Shriners Children’s Hawai‘i
Community Health Needs Assessment
2022

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Shriners Children’s at a Glance

Shriners Children’s® is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families’ ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities, or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate and family-centered environment. Our patients are our priority. We take the time to care and to listen. At Shriners Children’s, every patient and family can expect respectful, compassionate, expert care.

The mission of Shriners Children’s is to:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries, and other special health care needs within a compassionate, family-centered, and collaborative care environment.
- Provide for the education of physicians and other health care professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.
- This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

Shriners Children’s is committed to its employees and the diverse patient population which Shriners Children’s serves. As a result, no person will be discriminated against because of race, religion, color, sex, sexual orientation, gender identity or expression, age, marital status, citizenship, national origin, genetic information, disability or any other protected class as outlined in applicable state or local regulations.
**About Shriners Children’s Hawai‘i**

For nearly 100 years, Shriners Children’s Hawaii has provided specialized pediatric orthopedic care in Hawaii and the Pacific Basin for keiki with bone, joint and muscle conditions as well as sports- and play-related injuries. Our world-class doctors and dedicated team of experts are committed to improving the lives of keiki and helping them grow and succeed.

From our humble beginnings as part of the rear wing of a Liliha hospital to today’s modern, state-of-the-art facility on Punahou Street, our mission has always been to provide keiki- and family-centered pediatric orthopedic care regardless of geography or cost considerations. Outreach clinics on the neighbor islands and throughout the Pacific Basin, as well as telehealth options, allows convenient access to our specialized care.

Research is an integral part of our mission. Shriners Children’s Hawaii is an academic teaching and research institution affiliated with the University of Hawaii at Manoa John A. Burns School of Medicine, Hawaii Pacific University, Chaminade University, Pacific University, Tripler Army Medical Center and NYU Langone Health. Our research team has made significant contributions towards genomics, precision medicine, cerebral palsy, slipped capital femoral epiphysis, arthrogryposis and COVID-19.

Our model of care was established by the Shriners, a fraternal organization dedicated to providing keiki with access to specialized pediatric care regardless of a family’s ability to pay. Recognized as one of the world’s greatest philanthropies, Shriners Children’s is recognized worldwide for its clinical excellence, specialized services and groