui was hit with a devastating wildfire that derailed the progress being made in many different areas of health. It may be impossible to completely prevent crises from happening but we can build resiliency to withstand these crises and potential future crises.

Maui Wildfires

The Maui Wildfires were deadly for more than 100 people and displaced thousands more. Suicide has taken lives in the aftermath as well. More than a year after the fires, many displaced families are still living in temporary housing situations and are facing uncertainty in their futures, with some families having already made the decision to leave Hawai'i. Seven in ten (72%) of Maui County believes they were directly or indirectly impacted by the fires. Six in ten (61%) of those that were impacted by the wildfires lost their housing.[60] Without their physical needs being met (i.e. housing, food, safety, etc.), it is hard for fire-impacted families to think about their health.

According to the Maui Wildfire Assessment by the Hawai'i State Rural Health Association, more than six in ten (64%) of the fire-impacted population report mental health that has worsened since the

[60] Maui Wildfire Assessment, Hawai'i State Rural Health Association, 2024. *Available at: https://hsrha.org/maui-together/#:~:text=The%20Maui%20Together%20Wildfire%20Assessment,leaders%20in%20crafting%20effective%20solutions.*

wildfires. More than one in two (52%) report a worse physical health since the wildfires, and seven in ten (69%) report that they are in a worse financial situation.

Three in five (60%) of Maui residents have cut back on food and groceries because they were short on money. Comparably, seven in ten (71%) of the fire-impacted population cut back on food and groceries because they were short on money. When compared nationally, about 35% of households are indicated to have "low food security" by the USDA, and cut the size of their meal or skipped a meal.[61] According to the UHERO Maui Wildfire Exposure Study, almost half of surveyed people experienced very low or low food security. This is substantially higher than in the pre-fire UHERO Rapid Survey cohort for all of Maui where less than a quarter of participants were found insecure.[62]

One in two (52%) of the fire-impacted population cut back on medical care or medicine because they were short on money, compared to two in five (40%) Maui residents. In contrast, only 5.7% of residents avoided a doctor visit due to cost in 2022.[63]

Healthcare professionals are being stretched thin as Maui continues their recovery efforts. Two in five (40%) Maui healthcare professionals have considered reducing their hours. Two in five (39%) have considered moving to the continent. One in three (35%) Maui healthcare professionals have considered retiring or leaving medicine altogether. One in four (25%) have considered closing their practice or quitting their job.

Healthcare professionals generally agree on strategies to improve Maui's health. Four in five (82%) of Maui healthcare professionals said that mental health/counseling is needed to improve the community's health. Three in four (77%) believe "Better pay for medical professionals" would alleviate some of the healthcare problems in Maui County. Three in four (77%) believe a "Better federal reimbursement rate" would help, while seven in ten (72%) believe that a "Better imbursement rate from insurers" would alleviate some of the healthcare problems in Maui. Finally, seven in ten (70%) believe that "Better inter-island transport" would improve the community's health.

"Other Community Organizations Providing Services" were the most trusted organizations that were providing wildfire relief services. More than three in four (77%) of fire-impacted residents have at least some trust in other community organizations compared to 61% for FEMA, 60% for State emergency services, and 59% for Maui County services.[64]

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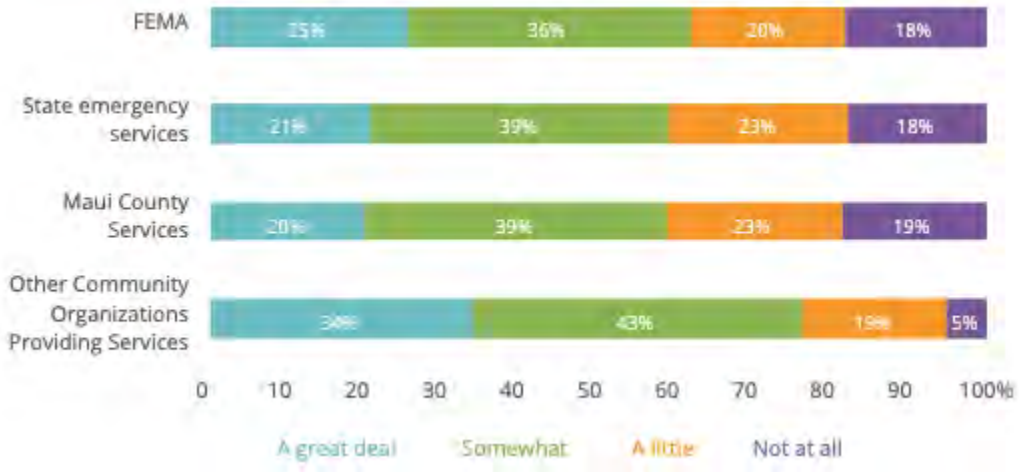
[61] Rabbitt, M. P., Reed-Jones, M., Hales, L. J., & Burke, M. P. (2024). *Household food security in the United States in 2023* (Report No. ERR-337). U.S. Department of Agriculture, Economic Research Service. https://doi.org/10.32747/2024.8583175.ers

[62] Maui Wildfire Exposure Study, UHERO, 2024. *Available at: https://uhero.Hawai'i.edu/wp-content/uploads/2024/05/MauiExposureStudy.pdf*

[63] *(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024*

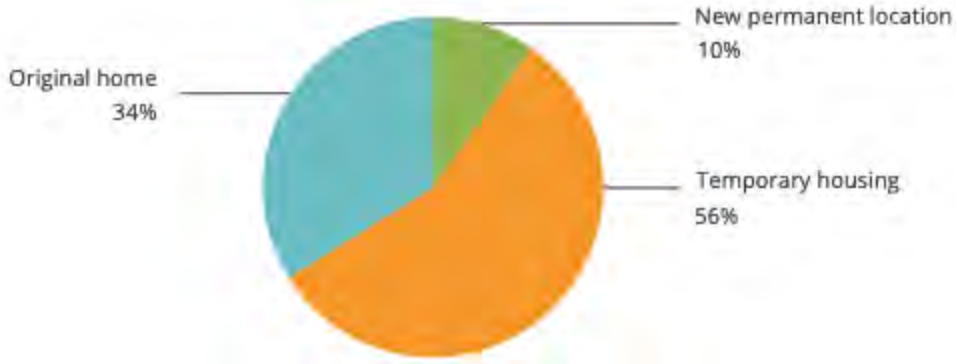
[64] Maui Wildfire Exposure Study: Community Health, Wellbeing, and Resilience, UHERO, 2024. *Available at: https://uhero.Hawai'i.edu/wp-content/uploads/2024/05/MauiExposureStudy.pdf*

Figure 4-48. Trust in Agencies Among Fire-Impacted Residents



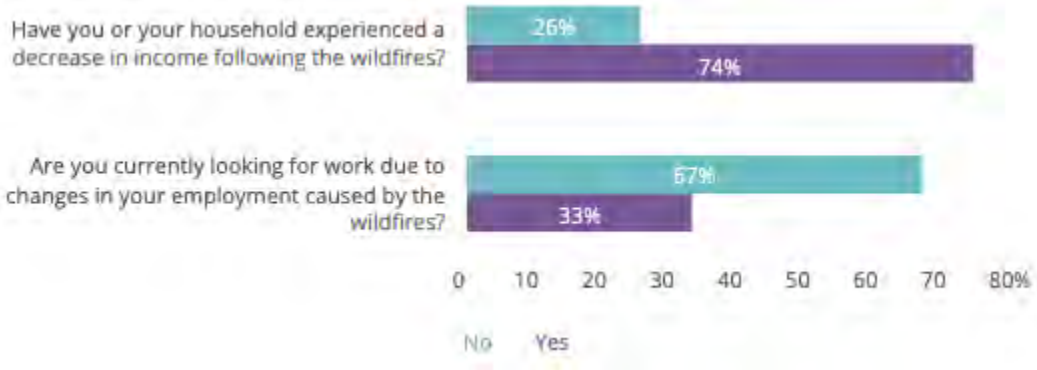
The majority (56%) of fire-impacted residents are now living in temporary housing including hotels, shelters, or staying with a friend. Just one in ten (10%) have a new permanent location, while the remaining 34% are in their original homes.

Figure 4-49. Housing for Fire-Impacted Residents



Nearly three in four (74%) of fire-impacted residents have seen a decrease in their income following the wildfires. One in three (33%) are looking for work due to changes in employment caused by the wildfires.

Figure 4-50. Employment Effect of Wildfire



Overall, 4.4% of fire-impacted contemplated suicide during the past month, which is notably higher than the 0.8% of the respondents living on Maui in the UHERO Rapid Survey from June 2023.[65]

Figure 4-51. Suicidal Ideation Among Fire-Impacted



Climate Change

Climate change is impacting health in a myriad of ways, leading to death and illness from increasingly frequent extreme weather events, such as heatwaves, storms and floods, the disruption of food systems, and the increase of food-, water- and vector-borne diseases, and mental health issues.[66]

A study by the University of Hawai'i's School of Ocean and Earth Science and Technology found that climate change will impact society not only through changes in mean temperatures and rainfall over the 21st century, but also in the occurrence of more pronounced extreme events, and more generally in natural variability in the Earth system.[67]

Warming

In 2019, Honolulu experienced its hottest recorded day three times, representing the hottest year ever recorded in the city. The five years between 2018 and 2022 have seen peak average annual temperatures across all islands. In 2015-2016, it was so hot in Honolulu that emergency public service announcements were issued to curtail escalating air conditioning use because it stressed the electrical grid.

2022 was the fifth warmest year recorded, which was particularly notable since it was a La Niña cool-phase year, meaning that naturally occurring climatic feedback loops which keep atmospheric temperatures moderate are being disrupted. Heating is occurring an estimated 170 times faster than naturally expected. Marine heatwaves have doubled in frequency since 1982, and there is evidence that the deep ocean is experiencing significant warming as well. This creates a positive feedback loop that will disrupt chemical and heat circulation in the ocean for centuries.

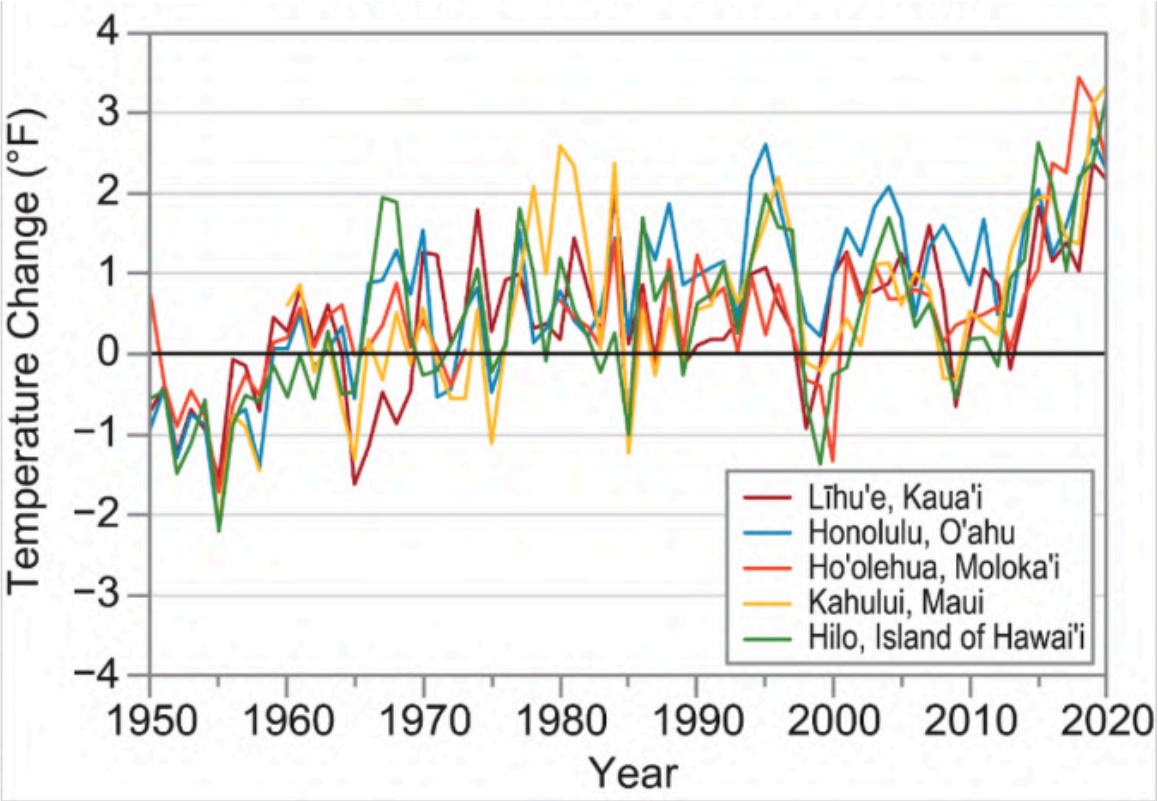
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[65] Maui Wildfire Exposure Study: Community Health, Wellbeing, and Resilience, UHERO, 2024. *Available at: https://uhero.Hawai'i.edu/wp-content/uploads/2024/05/MauiExposureStudy.pdf*

[66] Climate Change, World Health Organization. *Available at*: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health#:~:text=Climate%20change%20is%20impacting%20health,diseases%2C%20and%20mental%20health%20issues.

[67] Extreme weather changes predicted by unprecedented model simulations, University of Hawai'i's School of Ocean and Earth Science and Technology, 2021. *Available at:* https://www.Hawai'i.edu/news/2021/12/16/extreme-weather-model-simulations/

Figure 4-52. Observed Temperature Change[68]



Sea Level Rise

In 2017, and again in 2020, the Honolulu Harbor Tide gauge recorded its highest daily mean water levels observed over its 112-year history. These record high water levels were produced by a combination of phenomena that included long-term global sea level rise, peak annual astronomical tides ("king tides"), wave setup, and migration of warm buoyant waters brought in by winds and currents. These events provide a glimpse of what will become a more regular occurrence as sea level continues to rise. Local impacts were observed throughout the State in the form of increased coastal erosion, minor wave overwash flooding, backshore flooding from groundwater rise and storm drain backflow, and impeded and potentially hazardous beach access.[69]

Since 1993, 27 years of continuous satellite altimeter measurements tied to tide gauges and averaged across the planet (Figure 1) show that global mean sea level is not only rising at a rate of 3.4 mm/yr (1.3 inches per decade, sealevel.nasa.gov), it is accelerating at a rate that will lead to 23 cm (9 inches) of global mean sea level rise by 2050.[70]

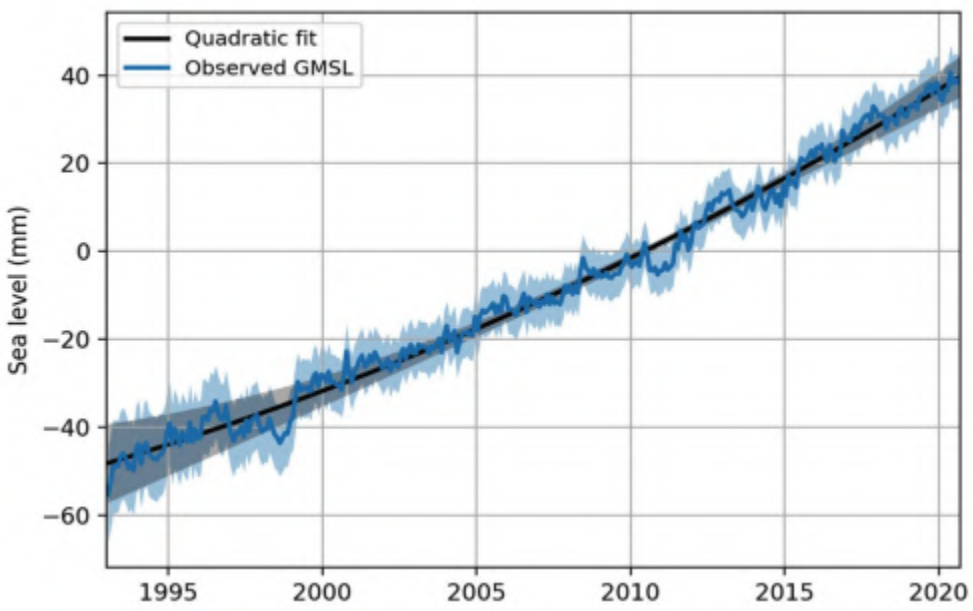
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[68] State of Hawai'i Climate Change Portal. *Available at:* https://climate.Hawai'i.gov/hi-facts/temperature/

[69] Sea Level Rise Vulnerability and Adaptation Report 2022, State of Hawai'i Department of Land and Natural Resources, Office of Conservation and Coastal Lands. *Available at*: https://climate.Hawai'i.gov/wp-content/uploads/2023/01/OCCL23-Sea-Level-Rise-Report-FY22-1.pdf

[70] Sea Level Rise Vulnerability and Adaptation Report 2022, State of Hawai'i Department of Land and Natural Resources,

Figure 4-53. Global Mean Sea Level



Drought

Drought is a natural, frequent occurrence in Hawai'i with impacts on all islands. Droughts are often associated with El Niño events, which are part of a natural climate cycle in the Pacific Ocean. As isolated islands in the Pacific, Hawai'i has limited water resources, making the islands highly sensitive to reductions in water availability. The impacts of drought include crop yield losses, reduced quality and quantity of drinking water supplies, water restrictions for residents, increased wildfire risk, death of cattle, damage from insect pests, low stream levels, negative impacts to threatened and endangered species, effects on cultural practices, and other socioeconomic impacts. If a wildfire occurs, once the rains return after a drought, the excess water washes sediment down to near-shore areas and has a negative effect on coral reefs.

Rainfall and streamflow have declined significantly over the past 30 years. 90% of the state is receiving less rainfall than it did a century ago, with a particularly dry period beginning in 2008 through the present. In 2010 alone, more than 40% of the state experienced severe, extreme, or exceptional drought conditions. Since 2006, there have been no rainy seasons with above-average precipitation, but 10 rainy seasons with below-average precipitation.[71] Although heavy rainfall events have become more frequent over the last 50 years on the easternmost island in Hawai'i, the opposite behavior is observed for O'ahu and Maui to the west. There, rainfall extremes have become less frequent in the last five decades.[72]

Office of Conservation and Coastal Lands. *Available at*: https://climate.Hawai'i.gov/wp-content/uploads/2023/01/OCCL23-Sea-Level-Rise-Report-FY22-1.pdf

[71] Climate Change Portal, State of Hawai'i, 2024. *Available at:* https://climate.Hawai'i.gov/hi-facts/rain/

[72] Heavy rainfall events becoming more frequent on Big Island, University of Hawai'i. *Available at:* https://www.soest.Hawai'i.edu/soestwp/announce/press-releases/heavy-rainfall-events-becoming-more-frequent-on-big-isl

Drought duration and severity have increased over the past century in Hawai'i, and advanced planning and implementation of adaptation actions are critical for improving resilience to future droughts.[73] Figure 4-54 below shows the location and intensity of drought across Hawai‘i since 2000.

Figure 4-54. Drought & Dryness Legend

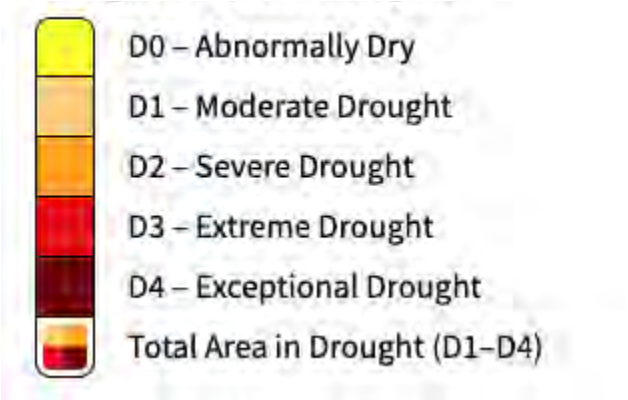


Figure 4-55. Historic Drought Conditions in Hawai‘i

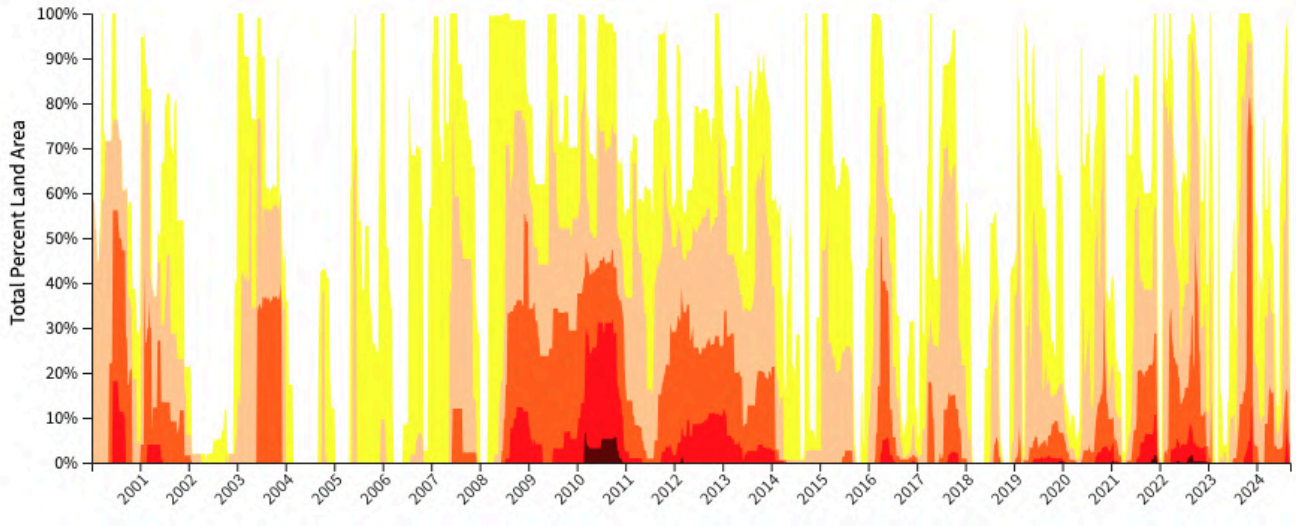
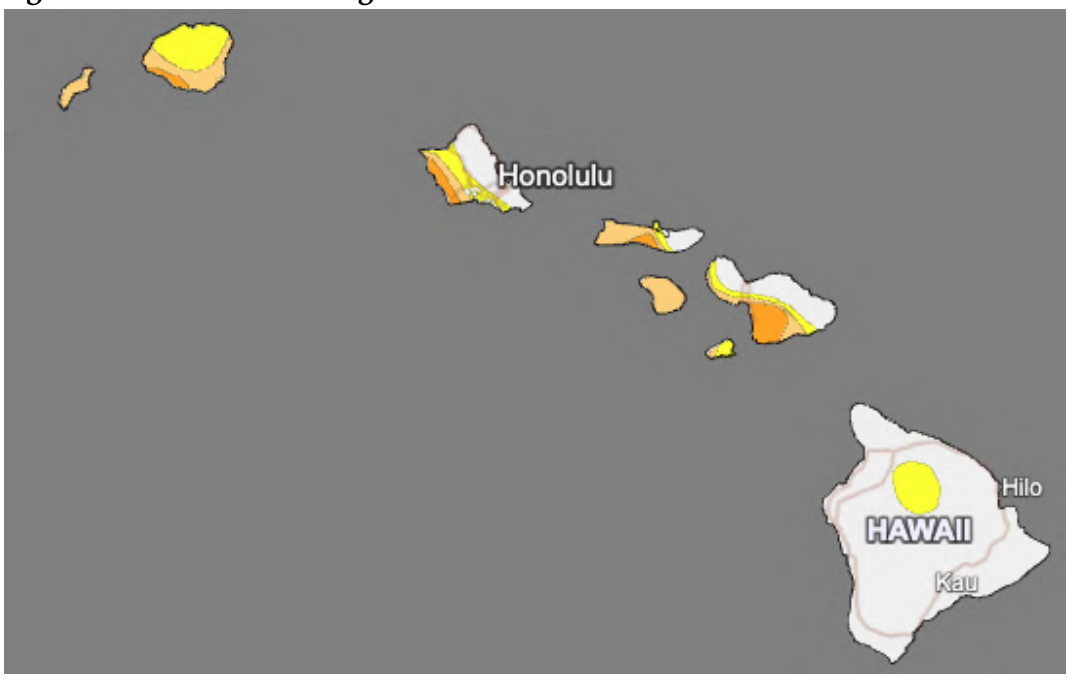


Figure 4-56 below shows the current drought conditions in Hawai‘i as of 9/10/2024.

and-finds-new-study-from-uhm/#:~:text=While%20heavy%20rainfall%20events%20have,in%20the%20last%20five%20decades.

[73] National Integrated Drought Information System, National Oceanic and Atmospheric Administration. 2024. *Available at:* https://www.drought.gov/states/Hawai‘i

Figure 4-56. Current Drought Conditions in Hawai‘i



Lasting Impacts of COVID

Though we are now past the height of the COVID pandemic, there are still lasting impacts that are felt by families in Hawai‘i. In September 2024, there were an average of 56 daily cases.[74] While the state of Hawai‘i had lower cases and mortality rates than much of the country, its economy experienced a slower recovery due in part to its dependence on tourism, which began to trend upward after other industries. As of 2022, non-farm employment remained 10% lower than pre-pandemic levels with many workers not returning to the workforce or leaving the State.

According to a study published in the National Library of Medicine in 2023, those experiencing “Long COVID”, where symptoms linger for at least three months, were more likely to experience unemployment. Those that received vaccinations were less likely to be unemployed during the study.[75]

F. Downstream Health Effects

Life and Death

Life expectancy in Hawai‘i has decreased slightly down from 82.3 years in 2019 to 81.8 years in 2021. The nation’s life expectancy also decreased to 77.6 in 2021, down from 79.2 in 2019.

[74] State of Hawai‘i COVID-19 Data Dashboards, State of Hawai‘i, Department of Health, Disease Outbreak Control Division. *Available at:* https://health.Hawai‘i.gov/coronavirusdisease2019/

[75] Bonham C, Juarez R, Siegal N. Long COVID and Unemployment in Hawai‘i. Int J Environ Res Public Health. 2023 Jun 27;20(13):6231. doi: 10.3390/ijerph20136231. PMID: 37444079; PMCID: PMC10341770.

Hawai‘i’s mortality rates have increased by 8% from 2018 to 2022, while the nation’s mortality rate increased fairly significantly by 20%. The largest increase was seen in Hawai‘i County with a 16% increase.

Table 4-106. Life Expectancy by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2015-17	LIFE EXPECTANCY	79.1	82.2	80.1	82.7	82.5	82.0
2017-19		79.2	82.3	80.6	82.9	82.5	82.0
2019-21		77.6	81.8	80.2	82.0	82.0	82.4

Total number of years a person can be expected to live if current mortality rates continue to apply.
(Data: 2015-17). Source: Hawai‘i Health Matters, County Health Rankings, 2019
(Data: 2017-19). Source: Hawai‘i Health Matters, County Health Rankings, 2021
(Data: 2019-21). Source: Hawai‘i Health Matters, County Health Rankings, 2024

Table 4-107. All Cause Mortality Rate per 100,000 by County

		US	Hawai‘i	Hawai‘i County	Maui County	C&C of Honolulu	Kaua‘i County
2015	ALL CAUSE MORTALITY (per 100,000)	733.1	571.3	645.2	572.7	558.3	561.4
2018		733.1	551.2	595.7	513.7	550.4	535.9
2022		879.7	595.7	693.8	601.2	574.8	588.0

Age-adjusted death rate due to all causes.
(Data: 2015). Source: Hawai‘i Health Matters, Hawai‘i DOH, Vital Statistics, 2017
(Data: 2018). Source: Hawai‘i Health Matters, Hawai‘i DOH, Vital Statistics, 2021. National figure from 2015.
(Data: 2022). Source: Hawai‘i Health Matters, Hawai‘i DOH, Vital Statistics, 2024

Cancer

Both nationally and locally, cancer rates have remained largely the same. The national figure has increased by 3%. Hawai‘i County saw the largest increase from 5.7% in 2019 to 7.6% in 2021, a 33% increase, but was offset by decreases in Maui and Kaua‘i County.

Cancer death rates have been declining both across the nation and here in Hawai‘i. The death rate due to cancer decreased in Hawai‘i by 2% from 2018 to 2022, while the nation’s cancer death rate decreased by 8% during the same time period. However, Hawai‘i County and Maui County both experienced increases with Hawai‘i County seeing a 3% increase and Maui County seeing a 2% increase.

Table 4-108. Cancer Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	CANCER	---	9.4%	10.7%	12.7%	8.7%	10.8%
2019		7.3%	6.1%	5.7%	7.2%	6.2%	5.8%
2021		7.5%	6.1%	7.6%	5.6%	6.2%	4.8%

Percentage of adults aged 18 and over who have ever been told by a health professional that they have any type of cancer, except skin cancer.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2018
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-109. Cancer Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	DEATH - CANCER (per 100,000)	158.5	131.4	140.1	139.9	128.2	126.6
2018		158.5	120.6	130.3	119.2	118.9	122.6
2022		146.4	118.2	134.7	121.4	114.9	109.1

Age-adjusted death rate due to all forms of cancer (ICD-10 codes C00-C97).
(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2018). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2021. National figure from 2015.
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Table 4-110. Breast Cancer Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2011-15	BREAST CANCER (per 100,000 F)	124.7	136.1	129.7	125.7	140.6	119.6
2013-17		125.9	138.9	125.4	129.9	146.0	107.2
2016-20		127	140.2	122.8	138	147.1	110.6

Age-adjusted incidence rate for breast cancer in cases per 100,000 females.
(Data: 2011-15). Source: Hawai'i Health Matters, National Cancer Institute, 2018
(Data: 2013-17). Source: Hawai'i Health Matters, National Cancer Institute, 2020
(Data: 2016-20). Source: Hawai'i Health Matters, National Cancer Institute, 2024

Table 4-111. Breast Cancer Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	DEATH - BREAST CANCER (per 100,000 F)	20.3	18.7	20.1	21.7	15.5	14.0
2020-22		19.4	18.1	18.5	15.6	16.1	18.6

Age-adjusted death rate due to breast cancer among females (ICD-10 code C50).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2020-22). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Prostate cancer rates in Hawai'i have been increasing since 2013, with a significant 15% increase seen in 2016-2020 over 2013-2015. Though the State's prostate cancer rate is still lower than the national rate, Hawai'i outpaced the nation in terms of percentage increase with the nation's rate increasing by 6%. The largest increase was seen in Hawai'i County with a 43% increase.

Table 4-112. Prostate Cancer Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2011-13	PROSTATE CANCER (per 100,000 M)	109.0	86.9	49.2	56.7	100.0	98.2
2013-15		104.5	88.2	59.1	61.2	99.7	92.7
2016-20[76]		110.5	101.1	84.8	84.6	109.6	88.6

Age-adjusted incidence rate for prostate cancer in cases per 100,000 males.
(Data: 2011-13). Source: Hawai'i Health Matters, National Cancer Institute, 2018
(Data: 2013-15). Source: Hawai'i Health Matters, National Cancer Institute, 2020. National and State figures from 2013-17.
(Data: 2016-20). Source: Hawai'i Health Matters, National Cancer Institute, 2024

Table 4-113. Lung Cancer Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2011-15	LUNG CANCER (per 100,000)	60.2	46.2	44.6	44.7	47.3	39.4
2013-17		58.3	45.7	42.8	41.9	47.6	37.4
2016-20		54.0	41.7	40.5	37.2	43.2	36.3

Age-adjusted incidence rate for lung and bronchus cancers in cases per 100,000 population.
(Data: 2011-15). Source: Hawai'i Health Matters, National Cancer Institute, 2018
(Data: 2013-17). Source: Hawai'i Health Matters, National Cancer Institute, 2020
(Data: 2016-20). Source: Hawai'i Health Matters, National Cancer Institute, 2024

[76] Note that the latest data for prostate cancer incidence is from 2016-2020, a four year period, while the data previously reported are from two year periods. The figures are annualized to allow for appropriate comparisons across the different time periods.

Both nationally and locally, lung cancer death rates have been declining with Hawai'i seeing a 30% decrease between 2022 and 2015. The nation's lung cancer death rate decreased by 22%. The City and County of Honolulu saw the largest improvement with a 32% decrease in the lung cancer death rate.

Table 4-114. Lung Cancer Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	DEATH - LUNG CANCER (per 100,000)	40.5	31.3	30.1	31.7	32.0	26.9
2020-22		31.7	21.9	24.1	22.5	21.7	21.1

Age-adjusted death rate due to lung cancer (ICD-10 code C34).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2020-22). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Diabetes

Prediabetes prevalence in Hawai'i has increased from 2019 by 7.9%. Honolulu leads all counties in prediabetes prevalence though the largest increases were seen in Kaua'i and Hawai'i County. The national Behavioral Risk Factor Surveillance System (BRFSS) survey does not contain a prediabetes question so national data is not available for this indicator.

Table 4-115. Prediabetes Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	PREDIABETES	---	14.6%	13.7%	14.4%	15.2%	10.3%
2019		---	13.9%	12.7%	14.4%	14.5%	10.0%
2022		---	15.0%	14.7%	14.2%	15.7%	12.4%

Percentage of adults without diabetes who have been told by a health care professional that they had prediabetes.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Diabetes rates in Hawai'i and the U.S. have increased since 2019. Hawai'i's diabetes rate increased from 10.5% in 2019 to 11.7% in 2022, representing an 11% increase. However, Hawai'i County and Kaua'i County both saw decreases from 2019 to 2022. During the same time period, the nation saw a 7% increase.

Table 4-116. Diabetes Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	DIABETES	10.5%	10.5%	11.5%	11.5%	10.2%	11.7%
2019		10.8%	10.5%	11.7%	10.0%	10.2%	13.0%
2022		11.6%	11.7%	11.2%	11.4%	11.8%	11.5%

Percentage of adults that have ever been diagnosed with diabetes. Women who were diagnosed with diabetes only during the course of their pregnancy were not included in this count.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Diabetes death rates also increased from 2019 to 2022 for both Hawai'i and the U.S. The U.S. saw a 19% increase in diabetes death rates while Hawai'i saw an 11% increase. The largest increase was seen in Kaua'i County going from 14.2 in 2015 to 21.9 in 2022, representing a 54% increase.

Table 4-117. Diabetes Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	DEATH - DIABETES (per 100,000)	21.3	14.4	14.8	17.0	14.7	14.2
2020-22		25.4	17.0	16.4	17.9	16.5	21.9

Age-adjusted death rate due to diabetes (ICD-10 codes E10-E14).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2020-22). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Heart Disease and Stroke

Indicators related to Heart Disease and Stroke have not changed much from when they were previously reported. The biggest change can be seen in the congestive heart failure death rate. The U.S. experienced an 8% increase while Hawai'i actually saw a 43% decrease from 2015 to 2022. However, Hawai'i County saw an increase in this measure going from 13.7 in 2015 to 15.8 in 2022.

Table 4-118. High Blood Pressure Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	HIGH BLOOD PRESSURE	30.9%	32.0%	31.6%	27.1%	33.4%	32.6%
2019		32.3%	30.7%	31.8%	29.0%	30.3%	33.2%
2021		11.1%	29.8%	34.0%	27.7%	29.6%	31.5%

Percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).
(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2016
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-119. High Cholesterol Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	HIGH CHOLESTEROL	36.3%	36.3%	35.4%	35.8%	36.8%	36.9%
2019		33.1%	29.9%	28.5%	27.2%	30.9%	32.0%
2021		35.6%	34.9%	34.0%	32.4%	35.9%	35.9%

Percentage of adults who have had their blood cholesterol checked and have been told that it was high.
(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2016
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2021). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-120. Coronary Heart Disease Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	CORONARY HEART DISEASE	4.1%	3.6%	4.7%	3.5%	3.3%	4.4%
2019		3.9%	2.7%	4.3%	2.5%	2.6%	2.0%
2022		4.4%	3.4%	3.5%	3.0%	3.5%	4.3%

Percentage of adults who have ever been told by a health professional that they had coronary heart disease.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-121. Coronary Heart Disease Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	DEATH - CORONARY HEART DISEASE (per 100,000)	108.3	66.1	76.9	72.8	64.5	51.2
2022		92.8	66.4	78.0	73.2	62.8	64.2

Age-adjusted death rate due to coronary heart disease (ICD-10 codes I20-I25).
(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Table 4-122. Congestive Heart Failure Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	DEATH - CONGESTIVE HEART FAILURE (per 100,000)	19.9	14.4	13.7	10.0	14.3	12.3
2020-22		21.6	8.2	15.8	6.2	8.6	11.0

Age-adjusted death rate due to congestive heart failure (ICD-10 code I50).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2020-22). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Table 4-123. Stroke Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	STROKE	3.0%	3.0%	3.1%	1.7%	3.2%	3.7%
2019		3.2%	3.0%	4.1%	3.2%	2.7%	2.8%
2022		3.4%	2.8%	3.7%	3.8%	2.4%	4.5%

Percentage of adults who have ever been told by a health professional that they had a stroke
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-124. Stroke Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	DEATH - STROKE (per 100,000)	37.6	37.4	43.7	28.9	34.0	38.1
2018		37.6	36.5	33.8	30.3	38.1	34.8
2022		41.1	38.6	46.5	47.1	37.3	31.5

Age-adjusted death rate due to stroke (ICD-10 codes I60-I69).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2018). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2021. National figure from 2015.
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Other Factors and Ailments

Measures related to other factors and ailments have stayed fairly consistent since last reported. The biggest change is seen in the Chronic Obstructive Pulmonary Disease (COPD) death rate for those aged 45 years and older. The COPD death rate for those 45 years and older decreased across the nation at a higher rate than in the State. The U.S. COPD death rate per 100,000 people went from 115.1 in 2015 to 98.6 in 2022, representing a 14% increase. Hawai'i's COPD death rate per 100,000 people went from 50.0 in 2015 to 48.0 in 2022 representing a 4% decrease. The biggest increase was seen in Kaua'i County which saw a 40% increase.

Table 4-125. Arthritis Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	ARTHRITIS	25.5%	21.9%	25.1%	25.7%	20.8%	23.7%
2019		25.8%	20.8%	23.0%	22.3%	20.3%	25.0%
2022		27.1%	22.9%	26.6%	25.7%	22.0%	26.2%

Percentage of adults aged 18 years and older who have ever been told by a doctor that they had arthritis.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-126. Asthma Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	ASTHMA	9.1%	10.7%	12.7%	11.0%	10.6%	8.9%
2019		9.7%	9.6%	10.1%	8.4%	9.8%	11.0%
2022		10.4%	9.1%	10.4%	11.0%	8.8%	7.2%

Percentage of adults who have been told by a health care provider that they currently have asthma.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-127. COPD Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	COPD (45+yrs old)	6.2%	6.0%	7.4%	6.1%	5.8%	5.1%
2019		6.5%	5.6%	7.9%	5.0%	5.2%	5.4%
2022		6.5%	5.4%	6.6%	5.8%	5.2%	5.4%

Percentage of adults aged 45 years and older who have ever been told by a health care professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021. National figure from 2013.
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-128. COPD Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2015	DEATH - COPD (45+yrs old) (per 100,000)	115.1	50.0	68.7	65.4	43.1	49.0
2022		98.6	48.0	60.3	59.4	41.3	68.5

Death rate due to chronic obstructive pulmonary disease (ICD-10 codes J40-J44, and excludes asthma) among persons aged 45 years and older.
(Data: 2015). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Table 4-129. Obesity Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	OBESITY	30.1%	23.8%	26.9%	24.3%	23.3%	24.0%
2019		32.4%	25.0%	26.3%	24.8%	24.9%	24.7%
2022		33.6%	25.9%	27.1%	24.8%	26.0%	24.4%

Percentage of adults aged 18 years and older who are obese according to the Body Mass Index (BMI). A BMI >=30 is considered obese.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-130. Kidney Disease by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	KIDNEY DISEASE	2.8%	3.7%	3.2%	3.0%	4.1%	4.1%
2019		2.9%	2.9%	2.6%	2.3%	3.1%	3.2%
2022		3.5%	3.4%	4.1%	3.9%	3.3%	3.8%

Percentage of adults who have ever been told by a health care professional that they had kidney disease (not including kidney stones, bladder infection, or incontinence).
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-131. Smoking Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	SMOKING	17.0%	13.1%	16.3%	15.2%	11.9%	15.1%
2019		16.0%	12.3%	15.5%	14.6%	11.3%	11.5%
2022		13.5%	10.0%	13.2%	10.6%	9.2%	11.6%

Percentage of adults aged 18 years and over who have smoked at least 100 cigarettes in their life and who report smoking some days or every day.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2019). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2021
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Table 4-132. Cirrhosis Death Rate by County

		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2013-15	DEATH - CIRRHOSIS (per 100,000)	10.8	8.0	10.4	11.2	5.8	5.9
2022		14.5	7.4	13.4	10.2	6.6	7

Age-adjusted death rate due to cirrhosis (ICD-10 codes K70, K73-K74).
(Data: 2013-15). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2017
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH, Vital Statistics, 2024

Table 4-133. Tooth Extraction Rate by County

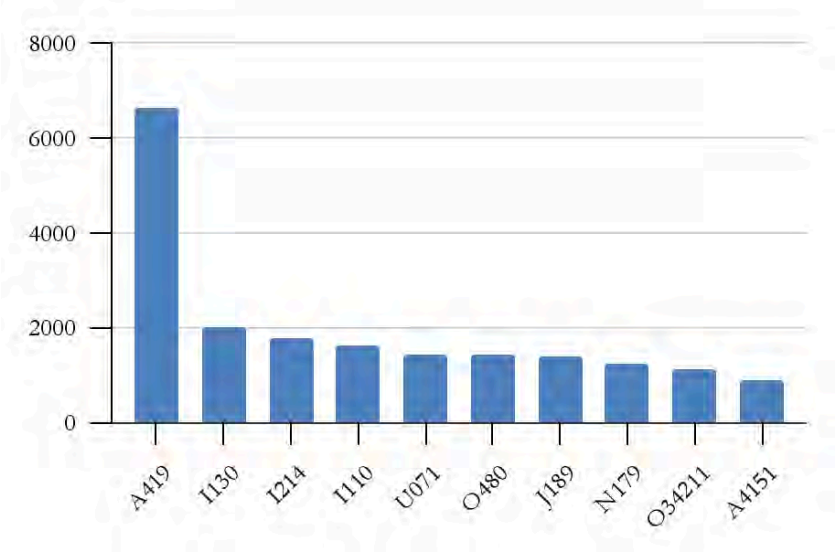
		US	Hawai'i	Hawai'i County	Maui County	C&C of Honolulu	Kaua'i County
2016	ONE OR MORE TOOTH EXTRACTIONS	43.4%	41.5%	50.9%	44.5%	39.0%	45.8%
2022		41.4%	38.2%	46.8%	40.6%	36.6%	38.5%

Percentage of adults who have had at least one permanent tooth extracted due to tooth caries or periodontal disease.
(Data: 2016). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2017
(Data: 2022). Source: Hawai'i Health Matters, Hawai'i DOH BRFSS, 2024

Top Ten Diagnoses

The top ten inpatient diagnoses in 2023 included COVID-19, infections and chronic health conditions. Childbirth was the most common reason for an inpatient to be admitted with 12,412 instances in 2023. Since childbirth is not necessarily a diagnosis, it is not included in Figure 4-58.

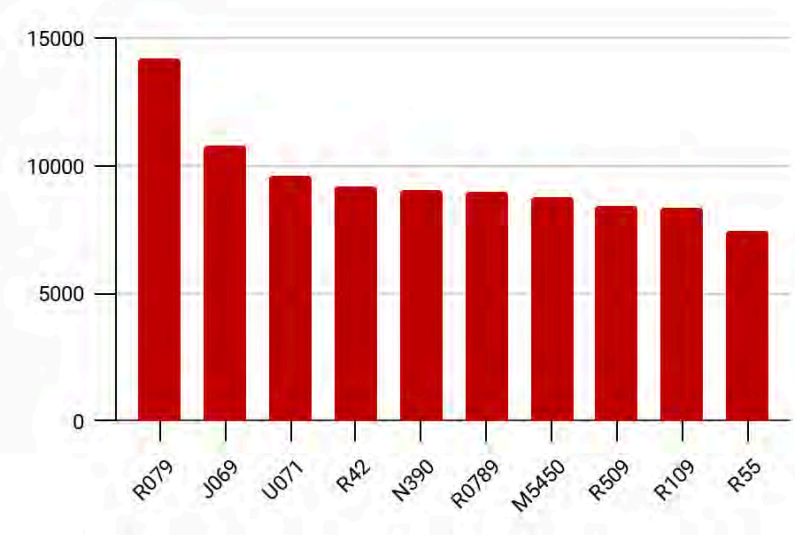
Figure 4-58. Top Inpatient Diagnoses



A419: Sepsis
I130: Hypertensive heart and chronic kidney disease with heart failure or unspecified chronic kidney disease
I214: Heart attack
I110: Hypertensive heart disease with heart failure
U071: COVID-2019
O480: Post-term pregnancy
J189: Pneumonia
N179: Acute kidney failure
O34211: Maternal care for low transverse scar from previous cesarean delivery
A4151: Sepsis E. coli

The top ten outpatient diagnoses in 2023 included COVID-19, ailments and infections.

Figure 4-59. Top Ten Outpatient Diagnoses



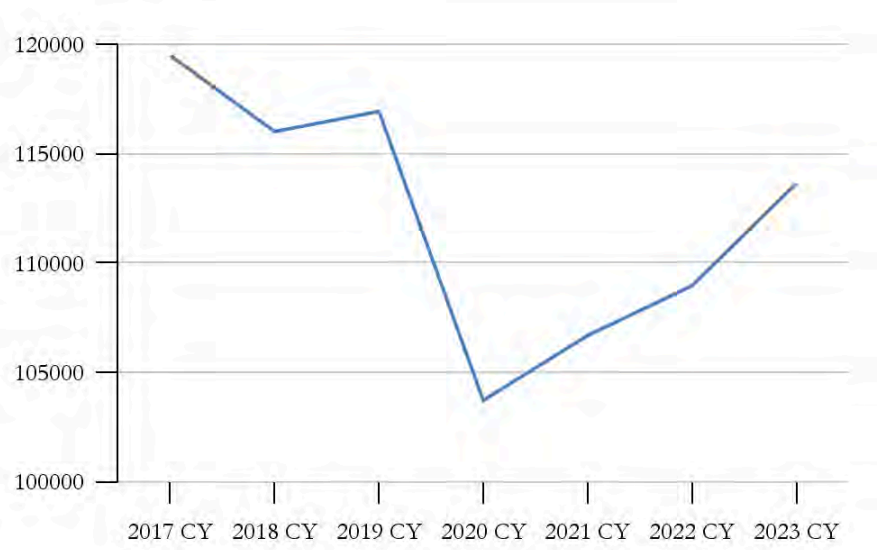
R079: Chest pain, unspecified
J069: Acute upper respiratory infection
U071: COVID-2019
R42: Dizziness and giddiness
N390: UTI
R0789: Other chest pain
M5450: Low back pain, unspecified
R509: Fever, unspecified
R109: Abdominal pain
R55: Syncope and collapse

Breast and colon cancer screenings were the most common reason for an outpatient visit to the hospital with 47,906 instances in 2023. Since cancer screenings are not diagnoses, they are not included in figure 4-59.

Total Inpatient Discharges

A discharge is the release of an inpatient that was admitted to the hospital. Typically, a doctor will decide when an inpatient is discharged. Total discharges have been increasing since 2020, nearly back to pre-pandemic levels.

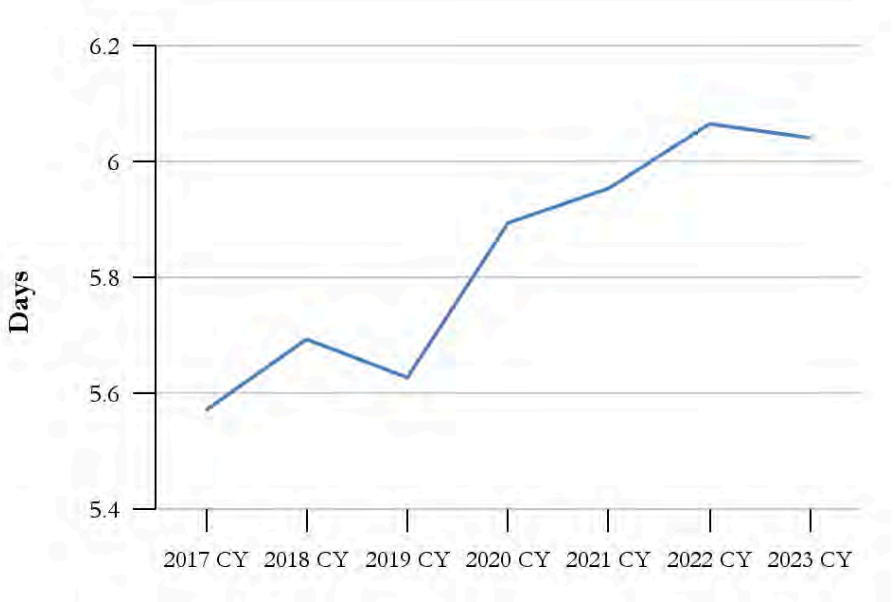
Figure 4-60. Total Inpatient Discharges



Average Length of Hospital Stay

Average length of stay has increased from 2019 to 2022, but has dropped slightly in 2023.

Figure 4-61. Average Length of Stay





QUALITATIVE FINDINGS

A. Methodology

B. 2024 CHNA Priorities

C. Impacts of Crises

D. Unique Population Data

A. Methodology

Qualitative research is helpful to provide deeper insights into underlying reasons behind the data story, provide valuable examples of successes, and shed light on opportunities to address needs. Qualitative research and analysis was conducted from collected input via key informant interviews, community focus groups, and input from steering committee and advisory group meetings. 42 key informant interviews were conducted among healthcare practitioners, hospital administrators, public health officials, community-based healthcare organizations, social service agencies, and others leading work around social determinants of health. In addition, open-ended responses from the quantitative survey and surveys distributed at community events were also reviewed. A list of key informants is included as Appendix F.

Community meetings throughout 2021 and 2024 and small group discussions with community members across Hawai'i in 2024 were also critical to hear directly from populations facing these health needs on a daily basis. Input and experiences shared from those discussions helped to further inform the qualitative research and identify areas that the data may not have captured. This approach allowed us to merge various sources of feedback and community input to create a more nuanced understanding of community issues and needs, generating deeper insights into priority areas and areas of concern.

B. 2024 CHNA Priorities

The qualitative research, comprising key informant interviews and community meetings, unanimously confirmed the continuing importance of the five identified 2021 Hawai'i CHNA priorities:



Progress in these areas has been limited with concerns that setbacks have occurred in some priority areas. However, there is widespread agreement that these issues remain critical and continue to significantly impact health outcomes in Hawai'i. The connections explored in the 2021 CHNA have become more clear since the last report. Priority areas that emerged during the pandemic are now understood as being interconnected and part of a broader ecosystem that is interdependent. On Maui, these priorities have been dramatically exacerbated as a result of the August 2023 wildfires.

"Now it's much worse with housing, food security, and you know the mental health of the population while the awareness is there and more people are reaching out for help. The fact is that you know, things are, I think, quite a bit worse."

Mental Health Care Community Coordinator, Maui

"Foundational" elements are the furthest upstream determinants of health. Starting there allowed for a broader snapshot of the lived experiences of the participants. Housing and financial security were resounding themes among nearly every group. What one described as "community" generally revealed uniquenesses of different regional experiences. Response to sense of place, for example, was significantly different on the island of Hawai'i versus in urban Honolulu.

"Healthcare" generally focused on the importance of trust in the healthcare system and accessibility of care. Most participants were comfortable enough to express both frustrations as well as positive experiences. To ensure all were heard, facilitators closed most discussions by asking each participant:

> *What is the biggest obstacle to being healthy for you or your community?*
> *If you could give one piece of advice to hospital administrators about serving your community, what would it be?*

The substantive suggestions from key informants and community conversations offered recommendations for how to develop trust, which was widely recognized as a key component in the ability for hospitals to meaningfully address the Significant Health Needs identified. During the Community Meetings, facilitators led groups in an organic discussion beginning with the 2021 priorities and discussing top priorities that were similar to or different from today, understanding the impact of emergency events, and teasing out opportunities for Hawai'i hospitals to be a partner in addressing the community health needs identified both at the operational as well as the systemic level.

Participants generally took some time to become comfortable, opening up as others shared experiences with the healthcare system.[77] Discussions were often personal and emotional - expressing desperation

[77] Generally, this report refers to the "healthcare system" as the collective organizations and people, whose primary intent is to promote, restore or maintain health, typically through a more clinical setting such as hospitals and health centers. The "healthcare continuum" is used to reference the broader collective of organizations and people, who are involved in impacting the health of a person or community through a continuum of care, such as social work, skilled nursing, in-home care, non-clinical healthcare, and impacting upstream social determinants of health.

around a lack of options, distressed about how their ʻohana were treated, or emotional about hope and excitement that lay ahead. These conversations demonstrated a candor indicative of feeling safe, passionate about the topics, and encouraged others to similarly share perspectives. Discussions frequently included exploration of systemic challenges and opportunities as well as ideas for strategies to embrace the resources and generational knowledge held within communities about how to best address their needs.



Financial Security

Several key informants discussed that financial security was an overarching issue, impacting and affecting other priorities to varying degrees. Without a stable financial foundation, the success of other priorities are severely impacted; food security and housing stability worsen, mental health declines, and access to care may be greatly challenged. Community meetings confirmed that challenges with financial security are perceived to have gotten worse over the past few years, impacting nearly every aspect of life and health.

Even before the pandemic, Hawaiʻi's high cost of living was placing financial strain on families. However, the economic impact of both COVID-19, followed by the Lahaina Wildfire have introduced an added layer of financial pressure forcing many to use household savings, borrow from family, or even take out loans to cover basic expenses such as housing, food, childcare, healthcare, transportation, education, and taxes, with many living paycheck to paycheck. In interviews with community members providing resources to the most vulnerable members of Hawaiʻi's communities, many said the needs of the community have been steadily increasing. Larger economic impacts, rise in food prices, housing costs, and increased inflation have only worsened financial insecurity and deepened issues of affordability affecting health.

"Like paying $10 for a gallon of milk or pay $9 for a loaf of bread, or paying $8 for a dozen eggs, like the cost of living in Hawaiʻi is very detrimental to our entire island health...when you are pinching pennies, people are having to choose between feeding their children or buying their medication...you know, so health is really put on the back burner because people are just trying to survive."

Native Hawaiian Health Care Leader, Maui

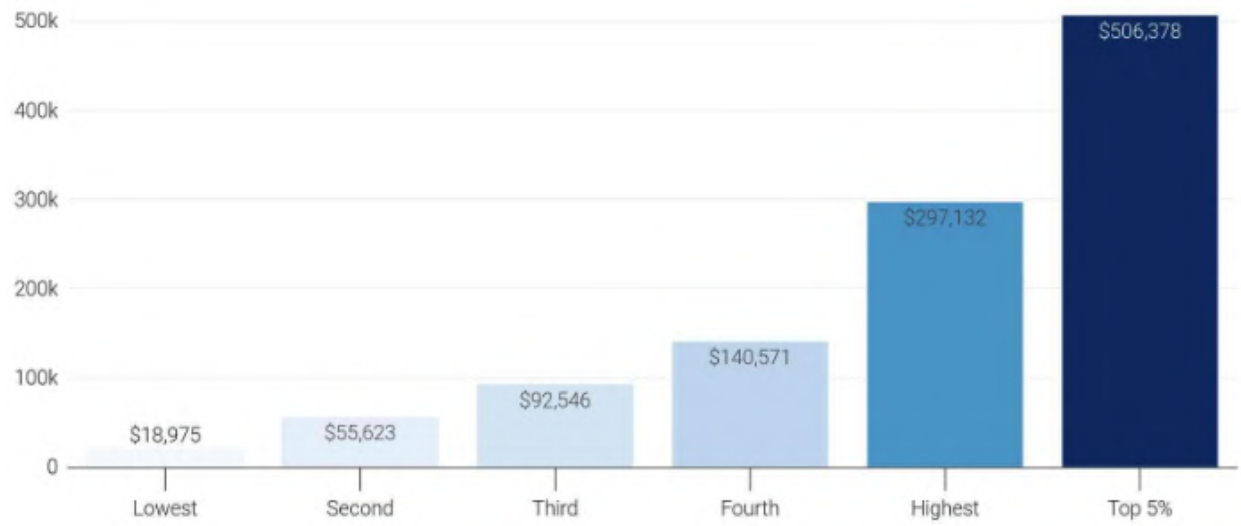
The impact is especially felt by marginalized communities and those who were already struggling pre-pandemic, including those currently working, as the ALICE data reinforces in the Secondary Data

report. Key community informants explained that there is a misconception that the minimum wage increases in Hawai'i are addressing financial insecurity. Rather, they describe that these increases are not keeping pace with inflation and cost of living, and are "bandaids masking the underlying issues" obscuring issues of the need for a living wage. Further, there is a growing income disparity in the state that is becoming increasingly detrimental to the mental health and well-being of Hawai'i's residents.

Hawai'i has less income inequality relative to the nation, but has experienced serious growth in income inequality like the rest of the country. As of 2019, the top household income quintile has 47.5% of total household income in Hawai'i and has an average household income of over $250,000. The household income from the fourth quintile makes up 23.6% of total household income in the state, with average household income of just over $125,000. In contrast, the average household income in the bottom household income quintile is less than $20,000 ($18,445).[78]

Figure 5-1 below depicts the mean household income in 2022 by income quintile. The mean household income for the wealthiest population (top 5%) is 506,378, which is 170.42% higher compared to the highest quintile, and 2668.66% higher compared to the lowest quintile.

Figure 5-1: Income Disparity in Hawai'i[79]



[78] Analyzing the Income Distribution in Hawai'i, State of Hawai'i, Department of Business, Economic Development and Tourism, 2021. *Available at:* https://files.Hawai'i.gov/dbedt/economic/data_reports/e-reports/Income_Distribution_in_Hawai'i.pdf

[79] Hawai'i Median Household Income: Trends, Analysis, and Key Findings, 2022. *Available at:* https://www.neilsberg.com/insights/Hawai'i-median-household-income/

Further, financial challenges have been particularly difficult for kūpuna, with a few interview participants involved in housing and food distribution discussing that they have witnessed increasing houselessness and food insecurity among seniors, demonstrating the troubling trend of growing financial insecurity among Hawai'i's seniors as cost of living continues to rise. Secondary data shows a rising share of 65+ year olds that are below the federal poverty level.

"What I've seen...is the average age of our homeless clients who are coming to us from the hospital as a discharge bridge healing opportunity, more wheelchairs, more walkers, more older adults."

Service Provider for Persons Experiencing Houselessness, Maui

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Another contributing factor to financial challenges since the last CHNA, is the decrease and termination of certain federal resources that had flowed into State and local government, and into the economy and communities in various ways, to help offset the pandemic strain. This financial investment not only temporarily boosted income for businesses, individuals, and households impacted by unemployment and reduced work hours, but also helped fund social programs, community programs, and interpreters or community health workers that assisted marginalized communities, including for migrants, youth, persons experiencing houselessness, ALICE households, kūpuna, and rural communities.

Several key informants discussed that the transition from the rapid response seen during the pandemic to ensuring long-term strategies to sustain financial assistance and security has been a challenge and requires community and industry wide planning to support being prepared for when that response funding is no longer available. One key informant described this situation as a "COVID cliff" where much of the funding made available to non-profit organizations during COVID-19 is rapidly disappearing forcing many to have to scale back their programs or reduce their support. A few key informants discussed their concern that those most vulnerable would be hurt by this transition as much of the funding was used to support programs providing aid, social workers, or needed interpreter services that were expanded during COVID-19 but will likely be cut as funding is withdrawn.

Furthermore, while additional federal funding has been made available that could potentially ease this transition, non-profit organizations are finding it is difficult to access. Organizations have pointed to the need to provide capacity building support to help smaller organizations to scale and larger organizations to provide more agile programs. Others say the funding landscape has become increasingly more competitive with fewer funding opportunities available driving organizations to

compete for limited resources. Adding to this burden, some highlighted, are recent income tax cuts passed by the Hawai'i State Legislature favoring high income earners, which may reduce overall state revenue and further strain resources available for these programs and services. This reduction may coincide with the decline of federal COVID funding, the effects of this are currently being studied by researchers at the University of Hawai'i.

"We are in the midst of the COVID cliff.
We did get money to provide food services. We are now having to scale back the program."

Kūpuna Care Expert, O'ahu

There is hope that some federal funding options may encourage collaboration and that needed funding will be restored to programs for a few. Key informants discussed the prospect of new federal funding opportunities which are incentivizing collaboration among hospital systems, non-profit organizations, and others in an effort to encourage capacity building. These pathways are encouraging organizations to work together to increase their chances of securing substantial funding. Other groups have finally gained federal recognition and are getting the resources they deserve. After years of fighting for federal funding, some Pacific Island communities are being provided funding to programs that are helping to address deep healthcare inequities. Congressional approval in 2024 is anticipated to help provide resources to programs such as TANF and SNAP.

Housing

Housing stability has an important upstream impact on mental and physical health. Instability and poor housing conditions lead to greater stress, increased exposure to unhealthy environments, and less access to healthy food options. A recent study illustrated that "poverty and poor housing together are implicated in high rates of chronic diseases. Studies show a correlation of housing conditions with asthma, diabetes, high blood pressure and stroke, heart disease, and anxiety and depression. This is borne out by data for Hawai'i showing the disproportionate prevalence of these conditions among low-income households.[80]

[80] Good Health Depends On Decent Housing, Hawai'i Budget and Policy Center (December 2021), *available at*: https://static1.squarespace.com/static/5ef66d594879125d04f91774/t/61cbb9d2e388e752f5626375/1640741331194/Health+%26+Housing+Handout.pdf

"You can't heal if you don't have a place to rest, and if you don't have a home, it's really hard to heal."

Non-profit Housing Provider, Maui

Most key informants and community participants agree that Hawai'i's housing crisis has reached a critical point and has significantly worsened since 2021. Similar to the issue of financial security, many felt that housing should be a top priority as it significantly influences other determinants of health and must be addressed first before other issues can be tackled. Costs have been exacerbated by the rising cost of rent, housing prices, and interest rates. Fueling these housing shortages and rental increases, some believe, are homes used as vacation rentals, which were purchased during the pandemic when interest rates dropped and remote work blossomed, as well as landlords taking advantage of rental housing shortages. This has pushed Hawai'i residents to the brink as crushing housing costs have made it increasingly impossible for families to stay afloat.

Several participants discussed that rising rent and the shortage of available affordable housing are limiting the ability of the community to prioritize their health and access needed resources. These housing challenges affect residents' mental health, and quality of life. A few discussed that rising costs in rent has led to many spending a significant portion of their income on housing instead of other necessary needs. As a result, local families continue to struggle to make ends meet, with many having to work multiple jobs.

"The cost of housing I feel like has a ripple effect on financial security, mental health. It's a basic need. And if you're struggling every single month trying to figure out how to not succumb to homelessness, there's some hard decisions that folks are having to make..."

Non-Profit Leader, Hawai'i Island

Adding to the housing crisis is the expiration in August 2021 of the moratorium on evictions enacted during the pandemic that temporarily shielded and protected renters and allowed them to remain in their homes during periods of time. Act 57, which limited evictions, and set thresholds based on how far behind renters were on their payments, expired in August 2022, putting countless families at risk of losing their homes.

Additionally, the wildfire in Lahaina that displaced thousands of residents and destroyed homes and businesses, has dramatically increased the crisis level of the lack of affordable and available housing on Maui. Maui-based key informants noted that this housing loss has directly affected mental health and strained family dynamics, particularly those that have been forced to move back in with parents or their children, or who have taken on new caregiving roles and responsibilities. Interviewees described the challenge of ensuring families and individuals get the resources they need with most Lahaina residents relocating or moving following the fire. Further, there is increasing concern that the full impact on health of this disaster is yet to be seen as time progresses and residents begin to "lose hope."

Some key informants acknowledge some progress in providing emergency and temporary shelter for those experiencing homelessness in mostly urban Oʻahu, citing the City and County of Honolulu's Housing First developments and voucher programs as examples. Kauhale communities are also mentioned as positive examples of temporary and transitional housing options. Even with those programs, those experiencing homelessness share how debilitating it is to be unable to find stable and safe housing, and individuals are often exited from the temporary programs back to the street once they reach their time limits due to an inability to find permanent housing. This leads many that have cycled through without housing at the end to struggle with the sacrifices of going into shelter without the opportunity of housing. Unhoused youth shared that it can be difficult to progress in other areas of life when there is a daily struggle to find a safe place to sleep.

"Today, I'm just thankful I survived another night."

Youth Experiencing Homelessness, Oʻahu

There is a widespread belief that there's a lot of talk about addressing the housing issue, but action that does not match the level of the talk and the need. Housing solutions are believed to be far less available and/or visible, with limited reason to believe that significant change is coming. Both key informants and community members pointed to the barrier that lack of housing presents in trying to recruit healthcare providers. Community members on Lānaʻi were aware of many vacancies on-island for healthcare workers as well as young adults wanting to come home and contribute to their communities. But the lack of housing options prevented many from coming home. It is a challenge that some community health providers are looking to help address - identifying portions of their property to convert to residential use to help recruit visiting and permanent physicians.

"At any given time there are 20-30 patients in the hospital that are there because they have no place to be discharged to/no people to care for them. Part of MHF work is to address their needs. ."

Non-profit Housing Provider, Maui

Mental and Behavioral Health

Mental and Behavioral Health is the most widely perceived Significant Health Need to have worsened since 2021. As a strength in this area, there is a belief that the awareness around issues and increased normalization of discussing challenges with mental health has improved since before the pandemic. This may lead to eventually decreasing the stigmas that prevent many from accessing care, but many of those stigmas appear to participants to continue. There is strong encouragement from key informants to integrate mental health care, emotional learning support, communication tools, and other similar resources into more parts of life - from education settings for youth to the work place to resources for healthcare workers themselves.

From the pandemic to the Lahaina Wildfire, these recent crises in Hawai'i have impacted everyone statewide, and across all age groups. When the livelihood of families and individuals are threatened and stability is challenged, the impact on mental health is felt by everyone -- parents, children, grandparents, those living alone, those without a home. Further, the impact of worsening food insecurity, housing instability, and financial insecurity all have a detrimental impact on mental health. The immediate effects of this instability prompt community attention and allocation of resources to those who can access those resources. However, the long-term effects are a growing concern among many key informants, who argue that the effects of this instability may not be fully seen for years to come.

Those staffing Hawai'i's emergency rooms say that the number of teens and youth presenting with mental and behavioral health issues are increasing, with most feeling there are too few community resources available to provide the necessary followup to these individuals. All islands excluding O'ahu, have particularly felt the impact of the limited availability of mental health resources. One participant mentioned a growing concern for youth mental health on Maui, as the Molokini unit which had previously provided mental health support had closed and any youth suffering with mental health are made to wait in rooms adjacent to the emergency room, sometimes for over a week before they are able to transfer to O'ahu for further care.

"We've gone from a crisis level to a lingering, long-term emergency."

Substance abuse is one of the areas in which the greatest need is felt, particularly on all other islands excluding Oʻahu, with a dearth of substance abuse programs, residential and otherwise, and long wait times for those few programs that currently do exist. Many participants interviewed frequently highlighted that the lack of sufficient mental health support is a direct result of a severe shortage of needed mental health providers on all other islands excluding Oʻahu. Youth on Maui that were leading a signwaving for suicide awareness shared stories of how difficult it was for family and friends to get the support they needed with long wait times and overall lack of available care.

"We don't always know the impact that these natural disasters have on people for the long term . . . Perhaps even more serious mental health needs and we already have a shortage of providers and challenges with people accessing care."

Mental Health Community Coordinator, Maui

The shortage has been exacerbated by a number of factors including loss of providers during the pandemic, the retirement of practicing physicians, and low reimbursement of private practice providers, making it increasingly difficult for providers to practice. Additionally, it was mentioned that the loss of mental health staff during the pandemic has also led to reduced opportunities for training, further adding to the healthcare worker shortage.

Lack of resources in other areas impacts and exacerbates the mental health impacts felt by families. In addition to the intersectionality discussed around the priority areas, gaps in other significant health needs can strain individuals and their support systems in other ways. Caretakers, for example, take on incredible responsibilities with their loved ones, and research has shown that caretakers tend to rate their own personal health poorer than non-caretakers in similar demographics. When funding for disability programs or kūpuna services are cut back, the caretakers feel the additional weight. In communities such as Kona, Kauaʻi, Molokaʻi, and Lānaʻi where reproductive health is especially difficult for women to access, particularly young women and survivors of intimate partner violence, inability to access care can take a tremendous toll on mental health and dramatically change their lives.

As LGBTQIA2s+ persons struggle to find providers, are forced to fight for access to treatment, and discriminated against in housing opportunities, the weight on one's mental health can be tremendous. Youth homeless service providers estimate 250-300 homeless youth live on the streets of Waikīkī each night unable to access shelters without parental consent. Many have been kicked out, often for identifying to their families as many are LGBTQIA2s+, or are running from trauma. Living on the streets leaves them extremely vulnerable to traffickers and others that take advantage of them. A win in 2024 came with Bill 3125, which will allow youth 14+ to access pre-exposure prophylaxis (or PrEP) to help with the prevention of HIV. A number of key informants provided the perspective that investing in increased support for the health needs of LGBTQIA2s+ residents can have tremendous impact on this often underserved community.

"I think there's been a change in the lens, the paradigms through which we see some of these mental health issues. It's a trauma-informed lens.

It's a recognition that these are not broken people. **WE are not broken people.**

We are people who have had particular sets of experiences that have been extraordinary, and our responses are actually normative in the sense that this is exactly what you would expect under such incredible circumstances.

Culturally and historically across time, these are events that have created ways of relating and understanding our world. And sometimes our coping strategies become potential barriers. And it becomes important to **recognize the impacts of these traumas and the impacts and the consequences of these traumas.**

And recognize them rather than as abnormal reactions; instead, incredibly normal reactions to extraordinary circumstances."

Behavioral Health Educator

Food Security



While food insecurity had been an ongoing issue, the pandemic both brought greater attention to the problem while also exacerbating it. Children without access to school lunch programs, the financial strains of unemployment and reduced work hours, and empty store shelves due to supply shortages all served to focus community attention on the issue. Communities rallied, food distribution points were expanded and lines of cars could be visible on distribution days, schools and churches made food available for all families, government funds poured into food banks, and local farm co-ops began making food available to local families. Hospitals and FQHCs opened food pantries on campus, offering assistance to any who need it. Community organizations played critical roles in helping to mitigate food insecurity in a wide range of ways. These grassroots partnerships coordinated and distributed local produce from local farms to families in need. Food distributions became centers where wellness checks were done, vaccines were administered, and individuals could enroll in benefits if eligible.

The pandemic opened up new opportunities for collaboration between healthcare systems and community organizations united by a shared goal of advancing community health and well-being. Services were provided free of charge, with interpreters, translators and others making things more accessible for all residents. Since the last CHNA report, a few working in community health discussed that there has been a decline in the cross-sector collaboration seen between community organizations with less coordination between sectors to provide outreach and support for residents since food drives have garnered less attention and pandemic momentum has slowly waned. They discussed the importance of ongoing collaboration as the pandemic revealed what could be achieved when organizations worked together.

"At least anecdotally, we're getting more and more people that are coming seeking food assistance for the first time, who've never had to ask for help before."

Non-profit Food Assistance Provider, Oʻahu

Given the community attention during the pandemic, most believe that there is a greater level of awareness of food insecurity than existed pre-pandemic. This awareness, however, does not necessarily translate into resolution of the problem. A few interviewed that are directly involved in community food distribution, say that food insecurity has worsened, with one respondent involved in food

security, stating that the current demand is comparable to what was seen during the pandemic. This increasing demand is driven by difficulties residents are facing including low wages that are not keeping pace with rising food costs, housing costs, and inflation, as highlighted earlier. Additionally, it was noted and discussed earlier, starting October 1st, 2024, Hawai'i SNAP recipients, about 11% of all the State's households, will be seeing a decrease in their monthly SNAP benefits.[81] [82] This will have a significant impact on families who receive SNAP for food assistance.

There is also growing food needs among our kūpuna and other vulnerable and marginalized communities, as cost of living continues to rise. Several key informants involved in community health, housing, and food security, discussed growing needs among seniors, who are grappling with difficult decisions due to their fixed income. As one public official working on supporting kūpuna discussed, many are forced to prioritize foods that may meet their "caloric intake but not their nutritional value." Others recounted instances where kūpuna checks, meant to offer support for non-profit food distribution activities, have been "bouncing." This may reflect the broader financial difficulties kūpuna may be facing. Community members shared that there are likely many more in need but that they fail to seek help either because they are unaware of where to go or feel embarrassed to ask for assistance.

"Each week we hold five kūpuna pantries. And back then (2021) I think we were seeing maybe 500, 600 kūpuna every week. We're well over 1200 a week now of kūpuna who are standing in line to get food from us every single week."

Social Services Executive Leader, O'ahu

The challenge of growing food insecurity is further intensified by a similar issue discussed earlier - the reduction of COVID federal funding. As these funds have been withdrawn and costs of food and other basic necessities have steadily risen, food banks and other food assistance programs are struggling to meet the growing demand. This has led to worries about the future and their ability to sustain operations with some of their support ending, the need for food growing, and no foreseeable pathways for additional support. The fires in Maui also had a ripple effect on local food distribution programs. Many resources and efforts were redirected to provide support for recovery efforts on Maui. This

[81] Hawai'i News Now. (2023, August 8). *Despite rising prices, Hawai'i residents poised to see cut in food stamp benefits this fall.* https://www.Hawai'inewsnow.com/2023/08/08/despite-rising-prices-Hawai'i-residents-poised-see-cut-food-stamp-benefits-this-fall/

[82] KHON2. (2023, September 14). *SNAP food stamp eligibility is changing: Do you qualify now?* https://www.khon2.com/news/national/snap-food-stamp-eligibility-is-changing-do-you-qualify-now/

impacted their ability to focus on grant applications and fundraising for long-term support of their programs. As a result these organizations are now facing a possible gap in resources expressing that they don't feel like they've "gotten their head above water since Maui."

"We don't have the same resources that we did three years ago, right? Because all of the COVID era, dollars are gone... Food prices for us are also 25% higher than they were. We are in a situation that we're having to do more with less. And so I am worried about this coming year...to get the food out and meet the need."

Non-profit Food Assistance Provider, Oʻahu

With an estimated 85-90% of Hawaiʻi's food coming in from outside of our islands, ensuring food security needs to be a central focus in emergency preparedness and planning. Several key informants across all sectors discussed the importance of emergency preparedness as a Significant Health Need (as identified in 2018 and 2021) and were quick to link the food security priority with the increasing need for emergency plans and preparation, given the future possibility of damaged airports and harbors. Opportunities exist for investing in building more resilient food communities, this includes the thousands of agriculturally zoned lands across the paeʻāina into agriculture, supporting local farmers, and making food security accessible on a household level through food gardens and other neighborhood solutions.

Trust & Equitable Access

"There are voices that the system deems 'noncompliant' that I think I'm a lot more sensitive to. The system says they're not following orders, not following up with their PCP, etc. I hear that and my ears perk up, because what that tells me is that we don't have, and haven't earned, their trust. We need to be much more open to hearing from them, because otherwise we've basically said 'It's your fault.'

I think understanding their barriers, having more empathy, and maybe even understanding how the things that they care about are part of their healing journey."

Hospital Administrator

Investing in building health systems that increase access to healthcare and help address upstream determinants can build community trust and improve quality of care for those that may be facing care barriers. Throughout the assessment, community organizations, healthcare leaders, and program managers emphasized their interest in supporting collaboration between hospitals and community service providers. Hospitals can be seen as an important entry point to existing services and programs beyond healthcare.

When discussing access to medical care or the broader healthcare system on other islands, rural, marginalized populations or kūpuna, consistent themes emerged around the following areas of systemic barriers:

- Stigma & Bias
- Transportation
- Cultural Competence
- Language Access
- Trust
- Safety
- Digital Literacy & Access
- Insurance

Stigma & Bias

The challenge of achieving equitable access to healthcare and the healthcare system is a complex issue. Perceptual and experiential issues can act as barriers to care for example factors like cost, transportation, child care, work hours and job requirements, can prevent access. These barriers particularly impact those who are low income, speak a language other than English, and live in rural communities from pursuing needed healthcare services.

While these barriers are well-known to healthcare providers and the healthcare system, patients who miss appointments due to encountering these barriers to care are still labeled as "non-compliant." This term is often used within the system to describe those who do not follow up with recommended appointments, screenings, and procedures. The use of this label was criticized by both community members and many key informants from Hawai'i's hospitals, recognizing that some within their own organizations fail to consider the *"why."*

"We should be asking ourselves why the patient didn't keep the appointment in town at 10am on a weekday. Some of these reasons are the real barriers to equitable access to care."

Transportation

While transportation barriers were described on Maui, Kaua'i, and Hawai'i Island, it cannot be underscored enough how significant of a role that transportation plays for residents of Moloka'i and Lāna'i in many aspects of their healthcare. The end result for many facing these barriers is that they simply do not end up receiving the care they need.

Several key informants on these islands working in mental health, housing, resource centers, and healthcare, discussed that having to travel to O'ahu to get necessary specialist, imaging, or cancer care was a major barrier to health. A common theme discussed among key informants was that residents had to either wait until a specialist arrived from O'ahu, or fly to O'ahu for these appointments, which added complex coordination issues and introduced additional obstacles to care. These challenges are present for even routine care for rural communities that share stories of having to coordinate off-island care for their dermatology, optometry, and dental health. These barriers are especially significant for those most vulnerable, including seniors, disabled persons, sick, uninsured, and low-income residents due to the considerable resources and energy required to make the journey.

"There's no PET scan machine on this island, so like just a basic appointment to see if you have cancer, you have to go to another island . . . so then you have to make sure that you're healthy enough to fly."

Non-profit Executive, Maui

In key informant interviews and community focus groups, several Lānaʻi residents reported that patients sometimes missed chemotherapy or other key appointments due to delayed and/or canceled flights. This has also been reported in the media.[83] These delayed and canceled flights also impact the specialists flying in to see patients, resulting in appointments being canceled due to non- or late-arrival. Flights are not the only barrier with transportation. The cost of travel may be covered by insurance, but it rarely covers other impacts such as lost wages, overnight stays if needed, or the cost of a companion that may be required by the patient or the airlines. It also means that residents try to coordinate with all doctors to be on the same visit, which is not always feasible.

The canceled flights also can prevent specialists from flying back, causing them to stay overnight on-island and forcing them to cancel their appointments in Honolulu the next morning. This can lead to fewer specialists willing to make the trip to Maui, Molokaʻi, and Lānaʻi to see patients, thereby adding to the need for residents to travel, which further exacerbates the problem.

One community member shared how much he appreciated the podiatrist that comes a day every quarter and is able to see him and other community members. Strengthening the systems that allow visiting specialists to come into rural communities can make a tremendous difference for those residents. Community-based healthcare on Lānaʻi is working on building lodging support that may assist with this potential. Shortly, Mokulele will be receiving additional funding through the Essential Rural Medical Air Transport program that will hopefully help to stabilize airfare. Working across islands such as between Molokaʻi and Lānaʻi to create more workforce and care capacity is a recommendation that was mentioned by a few participants.

Cultural Competence

Ethnic, cultural, and language differences in our multicultural communities can also become a barrier to accessing care. Often these differences can lead to very divergent experiences within the healthcare system. Poor experiences in healthcare can travel quickly in the community via word-of-mouth which leads to reinforced perceptions of a lack of understanding, of respect, and of cultural sensitivity, serving to discourage others in that community from seeking care. This is especially true for marginalized communities including immigrants, women, domestic abuse and other trauma survivors, and LGBTQIA2s+ individuals, and underscores the need for professional development and staff training to expand cultural competence and sensitivity.

[83] Hawaiʻi Public Radio. (2024, March 1). *Molokai and Lanai residents face unreliable flights impacting critical health care access*. https://www.Hawaiʻipublicradio.org/local-news/2024-03-01/molokai-and-lanai-residents-unreliable-flights-critical-health-care-access

Great partnerships between hospitals and community organizations that serve specific marginalized populations have evolved over the last two CHNA periods. However, many noted that a warm handoff alone can put more pressure and volume on the agency, so internal capacity can perhaps be built within the hospital to support community members. One such example could be by continuing to expand the roles and utilization of community health workers (CHW's) as cultural and linguistic navigators within a hospital or healthcare system.

"I'd like to think that we treat every individual who walks through our doors the same, but I know that just isn't true. We're just not there yet."

Physician

Language Access

With the increasing number of residents in Hawai'i who speak a language other than English, there is also a growing need to provide adequate interpreter services during care and more in-language outreach and partnership and collaboration with community organizations connected to these communities is needed. Effective communication goes beyond interpretation - and cultural understanding, as informants involved in community health work described, is a critical step in creating an environment of care. While some healthcare staff interviewed described their experience that the system does provide equal access, "because all are welcome and all are treated the same," several key informants across multiple different sectors including community health, mental health, and kūpuna care, discussed a pressing need for meeting communities where they are in order to ensure greater equity of access. Some emphasized that healthcare staff should reflect the languages, cultures, and communities they serve which would build trust in the community and improve care.

"For health systems to employ people who are from these communities is a huge factor. Knowing that when you enter into the health system that you are represented in that workforce by people who know you, speak your language, understand you,and get your day to day living, and what contributes to your health - is really meaningful."

Program Manager, O'ahu

Trust

Based on several key informant interviews, the trust in the public health sector and in the healthcare system that has deteriorated over time is being restored in parts but continues to be a meaningful barrier to care. While some believe that inroads have been made and that there has been more awareness and tailored outreach to certain communities, the overall opinion is that rebuilding trust is a long-term challenge, which will require extensive resources and collaboration both internal and external to the system, that will take years to rebuild and restore. Many believe that the FQHCs are uniquely positioned to rebuild the trust within their own communities, with concerns that the bigger issues regarding system-level confidence will require champions who have yet to be identified.

"We are developing more partnerships with the local acute cares to deal with some of the patients who are houseless. One hospital in particular has been really, really collaborative.

If we take one of their houseless patients, they'll work with us to help find the safe discharge. This didn't happen before, but I think COVID actually built that 'we're all in this together' spirit."

Homeless Services Provider

C. Impacts of Crises

The devastation of Lahaina and part of upcountry Maui, following on the heels of the COVID-19 pandemic, dealt such a blow to our communities, challenging much of the progress Hawai'i was making in addressing financial insecurity, food insecurity, growing mental and behavioral health challenges, critical housing shortages, and equitable access to care. This has reinforced the need to build Resiliency – more resilient individuals and families, a more responsive and resilient government, and extending it through to a fully resilient healthcare system.

While many cited the quick mobilization of resources from the healthcare system, the social service and non-profit sector, and government agencies - there remains great concern about the resiliency of these systems when the next crisis occurs, and questions regarding the integration of communications. While workarounds aided response at fracture points, many share concerns that workforce and facility stresses on the healthcare system strain resiliency.

"There's a resiliency related to workforce and related to the facilities that I think is going to get worse and worse, that ultimately is going to impact the care we provide.

Look at how many of the smaller hospitals have closed or have needed to be acquired, or how many services they have needed to cut back. So I don't know how to couch it, but I think it's a crisis that, ultimately, sustainability for the healthcare system is going to be a problem."

Hospital Administrator

Maui Wildfires

The catastrophic wildfire that swept through Lahaina on August 8-9, 2023 ranks among the deadliest wildfires in U.S. history.[84] The fire, which was fueled by a combination of factors including strong winds from passing Hurricane Dora, low humidity, invasive grasses, and a dense urban landscape, spread swiftly, resulting in 102 confirmed fatalities and burned more than 2,200 structures, including businesses and homes. The tragedy has re-emerged urgent questions regarding disaster preparedness, community planning, and the reality of climate change, with lasting effects on Maui residents and the community that will be felt for generations to come.

"It was coming out of (pandemic) recovery, seeing a small light at the end of the tunnel, and then that light being, you know, a devastating fire . . . and then massive economic downturns again on top of the humanitarian crisis, on top of the housing crisis, on top of the food security crisis . . .and all of the jobs that were lost rippling within that space, out of the fire."

Community Organization Leader, Maui

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[84] FSRI. (2024, April 17). Lahaina fire comprehensive timeline report [Redacted final version]. Fire Safety Research Institute. Retrieved from https://d1gi3fvbl0xj2a.cloudfront.net/2024-04/FSRI_Lahaina_Fire-Comprehensive_Timeline_Report_04_17_2024_Redacted_Final_0.pdf

The wildfire significantly worsened Maui's housing crisis, displacing thousands of residents and worsening existing challenges related to housing affordability, food insecurity, and unemployment—issues already strained by the COVID-19 pandemic. Adding to housing challenges post-disaster, a few participants mentioned that emergency housing payments offered by FEMA exceeded the average rental costs in Maui, encouraging landlords to evict existing tenants to instead rent to families funded through FEMA's program. Several interview participants discussed that the loss of homes, jobs, and community ties has contributed to rising levels of stress, depression, and suicidal ideation, with some noting that the full impact on mental health has yet to be seen.

The shortage of mental health providers and the destruction of healthcare facilities in West Maui have further limited access to necessary care for residents forcing residents to travel long distances to receive services. Further, the loss of several childcare facilities as a result of the fire, has added to caregiving challenges for families. A few discussed that the downturn in tourism following the fires has further strained the community's economic stability, leaving many residents facing unemployment and financial insecurity. Some also discussed the need for greater healing and diversification away from single industries that may be unstable and towards sustainable industries that help with long-term economic, food, and health resilience.

While several participants noted that organizations have come together in the wake of the fire to provide support, many believe that additional resources, particularly for housing and mental health services, are urgently needed to address these growing concerns.

Climate Change

Identified as a significant health need in 2018 and 2021, some of the interview participants thought that climate change — and potentially linked to emergency preparedness – should be highlighted in the CHNA. The Hawai'i experience with drought, fire susceptibility, increasing temperatures, and rising sea levels can be expected, they said, to result in more challenges to health and safety in our state. While many felt that preparedness for emergency response has been improved as a result of our recent crises, some of these also expect that climate change is going to challenge the extent to which we truly are prepared. Climate change is also seeing global impacts, which drive more migrants and refugees to have to flee their homes.

Inability to Timely Discharge

A common theme – and a crisis, as identified by the key informant interviews with the hospitals across the state – is the inability for timely discharge of many from marginalized communities. This was described as particularly true for those experiencing houselessness and those with serious mental and behavioral health challenges. In order to discharge to a *safe* environment, a safe living situation must often be secured. Either due to houselessness, individuals often not being welcome back at the family home for a variety of reasons, behavioral health solutions in the community being unavailable, and/or any of a number of other conditions makes it extremely difficult to identify a safe environment. Additionally, this comes at a time when housing options are so severely limited and social service programs so strained.

An additional factor impacting ability to discharge is Medicaid processing, as the time required for establishing benefits, given the backlog and demand for needed coverage, often can take months. The result of this inability for timely discharge often creates a domino effect throughout the facility, resulting in longer than required length of stays and backing up possible needed admissions.

"With mental health and medical conditions, it's hard to manage when you don't have a lot of mental health resources, wraparound services, and less case management available to go out into the field. We have someone who has occupied a bed for these reasons for the last two weeks."

Physician

D. Unique Population Data

Spotlight on Rural Health

In many ways, the challenges of rural health in Hawai'i can be seen through the lens of geographic inequities in access to care. These challenges have been documented in studies undertaken by the Economic Research Organization at the University of Hawai'i (UHERO), Hawai'i State Rural Health Association (HSRHA), and the State of Hawai'i, Department of Health, Office of Primary Care and Rural Health, as well as in past CHNA reports. The shortage of primary care providers tops the list, with the need for primary care in one's own community – or at least nearby -- a very basic health need (if not a basic health right).

Access to specialists and to specialized care (e.g., chemotherapy) has been discussed earlier in this report, relative to the challenges of transportation to/from Molokaʻi and Lānaʻi. The inequities in access go beyond workforce and staffing issues, however, to lack of access to costly clinical equipment such as advanced imaging machines. The broadband divide was made clear during the pandemic, and rural communities continue to find challenges with telehealth due either to lack of broadband access or to problems with connection quality. Additionally, the pandemic highlighted the need to get care *into* communities, such as vaccination clinics needing to locate outside of traditional hospital/clinic settings in order to better serve rural communities. Data from Maui post-wildfire ("Maui Together", HSRHA, 2024) demonstrate the health effects of a rural community in crisis, separated from any access to care.

These access issues contribute to health behaviors – such as frequency of screenings, PCP visits, etc. – and self-reported health status, prevalence of chronic conditions, and other health outcomes that are dramatically different than those seen in urban and suburban settings.

Kūpuna Care

Identified as a significant health need in both the 2018 and 2021 CHNA reports, this 2024 report seeks to highlight the growing needs of the aging kūpuna population in Hawaiʻi. Many of the key informants participating in the interview process recommended elevating levels of planning for this growing segment of the population.

In particular, participants pointed to the dearth of long-term care facilities in our state, a condition that strains the families involved and can prevent the timely discharge of kupuna from acute care hospitals. This can contribute to a downward spiral and deterioration in the health of the elderly person involved, as well as add to the mental, emotional, and financial strain on the families as they seek alternatives to long-term care placement.

"It would be nice to have more flexibility to be innovative in our care delivery model around home-based care. Especially knowing there's a workforce shortage and we've got major complex rules and infrastructure issues."

Hospital Planner

There is also concern that kūpuna comprise a growing proportion of those experiencing homelessness, as financial insecurity takes a toll on those on fixed income, as well as on the families that otherwise might be able to provide support. Key informants shared that too often, kūpuna on fixed income are forced to choose between buying food that will meet their caloric requirements or food that will meet their nutritional requirements rather than having healthier nutritional and locally grown options.

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*"I think, it is helpful to raise awareness that these disparities are harmful for **everyone**.*

*It's not just people in those groups - **we kind of need everyone to be on board**, because those people can't just solve their own problems right? Because they're too big. And there's not enough of them.*

And we have collectively caused those problems to a large extent."

Maui Nurse

C. Summary of Suggested Strategies by 2024 Priority

Below is a table list of suggested strategies made throughout the assessment process for consideration by hospitals wishing to identify actionable steps in addressing the 2024 Priorities. The research team recognizes that many hospitals are already individually deploying some of these strategies, advocating for these policy changes, and/or participating in community initiatives for collective action. Indeed, all are integral parts of the communities in which they operate; and, by virtue of this involvement, work for the betterment of their communities. These are offered as a list of suggestions, requiring their own due diligence by respective and interested hospitals.

PRIORITY	SUGGESTED STRATEGIES
Financial Security	• Explore funding opportunities for care coordinators to assist households with accessing relief funding opportunities • Develop relationships with non-profit service providers addressing financial security within respective communities and establish systems for warm handoff of patients • Assist with accessing tax credits e.g. food tax credit • Implement high school and community training programs for entry-level healthcare jobs that are targeted to low-socioeconomic status communities and under-represented populations with a commitment to hire and provide support for career development • Evaluate a living wage minimum for all healthcare workers • Consider low-cost on-site child care for employees and/or other employer-funded child care options. Consider collaborating with other employers for joint employee child care initiatives • Utilize the hospital's purchasing power to build local wealth in communities by locally sourcing goods, services, and food, supporting diverse and locally owned vendors, and helping to incubate new community enterprises to fill supply chain gaps • Designate a percentage of the hospital facility's investment portfolio to provide affordable capital for projects in the hospital's service area that address the upstream drivers of health in collaboration with community partners, such as affordable housing, healthy food access, environmental disparities, and economic empowerment for underserved communities
Food Security	• Participate in communications around food as medicine • Greater collaboration between groups/coalitions being built • Purchasing food for hospital facilities from local farmers to support production and be resilient to external interruptions • Partner with healthy food providers to identify households in need coming in for care and providing meals upon discharge • Pursue collaborative funding to support meals at Title I schools • Support community farmers' markets and local grocery stores

	• Screen patients for food insecurity and implement "food as medicine" initiatives including: physician referrals to on-site food pantries, partnerships with healthy food providers to provide meals upon discharge, vouchers for local produce purchases at farmers markets • Partner with schools to develop healthy eating curricula, school gardens, Farm to School networks, and healthy local meals • Support Farmers Markets and development of healthy food options located at hospital facilities and in communities with low access to healthy food options • Assist eligible patients to enroll in SNAP and contribute funding to SNAP "double bucks" voucher programs • Utilize hospital cafeterias as sites for summer meal programs for school-age children, and kupuna meals/gathering places • Provide space on hospital grounds for community garden; Utilize a hospital garden for culturally-based foods and medicinal plants • Benchmark and leverage hospital purchasing power to buy local and support development of local healthy food systems
Housing	• Expand use of upstream determinants of health in screening questions; Note food or housing insecurity in patient history • Explore the potential for developing workforce housing where facilities may have appropriate land available • Partner to support workforce housing for healthcare workers • Integrate housing services into hospital programs now that they are an eligible Medicaid reimbursable expense • Partner with housing organizations for billing support • Develop care coordinator relationships that create a "hand-off" from the hospital to the social service providers • Engage in advocacy efforts to support affordable housing initiatives
Mental & Behavioral Health	• Support de-stigmatization and training for proper care and customer service, including considering mandatory training • Message publicly the cost of treating negative outcomes being higher than re-investing in preventative treatment • Encourage and further develop delivery of service to meet people where they are, via non-traditional channels, such as telehealth, street medicine, grocery kiosks, etc. • Build or enhance psychiatric capacity in Emergency Rooms • Address mental health needs of healthcare workers • Training on trauma-informed care, seeing the person beyond the crisis • Raise public awareness to help destigmatize mental and behavioral health as well as access to resources • Engage in "normalizing strategies" such as supporting mental health professionals in school, screening for teens, coping skills training • Partner with mental health service providers to address mental health needs while

	hospitalized, including discharge support and residential treatment, when needed • Engage in efforts to support development of mental and behavioral health workforce within our state • Support up-stream investment in existing community-based programs • Increase QUEST Field Service Coordination and allow for in-home visits to identify and address needs before they become a crisis • Increase and develop mobile mental health resources and providers (Case Managers, LCSWs, Psychiatric APRNs, Psychiatrists, Pharmacists) to frequently go into the community to clients • Seek partnerships to develop additional 24/7 mental health Crisis Shelters in the community, where individuals could go if experiencing a mental health crisis or high risk of substance abuse relapse and reduce Emergency Department visits
Trust & Equitable Access	• Partner with LGBTQIA2s+ organizations to identify unique health priorities, including creating safe spaces for community members to live and get care • Greater collaboration with FQHCs and nonprofit organizations working within marginalized communities • Invest in community health workers and medical social workers as important connectors to community • Build cultural competencies through training and hiring more bilingual staff and those with deep community relationships • Build competencies through training on trauma-informed care, understanding how to meet people where they are • Conduct consistent outreach in underserved populations in collaboration with community partners • Increase signage in all areas around safety and violence • Support the cost of attendant travel for insurance purposes • Expand mobile and pop-up clinics • Expand and continue to promote telehealth initiatives • Support the expansion of broadband and programs that provide service and equipment support to patients needing it • Invest in built environments that seek to break down shame and bias • Support healthcare in schools such as health nurses and health screenings • Partner to help address barriers to access such as transportation, child care, language, digital literacy, etc. • Raise public awareness of need to destigmatize key populations or access to resources • Increase digital access to patients, including technical assistance to support, such as through providing computers or kiosks on property • Work with established kiosks such as AlohaQ to add healthcare and beyond services access and information • Promote and implement programs to support diversity, equity, and inclusion internally within hospitals to guide internal hiring • Support the development of culture that creates roles for non-clinical staff within emergency departments



CONCLUSION

A. Mahalo from the Research Team

B. Acknowledgments

A. Mahalo from the Research Team

The past nine months of this assessment has provided such an incredible experience. The research team has had the opportunity to engage with over 200 people across our island home, who care so deeply about our Hawai'i. Social workers, teachers, farmers, doctors, public health officials, policy advocates, mothers, daughters, survivors, students, policy makers, nurses . . . all asking the question, **"What makes Ours a Healthy Community?"** For the communities in which they live, the clients they serve, the people they love.

With a charge of updating the 2021 Community Health Needs Assessment (CHNA) and with considerable recognition of the effects of multiple disasters on the social determinants of health, the 2024 CHNA research team sought out a wide range of voices, perspectives, and communities to understand the unique and Significant Health Needs facing Hawai'i's communities. We believe the addition of the quantitative research will offer deep additional insights that can be built upon in future years and were glad for HAH's commitment to this additional research.

The foundations laid in 2018 focusing on upstream social determinants provided a critical backdrop for building upon and delving into the barriers to healthy communities and people today. In engaging with key stakeholders, there was great recognition of the progress of hospitals and the entire continuum of healthcare in partnering with communities over the past few years to support needs, and what could even be described as excitement for an opportunity to identify ways to strengthen healthcare systems and build trust with communities. Recommendations and best practices were bountiful. This report seeks to lift those up and provide specific pathways for hospitals to consider being part of addressing Significant Health Needs.

Trauma experienced throughout the community is profound, both individually and collectively. This report seeks to honor and learn from those experiences. We were inspired by community members that shared stories of the strength of honoring place and acknowledge the healing that Hawai'i's 'āina can provide. We note the incredible strength and resilience of Hawaii's communities that was repeatedly identified and celebrated and should remain the piko of the work ahead.

We are honored to have been a small part of this important work of keeping our communities thriving, and we believe in the strengths of our communities and our hospitals to navigate the road ahead.

Me ka mahalo a me ke aloha pumehana. E mālama. E ola.

B. Acknowledgments

Many people throughout the healthcare community, healthcare continuum, and our community broadly helped input into this 2024 update of the Community Health Needs Assessment. The research team saw its role primarily as a conduit for a deep well of knowledge to provide a framework for understanding the complex and **interconnected needs facing our communities today and a pathway with actionable and achievable next steps.**

Our client and partner in this process was HAH. Mahalo to the executive leadership and the Steering Committee, who entrusted us with this critical responsibility. We also want to offer special thanks to **Jodi Hashimoto** and **Lori Henning**, who served as our project managers, and without whom this would not have come together as it did. The critical project management, expertise, and leadership they provided were invaluable and helped keep every stakeholder engaged and every critical deliverable on track. We highly recommend that future CHNA's include strong project management support.

We also want to extend gratitude to the 2018 research team, who moved mountains in shifting the lens of this vital work from clinically focused to more broadly understanding and embracing the social determinants of health as the framework for this work moving forward. Building upon that foundation in 2021 and again in 2024 was an honor, and we sincerely appreciate the 2018 team and those involved in that report.

In addition to the formal partners, stakeholders, key informants, community connectors, and stakeholders identified throughout this report and its appendices, many individuals served as kumu - sources of knowledge and mentorship - to our team. Out of respect for the preferred anonymity of many, we simply say, our most sincere ***mahalo***.



APPENDICES

A. Shared Kuleana Strategies

B. Statewide Healthcare Facilities

C. Steering Committee

D. Community Advisory Committee

E. Community Meetings

F. Key Informants

G. Secondary Data Resources

Appendix A - Shared Kuleana Strategies

The resources below are a sample of projects and special programs currently operating within community around the 2024 Priorities. It is not an exhaustive list of all programs and is not intended as a list of providers, although they are referenced and mentioned where appropriate or where a specific program wasn't named but housed within an organization.

1. **Coalitions**
   There are a number of coalitions working in and around the various 2024 Priorities and other Significant Health Needs. Some hospitals already participate. These could be good opportunities to join existing work and support the collective work being done with communities around social determinants of health. Suggested examples include:

   - Affordable Housing Coalition: https://www.ahafellows.com/home
   - Hawai'i Coalition for Immigrant Rights: https://www.hicir.org/
   - Hawai'i Oral Health Coalition: https://www.hiphi.org/hawaii-oral-health-coalition/
   - Kūpuna Food Security Coalition: https://www.hiphi.org/kupuna-food-security-coalition/
   - Obesity Prevention Task Force (OPTF) - originally convened through statute by the Department of Health, the OPTF continues to meet and is convened by HIPHI: https://www.hiphi.org/heal/healthy-eating-active-living-coalitions/
   - Partners in Care (PIC): https://www.partnersincareoahu.org/
   - Working Families Coalition: https://www.workingfamilieshawaii.org/

2. **Financial Security**

   ALICE. Aloha United Way recently released a report, ALICE: A STUDY OF FINANCIAL HARDSHIP IN HAWAI'I. 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 Hawai'i are ALICE and below. Since releasing 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. Additionally AUW hotline at 211 provides referrals to relevant programs. (https://www.auw.org/alice)

Hawai'i Budget & Policy Center (HBPC). A program of Hawai'i Appleseed, HBPC works on state and local economic policies to increase opportunity for all residents by analyzing and understanding the implications of tax and budget decisions and educating public and policy-makers. The HBPC's advisory board includes representatives from Kaiser Hospital, Federally Qualified Health Centers, the University of Hawai'i System, and community-based organizations. (https://hibudget.org and https://hiappleseed.org)

Maui Economic Opportunity (MEO). A nonprofit Community Action Agency committed to helping low-income individuals and families become stable and achieve economic security, MEO provides many important programs. This report focuses on its transportation services. On Maui and Moloka'i, van drivers transport their participants to doctor's offices. The services, funded largely via County of Maui grant appropriation, include transport for services such as Ala Hou, Easter Seals & Adult Day Care, Employment for the Disabled, Dialysis, Low-income and Economically Challenged, Kaunoa Leisure Program, Ka Lima O Maui Program, Rural Shuttle, Senior Nutrition Program, Youth and Community, HeadStart Program, Hospice of Maui, Independent charter, Maui Memorial Medical Center, and Medicaid. (http://www.meoinc.org)

Working Families Coalition. Organized by Hawai'i Children's Action Network, this coalition of advocacy and service-providing organizations advocates for pro-working family policies including raising the minimum wage, Earned Income Tax Credit and affordable child/elder care. (https://www.workingfamilieshawaii.org)

3. **Food Security**

'Āina 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 from 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.

Blue Zones Project. Dan Buettner's book, *The Blue Zones: Lessons for Living Longer from the People Who've Lived the Longest* , evolved into a worldwide network of "community-wide well-being improvement initiatives" intended to help people live longer, healthier, and happier lives. The Hawai'i Medical Service Association (HMSA) brought the Blue Zones Project to Hawai'i, with program staff implementing various activities in communities throughout the state. For example, in September 2018, Blue Zones held a Big Island Food Policy Summit in Hilo that convened close to 100 stakeholders from agriculture, the food industry, health,

education, local government, and various parts of the community to build a common agenda for Hawai‘i Island’s food self-reliance and work toward creating a healthy food system for Hawai‘i Island. (https://hawaii.bluezonesproject.com)

Community Meal, St. James’ Church, Waimea, Hawai‘i Island. The Community Meal is a weekly Thursday evening dinner hosted by St. James’ Church in Kamuela, which began as a meal for the “homeless, working poor, lonely and downright hungry in our community.” It has grown into a popular and diverse community event for everyone. Local farmers and ranchers contribute food to the meal; volunteers cook, bake and serve; and leftovers are delivered to senior homes, houseless shelters, and to the homes of families who need food. Many cite the weekly event as a source of community pride, bringing people together to build relationships and help each other. (http://stjameshawaii.org/community-meal)

Community “Poi Day,” Waipā Foundation. This community gathering happens every Thursday at 5 am when community volunteers gather to process cooked kalo into poi and lunch is served when the job is done. Poi Day was started about 30 years ago by the Hawaiian families along Kaua‘i’s north shore to keep poi available and affordable. Today, Waipā distributes poi to kūpuna and ‘ohana throughout the island. (https://waipafoundation.org/poi/)

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 Molokai, 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)

Farm to School Hui. Under the Hawai‘i Public Health Institute, this hui aims to strengthen the farm-to-school movement in Hawai‘i. It does this by supporting networks on five islands by sharing resources, capacity building, professional development, and advocacy. It works with community organizations, and representatives of the Hawai‘i departments of agriculture, education, health, and the University of Hawai‘i. (https://www.hiphi.org/farmtoschool)

Hawai‘i Foodbank. The Hawaii Foodbank, which operates out of locations on O‘ahu and Kaua‘i, receives, inspects, sorts, and stores food that has been purchased or donated by groups like food manufacturers, food retailers and wholesalers, and individual and corporate food drives. The organization works with more than 200 food partner agencies to distribute food to those in need. (https://hawaiifoodbank.org/#)

Hawai'i Good Food Alliance. The Hawai'i Good Food Alliance is a diverse hui of community leaders who share in the production, aggregation and distribution of food to re-build thriving community food systems in Hawai'i. Partners work in and with the community for community-led economic and social development. (hawaiigoodfoodalliance.org)

Kauai Independent Foodbank. The Kauai Independent Foodbank procures, stores, and distributes over 220,000 pounds of food annually to individuals and families in need as well as charitable organizations that also serve those populations. The Kauai Independent Foodbank also offers specific programs to assist keiki and kūpuna. (https://kauaifoodbank.org)

Keiki Produce Prescription. The Mākeke Waiʻanae Farmacy Keiki Produce Prescription Pilot Project provides children and their families with produce prescriptions, redeemable for locally grown produce at Mākeke Waiʻanae (farmers market). Each "prescription" is good for three $24 refills to be distributed to patients monthly when they visit the Waiʻanae 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.

KEY Project Kūpuna Program. The Kūpuna Program promotes socialization, culture, exercise, and access to healthy foods. On Wednesdays and Fridays, up to 100 senior citizens fill into the KEY Project campus to have fellowship and a freshly prepared meal. The program involves many other activities, like ukulele and art classes, field trips, and guest speakers. (https://www.keyproject.org/kupuna-program**)**

Kūpuna Food Security Coalition. Recently organized to meet the immediate nutritional needs of elders during 2020 and the start of the COVID-19 pandemic, the coalition brings together nonprofits, community leaders, and government entities to ensure that kūpuna have access to food. (https://www.hiphi.org/kupuna-food-security-coalition/)

Roots Mobile Market, Kōkua Kalihi Valley. 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)

Transforming Hawai'i Food Systems. A newly formed initiative that seeks to build statewide capacity and pave the way for a robust, sustainable and resilient food system. The initiative harnesses innovation and momentum developed in response to the COVID-19 pandemic, documents lessons learned, articulates policy and planning recommendations, and sets up the State to expand large-scale institutional purchasing of local foods. (https://transforminghawaiifoodsystem.org/)

4. **Mental & Behavioral Health**

Hawai'i Health and Harm Reduction Center (H3RC). The Hawai'i Health and Harm Reduction Center serves Hawai'i communities by reducing the harm and fighting the stigma of HIV, hepatitis, homelessness, substance use, mental illness, and poverty in our community. They focus efforts on those disproportionately affected by social determinants of health, including but not limited to: people living with and/or affected by HIV, hepatitis, substance use, and transgender, LGBQ, and Native Hawaiian communities. They seek to foster health, wellness, and systemic change in Hawai'i and the Pacific through care services, advocacy, training, prevention, education, and capacity building. (https://www.hhhrc.org/)

Hoʻomau Ke Ola. A residential treatment and recovery program, they base their approach on a philosophy of creating a learning environment that is based on cultural and spiritual values from Hawaiʻi's rich past. Moʻolelo, or storytelling of some Hawaiʻi's legends and history, can engage those who have been reluctant to share their own history and pain. They are working to create an ʻāīna-based program that will pair traditional farming and learning to help restore severed connections to land, families, and culture. (http://www.hoomaukeola.org/)

Kōkua Kalihi Valley (KKV) 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. (https://www.kkv.net/elder)

Kōkua Life, Suicide Prevention App for Hawaiʻi. Kōkua Life is a suicide prevention app that provides users with Hawaiʻi 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 Hawaiʻi with funding from the State of Hawaiʻi Department of Health. (https://kokualife.org)

Maui Behavioral Health Resources. MBHR is an organization that is comprised of three nonprofit agencies: Aloha House, Mālama Family Recovery Center, and Maui Youth & Family Services. While each agency focuses on different types of clientele, MBHR uses an integrated approach that provides evidence-based therapies and personalized recovery plans to empower lasting transformation for adults, youth and families. (https://mbhr.org/)

Mental Health Kōkua. Mental Health Kokua assists people with mental health and related challenges, to achieve optimum recovery and functioning in the community. MHK has grown to an organization serving a broad range of behavioral health needs, with 40 locations

throughout Oahu, Maui, Kauai, and on the Island of Hawaii. (https://mhkhawaii.weebly.com/)

School-Based Health Centers. Waiʻanae Coast Comprehensive Health Center manages three School-Based Health Centers located at Waiʻanae High, Waiʻanae Intermediate, and Nānākuli High & Intermediate Schools so that students are able to receive primary care and behavioral health services at school. The Health Centers offer a full range of health services, from sick visits to sports physicals, keeping students healthy and focused on their studies. (https://www.wcchc.com/Services/Page/SBHC-School-Based-Health-Centers-Clinics)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This treatment for children and adolescents impacted by trauma and their parents or caregivers successfully removes a broad array of emotional and behavioral difficulties associated with trauma. There are 30 providers being trained in TF-CBT on Kauaʻi, including organizations such as the YWCA of Kauaʻi. (https://tfcbt.org)

5. **Housing**

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.

Hawaiʻi Housing Coalition. The Federal Reserve Bank of San Francisco has been convening a group of Hawaiʻi stakeholders to develop a vision and strategy for establishing a multi-sector, community-driven coalition that promotes affordable housing for low-income residents of Hawaiʻi. (https://www.hihac.org/)

Hawaiian Community Assets. HCA helps low- and moderate-income communities, particularly Native Hawaiians, become more self-sufficient in their housing and finances. They provide workshops in housing and financial education, counseling for individuals, and access to asset building services—all of which are grounded in Native Hawaiian culture. HCA has been playing a critical role in assisting with relief and recovery efforts in the aftermath of the 2018 natural disasters on Hawaiʻi Island and Kauaʻi—providing housing counseling, financial coaching, emergency financial planning, and access to grants and loans for assistance. (http://www.hawaiiancommunity.net)

The Institute for Human Services, Inc. (IHS) The Institute for Human Services provides services for houseless residents of Oahu, such as case management, health and well-being

services, housing assistance, meals, and employment services. The IHS also operates various shelters to meet the temporary housing needs of those it serves. These shelters include the Sumner Street Shelter (for men), the Kaʻaahi Street Women's and Family Shelter (for singles, kupuna and families), Hale Mauliola at Sand Island (for singles and couples; pet-friendly), Tutu Bert Medical Respite Homes (for those who have received medical procedures, surgery, or other treatments), the Veterans Engaged in Transition (VET) House (to assist veterans), and the Kalihi-Uka Recovery Homes (KURH) (for those going through substance abuse treatment). (https://ihshawaii.org/)

Kahauiki Village. This housing community will provide long-term, permanent, affordable housing for approximately 153 currently houseless families with children on Oʻahu. 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 Hawaiʻi, City and County of Honolulu, and aio Foundation, has another goal to provide employment opportunities within walking distance for houseless parents.

Kauaʻi Economic Opportunity (KEO). Kauaʻi Economic Opportunity is a non-profit 501(c)3 agency that seeks to alleviate the conditions of poverty by identifying and assisting in meeting the needs of low-income and economically disadvantaged residents of Kauaʻi. The organization supports programs that assist with conflict resolution, offers meals, clothing, and temporary financial assistance, provides housing-related assistance and education, and affords temporary housing opportunities for those in need of immediate housing needs. (https://keoinc.org)

Housing Now! A coalition project by Faith Action, a grassroots interfaith non-profit organization seeking to collectively address the root causes of social justice challenges facing our community. Housing advocacy has been a critical element of building healthy and just communities.

Pūnāwai Housing by Pacific Housing Alliance Corporation (PHAC). A project of the City & County of Honolulu, Pūnāwai is a comprehensive project seeking to address the wide range of needs of those experiencing homelessness. The project is located in Iwilei and includes a hygiene center, clinic, respite housing, and permanent supportive housing for those transitioning out of homelessness.

State Homeless Shelter Program. The following table includes a list of organizations that provide shelters or housing programs aimed to assist houseless individuals and families. Included are the names of the organizations that run these shelters, the shelter or program name, primary populations served by the shelter, and location(s). The list is not exhaustive but it does contain many of the shelters available across the state.

Organization	Shelter/Program Name	Population(s) Served	Location(s)
Alternative Structures International	ʻOhana Ola o Kahumana	Transitional, Families	Waiʻanae
Catholic Charities Hawaiʻi	Māʻili Land Transitional Housing Program	Transitional	Māʻili
Hawaiʻi Island United Way	Hawaiʻi Island Home for Recovery	Transitional, Singles and Families	Hilo
Family Life Center, Inc.	Hoʻolanani Shelter	Emergency, Singles and Families	Kahului
Family Promise of Hawaiʻi	Honolulu Family Center; Windward Family Center	Emergency and Families	Oʻahu
Gregory House	Gregory House; Community Residential Program	Transitional, Singles	Honolulu
Hale Kipa	Transitional Living Program	Transitional, Young Men, Young Women	Oʻahu
Waikīkī Health Center	Keauhou Shelter	Emergency, Singles and Couples	Honolulu
Holomua Nā Ohana	Weinberg Village Waimānalo	Transitional, Families	Waimānalo
Honolulu Community Action Program	Kumuhonua Transitional Living Center	Transitional, Singles and Couples	Kapolei
Housing Solutions, Inc.	Loliana, Vancouver House	Transitional, Elderly, Families	Mānoa, Kakaʻako
Institute for Human Services, Inc	Kaahi Street, Sumner Street, Hale Mauliola, VET House, Respite Homes, Recovery Homes	Transitional, Women, Men, Families, Veterans, Substance Abuse, Medical Recovery	Oʻahu
Ka Hale a Ke Ola	Ka Hale a Ke Ola Resource Center	Emergency, Singles, Families	Wailuku

Kauaʻi Economic Opportunity, Inc.	Mana Olana, Komohana Group Home, Kome Transitional Home, Lawehana Transitional Home	Emergency, Transitional, Singles, Couples, Families	Kauaʻi
Mental Health Kōkua	Safe Haven	Transitional, Singles	Honolulu
Hope Services Hawaii	West Hawaii Emergency Housing Program, Kihei Pua Family Shelter, Hale Maluhia Women's Shelter, Keolahou, Sacred Heart Shelter	Transitional, Singles, Couples, Families, Women, Emergency, Men, Elderly	Hawaiʻi Island
Dynamic Healing Center	Kulaokahua	Elderly	Honolulu
Steadfast Housing Development Corporation	Hale Ulu Pono	Singles, Mentally Ill	Kalaeloa
United States Veterans Initiative	Veterans-In-Progress (VIP), Paiʻolu Kaiāulu	Singles, Families, Veterans	Kalaeloa, Waiʻanae
Women in Need (WIN)	WIN Bridge to Success, WIN Family House, WIN Kauaʻi,	Transitional, Families	ʻAiea, Hālawa, Līhuʻe

6. **Trust and Equitable Access**

The Baldrige Award. This program, established by Congress in 1987 and administered by the National Institute of Standards and Technology within the U.S. Department of Commerce, recognizes U.S. organizations and businesses that demonstrate "an unceasing drive for radical innovation, thoughtful leadership, and administrative improvement." Adventist Health Castle won the Malcolm Baldrige National Quality Award in 2017, becoming the first recipient of the Baldrige Award in Hawaiʻi. Castle was recognized for its "demonstrated continuous improvement practices for delivering health care services, exhibited efficient and effective operations, and revealed systematic methods for engaging and responding to patients and other stakeholders." (https://www.nist.gov/baldrige)

Basic Adult Dental Care for Medicaid Members in Hawaiʻi. AlohaCare and ʻOhana Health Plan will offer basic adult dental care coverage beginning January 1, 2019. Since 2009, dental care coverage for adults enrolled in the state's Medicaid program has been limited to

emergency care.

Cardiac Rehab Lab. At the Cardiac Rehab Lab at Wilcox Medical Center, patients receive customized treatment plans that focus on their own conditions and limitations. The Cardiac Rehab Lab utilizes exercise treadmills, bikes, cross-trainers, and free weights. The program was launched in 2012 in response to a lack of rehab options for residents of Kauaʻi following cardiac interventions.
(https://www.hawaiipacifichealth.org/heart-centers/conditions-and-treatments/)

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)

Chief Community Health Officer. At a systemwide level, Kaiser Permanente established a position of Chief Community Health Officer, reporting directly to the Chief Executive Officer, reflecting an effort to move beyond the minimum compliance of "community benefit" and elevating the centrality of place in building health and well-being.

Community Health Workers Association. A Community Health Worker (CHW) is a trusted member of the community and a valuable member of a healthcare or social services team. Maui College and Kapiolani Community College offer Certificate programs for CHWs, and Hawaiʻi Public Health Institute is helping to develop and facilitate a statewide network of CHWs. The Hawai'i CHW Association seeks to bring together their voices to further expand the role and presence of Community Health Workers in the state.

Hāna Ola Project. Hāna Ola aims to reduce the burden of obesity and other cardiovascular disease risk factors among Native Hawaiians. The project utilizes community practices of loʻi restoration, organic agriculture, kūpuna assisted living, and kuʻi (the cultural practice of pounding kalo or taro into paʻi ʻai and poi). It is a partnership between Ma Ka Hana Ka ʻIke and Queen's Medical Center. (https://hanabuild.org)

Hawaiʻi Oral Health Coalition. Working to expand access and restore access to dental services for adults from all income backgrounds. Subcommittees on advocacy, access, education, workforce development and oral health surveillance.
(https://www.hiphi.org/hawaii-oral-health-coalition/)

Healthy Mothers Healthy Babies Coalition of Hawai'i. This local nonprofit, with offices in Chinatown, Honolulu, is part of a national network of organizations and individuals committed to improving Hawai'i's maternal, child and family health. Their program includes creating support groups and community spaces for mothers and children to connect. Their mobile clinic has offered on-site vaccination and postpartum care. (https://www.hmhb-hawaii.org)

Hawai'i County Fire Department Paramedicine Program. The Hawai'i Fire Department has been focusing on advocating for vulnerable populations that have become disconnected from health care for any of a variety of reasons. These groups could include the elderly, the medically fragile, the houseless, high utilizers of the EMS system, and those at high risk of falling. This program tries to identify these individuals, assess their situation and work as their advocates to find solutions that will improve their overall health and wellness. (http://www.hawaiicounty.gov/fire)

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)

Kukui Ahi Patient Navigation Program. Molokai General Hospital's Patient Navigation Program, Kukui Ahi, helps patients, families and their caregivers navigate the healthcare system. They assist with coordination of air and ground transportation and lodging for patients requiring services and treatment on the neighbor islands. Patient navigation services are tailored to the individual patient's needs and provide culturally sensitive care. They work closely with community organizations such as Molokai Cancer Fund, Cancer Care, Pacific Cancer Foundation, Senior Aging Services, and American Cancer Society. (https://www.queens.org/locations/hospitals/molokai/services/outpatient-clinic/patient-navigation-program/)

Marshallese Association of Kaua'i. The Marshallese Association of Kaua'i works in support of the health and wellbeing of Marshallese and other members of the Compact of Free Association (COFA) community on Kaua'i. (https://www.facebook.com/rikauai/)

Medical-Legal Partnership for Children in Hawai'i. 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 Waikīkī Health Center. (http://www.mlpchawaii.org)

Native Hawaiian and Pacific Islander Community Health Workers Network. This hui, supported by Papa Ola Lōkahi, connects community health workers whose work focuses on Native Hawaiian and Pacific Islander communities. The network engages in developing culturally competent education and training to better assist the communities it serves. (https://www.papaolalokahi.org/program/community-health-workers-network)

The Native Hawaiian Traditional Healing Center, Waiʻanae Coast Comprehensive Health Center. The center promotes traditional Native Hawaiian healing and cultural education, practices, and traditions. The primary practices include lomilomi, lāʻau lapaʻau, lāʻau kāhea (spiritual healing), and hoʻoponopono (conflict resolution). (https://www.wcchc.com/Services/Page/Traditional-Native-Hawaiian-Healing-Centerz)

PILI ʻOhana 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 Poʻe 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. (https://pili.jabsom.hawaii.edu/)

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 Waiʻanae Coast Comprehensive Health Center. (http://www.nachc.org/research-and-data/prapare)

Project Hiehie Mobile Hygiene Services. This mobile unit, named after "the Hawaiian way to express an inalienable sense of dignity," provides access to bathing and hygiene services to houseless individuals—to reduce infections and disease, improve feeling of self-worth, and allow houseless individuals to connect with social and community services without having to "walk through an office door." (http://hiehie.org)

Waipahū 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)

WAO. We Are Oceania (WAO), is a 501(c)(3) non-profit public charity serving the Micronesian and Pacific Island communities throughout the state, aimed at centralizing the support system for all Micronesian communities, families, and individuals in Hawai'i. Their first project was to open a WAO one-stop Micronesian center dedicated to the development, implementation, and management of initiatives aimed at addressing various Micronesian community needs. They develop cultural and language expertise to support Micronesian clients in local agencies, and maintain a network of Micronesian experts on the Affordable Care Act (ACA) initiatives through the Hawai'i Health Connector to enroll COFA citizens in affordable health insurance. (https://www.weareoceania.org/)

Other Health Resources

Community First, Hilo, Hawai'i. Community First is a non-profit organization established in 2014 in East Hawai'i to change the definition of healthcare to caring for health and not just treating disease. Community First formed a Regional Health Improvement Collaborative (RHIC), which aims to fundamentally reform healthcare payment. (https://www.communityfirsthawaii.org)

Epigenetics Study in Wai'anae. The University of Hawai'i at Mānoa and MA'O Organic Farms is researching community health impact of 'āina or land-based programs in Wai'anae. The study hopes to identify how a community program such as MA'O's community-based program focused on restoring our connection to 'āina can actually impact the health of individuals, especially in the reduction of obesity and other cardio-metabolic disorders. The study is sponsored by the HMSA Foundation and Kamehameha Schools.

Hui Pono, the Ornish Lifestyle Medicine at Hilo Medical Center. The Intensive Cardiac Rehabilitation program helps participants adopt and sustain lifestyle changes in what they eat; how active they are; how they respond to stress; and how much love and support they have in their lives. The result is a decrease in their reliance on medication, avoidance of future surgeries, and most importantly, control of their health.

Keiki to Career Kaua'i. Launched in 2012, Keiki to Career Kaua'i is a network of partners in education, health, human service and youth programs, families, and businesses

working together to ensure Kauaʻi's young people are "ready to learn and ready for life." The goal of Keiki to Career is for every young person to be ready for each key transition point in their life—entry to kindergarten, middle school, high school, and college or work. (http://keikitocareer.org)

Lānaʻi mural project. A partnership between Lānaʻi Culture & Heritage Center, Lānaʻi High & Elementary School, and local artist collective 808 Urban created a large-scale mural at Lānaʻi High & Elementary School depicting scenes from Lānaʻi's history—creation, settlement, native lore, historic era, plantation, and ongoing practices. The creation of the mural included artists and students visiting some of Lānaʻi's storied places and conducting interviews with elder residents to develop the themes for the mural. The mural has become a source of community pride.

Milestones Hawaiʻi. 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 Hawaiʻi. They provide medical assessments and treatments for children with disabilities; interisland and rural care; child-centered therapy for children on the autism spectrum; and care for children ages 0-5 with behavioral conditions.

Molokai Child Abuse Prevention Pathways (MCAPP). Launched in 2013 by the Consuelo Foundation as an exploratory pilot program, MCAPP addresses childhood sexual violence on Molokaʻi through primary prevention education. The program partners with schools to educate children in a culturally responsive way on how to address and prevent this devastating problem. (https://www.molokaicapp.org)

NHPI 3R. The Native Hawaiian & Pacific Islander Hawaiʻi COVID-19 Response, Recovery & Resilience Team (NHPI 3R) was established in May 2020, in alignment with the national NHPI Response Team, to improve the collection and reporting of accurate data, identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiians and Pacific Islanders, and unify to establish a presence in the decision-making processes and policies that impact our communities. More than 40 agencies, organizations, and departments comprise the NHPI 3R Team. (https://www.nhpicovidhawaii.net/)

PATH (Peoples Advocacy for Trails Hawaiʻi). This advocacy organization aims to safely connect people and places on Hawaiʻi Island with pathways and bikeways. (https://pathhawaii.org/about-path)

The Sundays Project of the Parents and Children Together Family Center at Kūhiō 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)

Sustainable Transportation Coalition of Hawai'i. 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.

Transition to Success (TTS). Transition to Success, which began in Detroit in 2006, coordinates care across healthcare, human services, government, faith-based organizations and education to work on social determinants affecting low-income families. This includes racism, low-paying jobs, and lack of food, healthcare, transportation, affordable housing, reliable, stable child care and education. TTS is being piloted in Hawai'i by Child & Family Service through its Family Centers on Maui, Moloka'i, and Kaua'i, with hopes to expand statewide. (http://transitiontosuccess.org) (https://www.childandfamilyservice.org)

Walking School Bus. The Walking School Bus is a program in which children walk to school as a group, led by parents or another adult. Students are picked up in front of their home or at a designated stop. Children and their parents can choose when they participate. The goal of the "walking school bus" is to increase children's rates of active commuting to school and physical activity. Communities throughout Hawai'i, including Kaua'i and Hawai'i Island, have experimented with the Walking School Bus program. (http://www.walkingschoolbus.org)

Walk with a Doc. Started in 2005 by a cardiologist in Columbus, Ohio who began inviting his patients to go for a walk with him in a local park, Walk with a Doc has grown as a grassroots effort. In association with North Hawai'i Community Hospital, it is a simple model that involves a doctor giving a brief presentation on a health topic and then leading participants on a walk at their own pace. (https://walkwithadoc.org)

Appendix B - Statewide Healthcare Facilities

This CHNA calls for a healthcare ecosystem approach to community health that includes *all* community entities, too numerous to list in this document. Among those are healthcare facilities that serve the public, updated from the 2018 list. HAH member hospitals are specifically required by the IRS to describe "existing health care facilities and resources within the community that are available to respond to the health needs in the community." Health care facilities in Hawai'i registered with the federal Health Resources and Services Administration (https://findahealthcenter.hrsa.gov), U.S. Department of Veterans Affairs (https://www.va.gov/find-locations), and Hawai'i State Office of Health Care Assurance (http://health.hawaii.gov/ohca) are listed, by island, below.

HAWAI'I ISLAND	
Health Centers	
Hawai'i Island Community Health Center (merged with Bay Clinic, Inc.)	https://www.hicommunityhealthcenter.org/
Hāmākua-Kohala Health Center	http://www.hamakua-health.org/
Hui Mālama Ola Nā 'Ōiwi	https://hmono.org/
Pāhoa Family Health Center	https://www.hicommunityhealthcenter.org/locations/pahoa-family-health/
West Hawai'i Community Health Center	https://www.hicommunityhealthcenter.org/
Rural Health Clinics	
Kīpuka o ke Ola	https://www.kipukaokeola.com/
Ka'ū Hospital Rural Health Clinic	https://www.kauhospital.org/
Medical/Surgical/Critical Care/Obstetric	
Hilo Benioff Medical Center	https://www.hbmc.org/
Kona Community Hospital	https://kch.hhsc.org/
Legacy Hilo Rehab & Nursing	https://www.ohanapacific.com/legacy-hilo-rehab-nursing
North Hawai'i Community Hospital	https://www.queens.org/north-hawaii/north-hawaii-community-hospital
Acute Care, Skilled Nursing Facility (SNF), and Intermediate Care Facilities (ICF)	
Hale Ho'ola Hāmākua	https://www.halehoolahamakua.org/

Kaʻū Hospital	https://www.kauhospital.org/
Kohala Hospital	https://kohala.hhsc.org/
Skilled Nursing Facility (SNF) and Intermediate Care Facilities (ICF)	
Hale ʻĀnuenue Restorative Care Center	http://haleanuenuecarecenter.com/
Hilo Benioff Medical Center	https://www.hbmc.org/
Legacy Hilo Rehab & Nursing	https://ohanapacific.com/legacy-hilo-rehab-nursing
Life Care Center of Hilo	http://lifecarecenterofhilo.com/
Life Care Center of Kona	http://lifecarecenterofkona.com/
VA Facilities	
VA Hilo Community Based Outpatient Clinic	https://www.va.gov/pacific-islands-health-care/locations/hilo-va-clinic/
VA Kona Community Based Outpatient Clinic	https://www.va.gov/pacific-islands-health-care/locations/kailua-kona-va-clinic/
Yukio Okutsu State Veterans Home	https://www.yukiookutsustateveteranshome.org
Psychiatric	
Hilo Benioff Medical Center	https://www.hbmc.org/
Kona Community Hospital	https://kch.hhsc.org/
Ambulatory Surgery Centers	
Big Island Gastroenterology and Endoscopy Center, LLC	http://www.bigislandgastro.com/
Hilo Community Surgery Center	https://healthy.kaiserpermanente.org/hawaii/facilities/hilo-community-surgery-center-309583
Kona Ambulatory Surgery Center, LLC.	
The Endoscopy Center	
End Stage Renal Disease Programs	
Liberty Dialysis – Hawaii LLC – Hilo Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7383
Liberty Dialysis – Hawaii LLC – Kona Keauhou Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7383

Liberty Dialysis – North Hawai‘i LLC	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7377
Home Health Care	
Bayada Home Health Care — Hilo	https://www.bayada.com/
Mastercare, Homecare, and Healthcare	https://www.gomastercare.com/homecare/
Hospice	
Hawai‘i Care Choices formerly Hospice of Hilo	https://www.hawaiicarechoices.org/
Hospice of Kona	https://hospiceofkona.org/
North Hawai‘i Hospice, Inc.	https://northhawaiihospice.org/
Special Treatment Facility	
C.A.R.E. Cottage - Hilo	
Care Hawai‘i Licensed Crisis Residential Services	https://www.carehawaii.com/services
Hawai‘i Island Recovery	https://hawaiianrecovery.com/
Ku Ho‘omana Family Intervention Services - Hilo	
The Exclusive Addiction Treatment Center	https://exclusivehawaiirehab.com/
MAUI	
Health Centers	
Hāna Health	http://hanahealth.org/
Hui No Ke Ola Pono	http://hnkop.org/
Mālama I Ke Ola Health Center	http://ccmaui.org/
Rural Health Clinics	
Kīhei Clinic	https://healthy.kaiserpermanente.org/hawaii/facilities/kaiser-permanente-kihei-clinic-100440
Lahaina Clinic	https://healthy.kaiserpermanente.org/hawaii/facilities/Kaiser-Permanente-Lahaina-Clinic-100437

Medical/Surgical/Critical Care/Obstetric	
Maui Medical Group -- Kahului	https://www.mauimedical.com/
Maui Medical Group -- Kihei	https://www.mauimedical.com/
Maui Medical Group -- Napili	https://www.mauimedical.com/
Maui Medical Group -- Pukalani	https://www.mauimedical.com/
Maui Medical Group -- Wailuku	https://www.mauimedical.com/
Maui Memorial Medical Center	https://www.mauihealth.org/
Acute Care, Skilled Nursing Facility (SNF), and Intermediate Care Facilities (ICF)	
Kula Hospital	https://www.mauihealth.org/kulahospital/
Skilled Nursing Facility (SNF) and Intermediate Care Facilities (ICF)	
Hale Makua -- Kahului	https://www.halemakua.org/
Hale Makua -- Wailuku	https://www.halemakua.org/
Intermediate Care Facilities (ICF)	
The Arc Of Maui (Hale Kanaloa)	http://www.arcofmaui.org/
The Arc Of Maui (Hale Kīhei)	http://www.arcofmaui.org/
The Arc Of Maui (Mana Ola Na Keanuenue)	http://www.arcofmaui.org/
VA Facilities	
VA Maui Community Based Outpatient Clinic	https://www.hawaii.va.gov/locations/Maui.asp
Psychiatric	
Maui Memorial Medical Center	https://www.mauihealth.org/
Ambulatory Surgery Centers	
Aloha Eye Clinic Surgical Center, LLC	https://alohaeyeclinic.com/
Aloha Surgery Center	https://alohasurgicalcenter.com/

Kaiser Wailuku Clinic Asc	https://healthy.kaiserpermanente.org/hawaii/facilities/kaiser-permanente-wailuku-medical-office-100431/departments/surgery-dlp-104211
End Stage Renal Disease Programs	
Liberty Dialysis – Hawai'i LLC – Kahana Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7385
Liberty Dialysis – Mauilani Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7446
Rainbow Dialysis Lahaina	https://healthy.kaiserpermanente.org/hawaii/facilities/rainbow-dialysis-llc-139573
Rainbow Dialysis Wailuku	https://healthy.kaiserpermanente.org/hawaii/facilities/rainbow-dialysis-llc-139581
Home Health Care	
Bayada Home Health Care — Wailuku	https://www.bayada.com/
Cradles n Crayons - Kahului	https://cradlesncrayons.com/
Hale Makua Home Health Care Agency — Wailuku	https://www.halemakua.org/home-health
HiHomeCare - Kahului	https://hihealthcarehawaii.com/
Home Health by Hale Makua	https://www.halemakua.org/home-health
Kaiser Permanente Home Health	https://kpinhawaii.org/
Agency—Maui	
Mastercare Homecare & Healthcare - Wailuku	https://www.gomasatercare.com/
Hospice	
Hospice Maui, Inc.	https://www.hospicemaui.org/
Islands Hospice -- Kahului	https://www.islandshospice.com/services/hospice-homes/kahului
Special Treatment Facility	
Ai Pono Maui	https://www.aipono.com/
Aloha House, Inc	https://mbhr.org/agencies/aloha-house/
Nova Luna, Inc.	https://www.novalunacenter.com/

MOLOKA‘I	
Health Centers	
Moloka‘i Community Health Center	http://molokaichc.org/
Na Pu‘uwai	https://www.napuuwai.org/
Rural Health Clinics	
Molokai General Hospital Rural Health Clinic	https://www.queens.org/molokai/molokai-general-hospital
Obstetric, Acute Care, Skilled Nursing Facility (SNF)	
Molokai General Hospital	https://www.queens.org/molokai/molokai-general-hospital
VA Facilities	
VA Molokai Outreach Clinic	https://www.va.gov/pacific-islands-health-care/locations/molokai-va-clinic/
Hansen’s Disease	
Kalaupapa Care Home	https://seniorcarehomes.com/assisted-living/hawaii/kalaupapa-hi/kalaupapa-care-home/
End Stage Renal Disease Programs	
Liberty Dialysis – Hawai‘i LLC – Molokai Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7382
Home Health Care	
CareResource Hawai‘i — Molokai	http://www.careresourcehawaii.org/
Hospice	
Navian Hawai‘i -- Molokai	https://www.navianhawaii.org/
LĀNA‘I	
Health Centers	
Lāna‘i Community Health Center	https://lanaihealth.org/
Ke Ola Hou o Lāna‘i Na Pu‘uwai	https://www.napuuwai.org/
Home Health Care	
Lāna‘i Kina‘ole, Inc.	https://www.lanaikinaole.org/

Medical/Surgical, Skilled Nursing Facility (SNF) and Intermediate Care Facilities (ICF)	
Lānaʻi Community Hospital	https://www.mauihealth.org/lanaihospital
VA Facilities	
VA Lānaʻi Outreach Clinic	https://www.va.gov/pacific-islands-health-care/locations/lanai-va-clinic/
End Stage Renal Disease Programs	
Fresenius Medical Care – Lānaʻi	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/2809
Hospice	
Navian Hawaiʻi — Lānaʻi	https://www.navianhawaii.org/
O'AHU	
Health Centers	
Kalihi-Pālama Health Center	http://www.kphc.org/
Ke Ola Mamo	http://www.keolamamo.org/
Koʻolauloa Health Center	https://koolauloachc.org/
Kōkua Kalihi Valley	http://kkv.net/
Wahiawā Center for Community Health	https://www.wahiawahealth.org/
Waiʻanae Coast Comprehensive Health Center	http://www.wcchc.com/
Waikīkī Health	http://waikikihc.org/
Waimānalo Health Center	https://waimanalohealth.org/
Rural Health Clinics	
Adventist Health Castle Health Clinic of Lāʻie	https://info.adventisthealth.org/hsn/castle/primary-care?
Medical/Surgical/Critical Care/Obstetric	
Adventist Health Castle	https://www.adventisthealth.org/castle/
The Queen's Medical Center	https://www.queens.org/

Kahuku Medical Center	http://www.kmc-hi.org/
Kaiser Permanente – Moanalua Medical Center	https://healthy.kaiserpermanente.org/hawaii/facilities/kaiser-permanente-moanalua-medical-center-100434
Kapʻiolani Medical Center for Women & Children	https://www.hawaiipacifichealth.org/kapiolani/
Medical/Surgical/Critical Care	
Kuakini Medical Center	https://www.kuakini.org/
Pali Momi Medical Center	https://www.hawaiipacifichealth.org/pali-momi/
Straub Medical Center	https://www.hawaiipacifichealth.org/straub/
The Queen's Medical Center – West Oʻahu	https://www.queens.org/west-oahu/queens-medical-center-west-oahu
The Queen's Medical Center – Wahiawā	https://www.queens.org/locations/hospitals/wahiawa/
Pediatric, Neonatal ICU	
Kaiser Permanente – Moanalua Medical Center	https://healthy.kaiserpermanente.org/hawaii/facilities/kaiser-permanente-moanalua-medical-center-100434
Kapʻiolani Medical Center for Women & Children	https://www.hawaiipacifichealth.org/kapiolani/
Child Ortho	
Shriners Hospital for Children -- Honolulu	https://www.shrinershospitalsforchildren.org/honolulu
Acute Care, Skilled Nursing Facility (SNF), and Long Term Care (LTC)	
The Queen's Medical Center – Wahiawā	https://www.queens.org/locations/hospitals/wahiawa/
Skilled Nursing Facility (SNF) and Intermediate Care Facilities (ICF)	
15 Craigside	https://arcadia.org/15-craigside
Aloha Nursing & Rehab Centre	http://www.alohanursing.com/
Ann Pearl Nursing Facility	http://www.ohanapacific.com/locations/oahu/kaneohe/ann-pearl/

Arcadia Retirement Residence	https://arcadia.org
Avalon Care Center -- Honolulu	https://avalonhealthcare.com/honolulu/
Care Center of Honolulu	https://www.ccoh.us/
Clarence T.C. Ching Villas at St. Francis	https://www.ohanapacific.com/the-villas
Hale Ho Aloha	http://halehoaloha.com/
Hale Malamalama	https://www.hmnursing.com/
Hale o Meleana	https://www.ohanapacific.com/hale-o-meleana
Hale Nani Rehabilitation & Nursing Center	https://www.volarehcm.com/locations/hale-nani-rehab-nursing-center/
Hale Ola Kino	https://arcadia.org/skilled-nursing/hale-ola-kino
Harry & Jeannette Weinberg Care Center at Pohai Nani	https://www.good-sam.com/locations/pohai-nani
Hiʻolani Care Center at Kahala Nui	http://www.kahalanui.com/
Islands Skilled Nursing & Rehabilitation	https://www.islandsnr.com/
Ka Punawai Ola	https://lcca.com/locations/hi/ka-punawai-ola/
Kalākaua Gardens	http://kalakauagardens.com/
Kuakini Geriatric Care, Inc	https://www.kuakini.org/wps/portal/public/Programs-Services/Geriatric-Care-Services
Kūlana Mālama	http://kulanamalama.com/
Leahi Hospital	https://leahi.hhsc.org/
Maluhia Hospital	https://maluhia.hhsc.org/
Mānoa Cottage Kaimukī	https://manoacottage.com/
Maunalani Nursing and Rehabilitation Center	https://maunalaninursing.org/
Oʻahu Care Facility	http://oahucarefacility.com/
Palolo Chinese Home	https://palolohome.org/
Pearl City Nursing Home	http://pearlcitynursinghome.com/
Puʻuwai ʻO Mākaha	http://www.ohanapacific.com/locations/oahu/waianae/puuwai-o-makaha/
Rocky Mountain Care Liliha Healthcare Center	https://rockymountaincare.com/locations/liliha-health-care-center-honolulu-hi/

Rocky Mountain Care Nu‘uanu Hale	https://rockymountaincare.com/locations/nuuanu-hale-care-facility-honolulu-hi/
Intermediate Care Facilities (ICF)	
Opportunities And Resources, Inc.	
The Arc In Hawai‘i (6a)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (6b)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (‘Ewa B)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (‘Ewa C)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (Kaimukī A)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (Kaimukī B)	http://www.thearcinhawaii.org/
The Arc In Hawai‘i (Wahiawā A)	http://www.thearcinhawaii.org/
VA Facilities	
Daniel Kahikina Akaka VA Clinic	https://www.va.gov/pacific-islands-health-care/locations/daniel-kahikina-akaka-va-clinic/
Spark M. Matsunaga VA Medical Center	https://www.va.gov/pacific-islands-health-care/locations/spark-m-matsunaga-department-of-veterans-affairs-medical-center/
Tripler Army Medical Center	https://tripler.tricare.mil/
Windward VA Clinic	https://www.va.gov/pacific-islands-health-care/locations/windward-va-clinic/
National Center for PTSD	https://www.ptsd.va.gov/
Rehabilitation Facility	
Rehabilitation Hospital of the Pacific	https://www.rehabhospital.org/
Psychiatric	
Adventist Health Castle	https://www.adventisthealth.org/castle/
The Queen’s Medical Center	https://www.queens.org
The Queen’s Medical Center – West O‘ahu	https://www.queens.org/west-oahu/queens-medical-center-west-oahu
Hawai‘i State Hospital	http://health.hawaii.gov/amhd/hawaii-state-hospital-about-us/
Kāhi Mōhala Behavioral Health	https://www.sutterhealth.org/kahi

Ambulatory Surgery Centers	
Asia Pacific Surgery, LLC	https://www.drshimching.com/
Cataract and Vision Center Of Hawai‘i	https://www.cataractandvisioncenter.com/
Endoscopy Institute Of Hawai‘i	https://www.csphawaii.com/endoscopy-institute-of-hawaii/
Eye Surgery Center Of Hawai‘i	http://www.eyesurgeryhi.com/
Hawai‘i Endoscopy Centers, L.L.C.	http://www.hawaiiec.com/
Hawaiian Eye Surgicenter	http://www.hawaiianeye.com/
Honolulu Spine Center	https://www.honoluluspine.com/
Kaiser Permanente Mapunapuna Clinic – Asc	https://healthy.kaiserpermanente.org/hawaii/facilities/Kaiser-Permanente-Mapunapuna-Medical-Office-100428
Minimally Invasive Surgery Of Hawai‘i	http://www.mishawaii.com/
Pacific Endoscopy Center, LLC	http://pacificendoscopy.com/
Surgicare Of Hawai‘i	https://surgicareofhawaii.com/
The Surgical Suites, LLC	http://www.thesurgicalsuites.org/
Windward Surgery Center	http://windwardsurgerycenter.com/
Hansen’s Disease	
Lē‘ahi Hospital Hospital	https://leahi.hhsc.org/
End Stage Renal Disease Programs	
DSI – Aloha Dialysis	https://carelistings.com/dialysis-facilities/honolulu-hi/u-s-renal-care-aloha-dialysis/5ace880c93efd2372f97b8e2
DSI – Honolulu Dialysis	https://carelistings.com/dialysis-facilities/honolulu-hi/dsi-honolulu-dialysis/5ace880c93efd2372f97b8de
DSI – Kapahulu Dialysis	https://carelistings.com/dialysis-facilities/honolulu-hi/us-renal-care-kapahulu-dialysis/5ace880c93efd2372f97b90c
DSI – Kapolei Dialysis	https://carelistings.com/dialysis-facilities/kapolei-hi/dsi-kapolei-dialysis/5ace880c93efd2372f97b8f1
DSI – Ko‘olau Dialysis	https://carelistings.com/dialysis-facilities/kaneohe-hi/dsi-koolau-dialysis/5ace880c93efd2372f97b914
DSI – Pearlridge Dialysis	https://carelistings.com/dialysis-facilities/aiea-hi/dsi-pearlridge-dialysis/5ace880c93efd2372f97b8f4
DSI – Windward Dialysis	https://carelistings.com/dialysis-facilities/kaneohe-hi/dsi-

	windward-dialysis/5ace880c93efd2372f97b8f0
Liberty Dialysis – Hawai‘i – Kaimuki Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7381
Liberty Dialysis – Hawai‘i LLC – Ala Moana Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/100115
Liberty Dialysis – Hawai‘i LLC – Hawai‘i Kai Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7384
Liberty Dialysis – Hawai‘i LLC – Kailua Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7372
Liberty Dialysis – Hawai‘i LLC – Leeward Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7387
Liberty Dialysis – Hawai‘i LLC – Mililani Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/9226
Liberty Dialysis – Hawai‘i LLC – Salt Lake Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/9227
Liberty Dialysis – Hawai‘i LLC – Siemsen Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7380
Liberty Dialysis – Hawai‘i LLC – Wai‘anae Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7389
Liberty Dialysis – Hawai‘i LLC – Waipahu Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7388
U.S. Renal Care Beretania Dialysis	https://carelistings.com/dialysis-facilities/honolulu-hi/u-s-renal-care-beretania-dialysis/619b14d94ddd7966636beed4
U.S. Renal Care Ewa Beach Dialysis	https://carelistings.com/dialysis-facilities/ewa-beach-hi/us-renal-care-ewa-beach-dialysis/619b14d94ddd7966636beed5
U.S. Renal Care Kapahulu Dialysis	https://carelistings.com/dialysis-facilities/honolulu-hi/us-renal-care-kapahulu-dialysis/5ace880c93efd2372f97b90c
U.S. Renal Care Waipahu Dialysis	https://carelistings.com/dialysis-facilities/waipahu-hi/us-renal-care-waipahu-dialysis/5ace880c93efd2372f97b91a
U.S. Renal Care Waipio Dialysis	https://carelistings.com/dialysis-facilities/waipahu-hi/us-renal-care-waipio-dialysis/619b14d94ddd7966636beed8
U.S. Renal Care West O‘ahu Dialysis	https://carelistings.com/dialysis-facilities/kapolei-hi/us-renal-care-west-oahu-dialysis/5ace880c93efd2372f97b924

Home Health Care	
Adventist Health Castle Home Care	https://www.adventisthealth.org/home-care-services/locations/castle/
Arcadia Home Health And Home Care Services	http://www.arcadiahomecare.com/
Attention Plus Care	https://www.attentionplus.com/
Bayada Home Health Care — Honolulu	https://www.bayada.com/
CareResource Hawai‘i — Honolulu	http://www.careresourcehawaii.org/
Cradles n Crayons	https://cradlesncrayons.com/
HiHomeCare	https://hihealthcarehawaii.com/
Ho‘okele Health Navigators, LLC	https://www.hookelehealth.com/
Kaiser Home Health Agency--O‘ahu	https://kpinhawaii.org/
Lou’s Quality Home Health Care Services, LLC	http://louscare.com/
Mastercare Homecare & Healthcare	https://www.gomastercare.com/
Home Health Honolulu	https://www.ohanapacific.com/home-health
Wilson Homecare	https://www.wilsoncare.com/
Hospice	
Bristol Hospice, Hawai‘i LLC	https://bristolhospice-hawaii.com/
Islands Hospice	https://www.islandshospice.com/
Mālama Ola Health Services, LLC	https://malamaolacares.com
Navian Hawai‘i	https://www.navianhawaii.org/
St. Francis Hospice	http://www.stfrancishawaii.org/
Special Treatment Facility	
Benchmark Behavioral Health System	https://www.bbhsnet.com/
Bobby Benson Center	http://bobbybenson.org/
Habilitat, Inc	https://www.habilitat.com/
Hina Mauka	http://www.hinamauka.org/
Ho‘omau Ke Ola	http://www.hoomaukeola.org/
Hope Inc	https://yourfirststep.org/treatment-center/hope-inc-wahiawa-hi/

Ka Pa Ola	https://www.childandfamilyservice.org/programs/kapaola/
Poʻailani, Inc -- Kailua	https://poailani.org/
Poʻailani, Inc -- Kāneʻohe	https://poailani.org/
The Salvation Army Addiction Treatment Services	https://hawaii.salvationarmy.org/hawaii/ats
The Salvation Army Family Treatment Services	https://hawaii.salvationarmy.org/hawaii/fts
KAUAʻI	
Health Centers	
Hoʻōla Lāhui Hawaiʻi	http://www.hoolalahui.org/
Medical/Surgical/Critical Care/Obstetric	
Wilcox Memorial Hospital	https://www.hawaiipacifichealth.org/wilcox/
Medical/Surgical/Acute Care/Skilled Nursing Facility (SNF)	
Samuel Mahelona Memorial Hospital	http://smmh.hhsc.org/
Medical/Surgical/Critical Care/Skilled Nursing Facility (SNF), and Intermediate Care Facilities (ICF)	
Kauaʻi Veterans Memorial Hospital (KVMH)	http://kvmh.hhsc.org/
Skilled Nursing Facility (SNF) and Intermediate Care Facilities (ICF)	
Garden Isle Rehabilitation & Healthcare Center	http://www.ohanapacific.com/locations/kauai/lihue/garden-isle-rehabilitati on-healthcare-center/
Hale Kūpuna Heritage Home	http://www.ohanapacific.com/locations/kauai/koloa/hale-kupuna-heritage_home/
Kauaʻi Care Center	http://www.regency-pacific.com/senior-living/hi/waimea/kauai-care-center/
VA Facilities	
VA Kauaʻi Community Based Outpatient Clinic	https://www.hawaii.va.gov/locations/
Psychiatric	
Samuel Mahelona Memorial Hospital	http://smmh.hhsc.org/

West Kauaʻi Medical Center (KVMH)	http://kvmh.hhsc.org/
End Stage Renal Disease Programs	
Liberty Dialysis – Hawaii LLC – Kauaʻi Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7386
Liberty Dialysis – Hawaii LLC – West Kauaʻi Dialysis Facility	https://www.freseniuskidneycare.com/dialysis-centers/hawaii/7376
Home Health Care	
Haumea Home Health Agency, LLC	https://www.haumeahealth.com/
Mastercare Homecare & Healthcare	https://gomastercare.com
Home Health Kauaʻi	https://www.ohanapacific.com/home-health-kauai
Hospice	
Kauaʻi Hospice	http://kauaihospice.org/

Appendix C - Steering Committee

Member	Organization
Jesse Seibel, Tiffany Ijima, Amy Lasher, Sue Passalacqua, Lisa Wegley,	Adventist Health Castle
Steven Nawahine	Kahuku Medical Center
Vivian Pham, Lisa Kimura, Ana Martinez, Suzanne Rauzon, Ana Martinez, David Tumilowicz	Kaiser Permanente – Moanalua Medical Center
Mike Robinson, Lorraine Lunow Luke	Kapiʻolani Medical Center for Women and Children Pali Momi Medical Center Straub Medical Center Wilcox Memorial Medical Center
June Drumeller	Kuakini Health System
Mahie Wong, Julie Hew	Kula Hospital Lānaʻi Community Hospital Maui Memorial Medical Center
Punahele Alcon	Molokai General Hospital
Stephany Violeti	North Hawaiʻi Community Hospital
Melissa Mullen	Rehabilitation Hospital of the Pacific
Lori Roylo, Drew Graul	Shriners Hospitals for Children
Mary Burgess, Mark Linscott	Sutter Health Kāhi Mōhala
Tanya Suapaia, Sonya Greck, Jacce Mikulanec, Laura Nishizaki	The Queen's Medical Center – Punchbowl The Queen's Medical Center - West Oʻahu
Brian Cunningham	The Queen's Medical Center – Wahiawā

Appendix D - Community Advisory Committee

Member	Organization
Bob Agres	Department of Research & Development, County of Hawai'i
Darrah Kauhane	Project Vision Hawai'i
Deborah Zysman	Hawai'i Children's Action Network (HCAN)
Derrick Ariyoshi	Elderly Affairs Division, City and County of Honolulu
Dexter Kishida	Hawai'i Department of Agriculture (HDOA)
Heather Lusk	Hawai'i Health and Harm Reduction Center
Janet Berreman, M.D.	Kaua'i District Health Office, Hawai'i Department of Health
Jeeyun Lee	Maui United Way
Jessica Yamauchi	Hawai'i Public Health Institute
Josie Howard	We Are Oceania (WAO)
Lola Irvin	State Department of Health, Chronic Disease Prevention
Monique Ibarra	Domestic Violence Action Center (DVAC)
Nichole Fukuda	State Department of Health, Office of Planning, Policy and Program Development
Randy Kurohara	Community First Hawai'i
Sheri-Ann Daniels	Papa Ola Lōkahi

Appendix E - 2021 & 2024 Community Meetings

Location	Connectors	Communities of Need	2021 Location	Mokupuni
Waimea	Hōʻola Lāhui	Native Hawaiian, Niihauans	Yes	Kauaʻi
Līhuʻe	Marshallese Association of Kauai	Marshallese	Yes	Kauaʻi
Līhuʻe	Kauai Planning and Action Alliance	Service providers: ALICE, Native Hawaiian, Youth	Yes	Kauaʻi
Kauaʻi	Kauaʻi YWCA	Rural, Youth, Persons experiencing houselessness, LGBTQIA, Kūpuna	No	Kauaʻi
In-person Confidential	Domestic Violence Action Center	DV Survivors	Yes	Oʻahu
Kūnia	Pacific Gateway Center	Immigrant farmers, Rural	Yes	Oʻahu
In-Person	Residential Youth Services & Empowerment	Youth experiencing houselessness	Yes	Oʻahu
Kalihi	Kōkua Kalihi Valley	Micronesians, ALICE	Yes	Oʻahu
Kāneʻohe	Key Project	Native Hawaiian Kūpuna , Rural	Yes	Oʻahu
Virtual	Hawaiʻi Health and Harm Reduction Center (H3RC)	LGBTQIA+	Yes	Oʻahu
Kalihi	Oʻahu Youth Advisory Board (OYAB)	Youth, Persons experiencing houselessness	No	Oʻahu
Kapiʻolani Bandstand	Ukrainian Cultural Center Pacific	Refugees	No	Oʻahu
Virtual	FilCom and FilAM-Maui	Filipinos, ALICE	Yes	Oʻahu; Maui
West Maui	Hawaiʻi Coalition for Immigrant Rights, Council for Native Hawaiian Advancement	Immigrant communities / social workers supporting displaced families, Rural	No	Maui

Kahului	Maui Youth Leadership Board	Youth, Rural	No	Maui
Virtual	Parents and Children Together Hawaiʻi	DV Survivors	Yes	Maui
Virtual	Family Hui	Families of young keiki	Yes	Maui
Virtual	Nā Hoaloha	Kūpuna	Yes	Maui
Senior Center Lānaʻi Town	Maui County ADRC	Kūpuna, Native Hawaiian, Filipino, Rural	No	Lānaʻi
Virtual	Lānaʻi Community Leaders	Kūpuna, Rural	Yes	Lānaʻi
Molokaʻi	Mini CLinic	Native Hawaiian, Rural	Yes	Molokaʻi
Hilo Town	Vibrant Hawaiʻi	Native Hawaiian, Rural	Yes	Hawaiʻi Island
Laʻiʻōpua (TBD)	Hawaiian homestead associations, rural health center	Native Hawaiian, Rural	No	Hawaiʻi Island
Virtual	Comunidad Latina and Hawaiʻi County Immigration Info. Office	Spanish-speaking immigrants and COFA migrants	Yes	Hawaiʻi Island; Maui
Virtual	Hawaiian Homestead Associations	Native Hawaiian homesteaders	Yes	Hawaiʻi Island; Maui

CHNA 2024 Community Meeting Discussion Guide

Aloha kākou and mahalo for welcoming us into your community today. [*Add in facilitator mo'o introduction - who we are, where 'ohana from*]. We are humbled to be a partner with Hawai'i's hospitals and the Healthcare Association of Hawai'i to help develop the Community Health Needs Assessment. The Assessment seeks to understand the health needs –- and the social determinants that lead to these health needs — in the communities in which the hospitals operate. Based on this information, the hospitals develop strategies to address these needs and guide their community benefit programs, with special interest in the lower socioeconomic populations and the underserved. So this conversation today will surely be extremely valuable, and we thank you for being willing to share your 'ike and your input on the health of your communities.

We have asked you for 90 minutes, and I will keep my eye on the clock and respect your time. Your comments today will not be reported by name or by the name of your organization. I would, however, ask your permission to record this discussion, so that I may concentrate on the conversation without having to take detailed notes. Thank you very much.

1. Today's conversation is meant to focus around [*geography or community of need*], but we welcome any mana'o you feel is valuable to this discussion. To start, can we briefly go around and share with one another the community we are from and/or serve and the organization we are with if any?
2. One of the first things I would like to do is share with you the significant health needs and priorities that came out of the previous assessment in 2021. These priorities look at the upstream determinants of health; that is, the social determinants that must be addressed in order to reduce disparities and ultimately improve health and health outcomes. [*Distribute image below and allow time to review*].



So from your perspective:

a. Do these priorities still apply?
b. Has progress been made in any of these areas over the last three years or so?
c. And, conversely, are there any areas in which you feel we have lost ground?

3. Have there been any changes in these priorities that are largely due to the pandemic? If so, in which areas, and in what ways?
4. Have there been any changes in these priorities that are largely due to the Maui fires? If so, in which areas, and in what ways?
5. Are there any other social, economic, community environment, or access to care needs that you don't see addressed here, that you feel are high priority areas?
6. What does health look like to you? To your community? In what ways has your community achieved it? What barriers stand in its way?
7. What were the fracture points that you saw/experienced first-hand as a result of COVID? What resources filled the pukas? Were there examples of the strength and resiliency of your community and their health? What should be done to nurture or support those? Anyone want to share their SWOT notes from the board?
8. What were the fracture points that you saw/experienced first-hand as a result of the Maui fires? What resources filled the pukas? Were there examples of the strength and resiliency of your community and their health? What should be done to nurture or support those? Anyone want to share their SWOT notes from the board?So thinking again about the priority areas that we discussed earlier — including the issue that you have added to the list [*insert if appropriate*] — what community resources can you think of that can help address these needs?
9. If you could waive a magic wand, what is one thing that would immediately make your community healthier?
10. Are there voices you don't think are currently represented in Hawai'i's healthcare system? How do you suggest they should/could be better included?
11. Are there any other thoughts or comments you would like to share before we close?

I thank you again for your time and your thought and the work you do on behalf of our communities. The HAH will be making this report available in 2024.

Appendix F - Key Informants

Key Informant	Organization
Alexander M. Phelps	Maui Health - Lanaʻi Community Hospital
Alexandra Wroe	The Queen's Medical Center - Manamana
Alicia Higa	Waiʻanae Coast Comprehensive Health Center (WCCHC) - Elepaio Socia Services
Allen "Chip" Hixon, M.D.	Pali Momi Medical Center
Amy Miller Marvin	Hawaiʻi Foodbank
Carla Houser	Residential Youth Services and Empowerment (RYSE)
Daintry Bartoldus	Hawaiʻi State Council on Developmental Disabilities (DD Council)
Daniela Spoto	Hawaiʻi Appleseed Center for Law and Economic Justice
Danielle Bergan	Mental Health Hawaii of Hawaiʻi - Maui
Darrah Kauhane	Project Vision Hawaiʻi
Deborah Zysman	Hawaiʻi Children's Action Network
Gary Massengill	Molokaʻi General Hospital
George "Rick" Bruno, M.D.	The Queen's Medical Center - Manamana
Greg Y. Oishi	Kuakini Medical Center
Hannah Preston-Pita, Psy. D.	Big Island Substance Abuse Council
Heather Lusk	Hawaiʻi Health and Harm Reduction Center
Janet Berreman, M.D.	State Department of Health, Kauaʻi District Health Office
Janice Ikeda	Vibrant Hawaiʻi
Jeanette Oshiro	Molokaʻi General Hospital
Jesse Seibel	Adventist Health Castle
Jessica Yamauchi	Hawaiʻi Public Health Institute
Josie Howard	We Are Oceania
Judy Mohr Peterson	State Department of Human Services - Med-QUEST
June Drumeller	Kuakini Medical Center

Kaui Nishizaki	The Queen's Medical Center - Manamana
Lindsey Ilagan	Hawaii Public Health Institute - Healthy Aging & Community Living
Mark Linscott	Sutter Health Kāhi Mōhala
Mary Burgess	Sutter Health Kāhi Mōhala
Matt Mamizuka	Kahuku Medical Center
Melissa Miyashiro	Hawai'i Alliance of Nonprofit Organizations (HANO)
Melissa Mullen	Rehabilitation Hospital of the Pacific
Melinda Sweany	Maui Health Foundation
Michael Mullen	Moloka'i General Hospital
Michelle "Chris" Robbins	Kapi'olani Medical Center for Women and Children
Nathan "Nate" Angle, M.D.	Hawai'i Pacific Health Medical Group
Nichole Fukuda	Department of Health, Office of Planning, Policy and Program Development
Richelle Magday Asselstine	Shriners Children's Hawaii
Robert Hirokawa, DrPH	Hawai'i Primary Care Association
Robin Kalohelani	The Queen's Medical Center - West O'ahu & Wahiawā
Ronald M. Kuroda, M.D.	The Queen's Medical Center - West O'ahu
Ronni Oune	Straub Medical Center
Rosi Filemoni	Hawaii Public Health Institute - Healthy Aging & Community Living
Sandra Noon, DO	Hawai'i Pacific Health Medical Group
Sheri-Ann Daniels	Papa Ola Lōkahi
Stephanie Nadolny	Rehabilitation Hospital of the Pacific
Stephany K. Vaioleti	Queen's North Hawai'i Community Hospital
Tanya T. Suapaia	The Queen's Medical Center - Manamana
Valerie Janikowski	Lāna'i Kina'ole
Venus Kau'iokawēkiu Rosete-Medeiros	Hale Kipa
Wayne Higaki	Queen's North Hawai'i Community Hospital
Wendy Schwartz	Mental Health Hawaii of Hawai'i - Maui

CHNA 2024 Key Informant Discussion Guide

This outline is intended for use as a guideline only, allowing the interviewer the flexibility to pursue unanticipated areas of thought.

1) (IF UNCLEAR) To start, would you give me just a couple sentences on the organization (or population) that you represent, its primary purpose, and any specific populations that you serve?
2) One of the first things I would like to do is share with you the significant health needs and priorities that came out of the previous assessment in 2021. These priorities look at the upstream determinants of health; that is, the social determinants that must be addressed in order to reduce disparities and ultimately improve health and health outcomes.

SHARE ON SCREEN THE BELOW IMAGE, ALLOW TIME FOR REVIEW.



So from your perspective:

a. Do these priorities still apply? Do the significant health needs still apply?
b. Do you feel like progress has been made in any of these areas over the last three years or so – and, specifically, progress in the areas or communities in which you are most involved?
c. And, conversely, are there any areas in which you feel we have lost ground? And why is that?

3) Are there any other social, economic, community environment, or access to care needs that you don't see addressed here, that you feel are high priority areas?

4) How does the COVID-19 pandemic continue to impact these significant health needs? Have there been any changes in these significant health needs that are largely due to the pandemic? If so, in which areas, and in what ways?

5) What are your thoughts about the extent to which these COVID issues do and will continue to impact the communities in which you are involved? Are they short-term impacts, which you believe will be resolved fairly soon, or are they longer lasting impacts?

6) What were the fracture points that you saw/experienced firsthand as a result of COVID? What resources filled the pukas?

7) How did the Maui fires impact these significant health needs? Have there been any changes in these significant health needs that are largely due to the Maui fires? If so, in which areas, and in what ways?

8) What are your thoughts about the extent to which these issues will continue to impact the communities in which you are involved? Are they short-term impacts, which you believe will be resolved fairly soon, or are they longer lasting impacts?

9) What were the fracture points that you saw/experienced firsthand as a result of the Maui fires? What resources filled the pukas?

10) So thinking again about the significant health needs and priority areas that we discussed earlier, are there adequate community resources to help address these needs? What additional community resources are needed to fill any gaps?

11) Are there community voices that you think are NOT currently being heard by Hawai'i's healthcare system – or any blind spots? If so, how do you suggest they should/could be better included?

12) Are there specific roles you think that Hawai'i's hospitals should play in addressing community needs -- roles that may be different from the roles that other community or government entities play?

13) And if there were one thing the hospitals in Hawai'i could do to reduce the disparities we've been discussing -- that would ultimately improve health and health outcomes – what would that be?

14) Are there any other thoughts or comments you would like to share before we close?

Appendix G. Secondary Data Resources

RESOURCE	Source	Year
Access to Care, Understanding Hawai'i's Healthcar Landscape	Community First Hawai'i	2022
Age-Friendly Honolulu	University of Hawai'i, Center on Aging	2023
Annual Report on Findings from the Hawai'i Physician Workforce Assessment Project	University of Hawai'i System	2023
AUW 211 Dashboard	Hawai'i Data Collaborative	2024
ALICE in the Crosscurrents: COVID and Financia Hardship in Hawai'i	Aloha United Way	2023/2024
American Community Survey 5-Year Estimates	U.S. Census Bureau	2018-2022
Behavioral Risk factor Surveillance System (BRFSS)	State of Hawai'i, Department of Health, Chronic Disease Prevention and Health Promotion Division	2022
Birth Data	State of Hawai'i, Department of Health, Office of Health Status Monitoring (OHSM)	2022
Community Dashboard	Hawai'i Health Matters	2024
Databook	State of Hawai'i, Department of Human Services	2023
Decennial Census	U.S. Census Bureau	2020
Food Security Index	Conduent Healthy Communities Institute	2024
Hawai'i CARES Crisis Line Statistics Dashboard	State of Hawai'i, Department of Health	2024
Hawai'i Fact Sheet	National Alliance for Mental Illness	2021
Hawai'i Housing Demand: 2025-2035	State of Hawai'i, Department of Business, Economi Development and Tourism, Research and Economi Analysis Division	2024
Health Data - Hawai'i	County Health Rankings	2024
Health Equity Index	Conduent Healthy Communities	2024
Housing First Press Release	Statewide Office on Homelessness and Housing Solutions (OHHS)	2022
Housing Gap Study	State of Hawai'i, Department of Business, Economi Development and Tourism, Research and Economi	2019

	Analysis Division	
Immigrants and Migrants in Hawaiʻi: Essential Contributors to the State's Workforce and Economy	New American Economy	2022
Increased Food Security and Food Self-Sufficiency Strategy	State of Hawaiʻi, Department of Business, Economi Development and Tourism, Office of Planning	2012
Map the Meal Gap	Feeding America	2022
Maui WES Survey Results Dashboard	University of Hawaiʻi, Economic Research Organization	2024
Maui Wildfire Assessment	Hawaiʻi State Rural Health Association	2024
Maui Wildfire Exposure Study: Community Health Wellbeing, and Resilience	University of Hawaiʻi, Economic Research Organization	2024
Oʻahu Point-in-Time Count	Partners in Care	2024
Open Data	Data.Medicaid.Gov	2024
Pregnancy Risk Assessment and Monitoring System (PRAMS)	State of Hawaiʻi, Department of Health, Family Health Services Division	2022
Prosperity Now Scorecard - Hawaiʻi	Prosperity Now Scorecard	2024
Residential Sales Report	Title Guaranty Hawaiʻi	2024
SCARS ON THE HEART: Barriers to Safety for Survivors of Domestic Violence	Hawaiʻi State Coalition Against Domestic Violence	2023
State of Childhood Obesity	Robert Wood Johnson Foundation	2022
Strive HI Performance System	State of Hawaiʻi, Department of Education	2024
Vital Statistics	State of Hawaiʻi, Department of Health	2023
Weekly Unemployment Updates	State of Hawaiʻi, Department of Business, Economi Development and Tourism, Research and Economi Analysis Division	2024
Well-Being Survey	ʻImi Pono Hawaiʻi	2023
Youth Risk Behavior Survey (YRBS)	State of Hawaiʻi, Department of Education, Department of Health and the University of Hawai Curriculum Research & Development Group	2021

APPROVAL PAGE

This Community Health Needs Assessment was adopted on September 18, 2025 by the Adventist Health System/West Board of Directors. The final report was made widely available to the public on December 31, 2025.

Thank you for reviewing our 2025 Community Health Needs Assessment. We are proud to serve our local community and are committed to making it a healthier place for all.

If you would like a paper copy of the report, you can request one free of charge by emailing: community.benefit@ah.org

Chase Aalborg
President, Adventist Health Castle

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Adventist Health
Castle

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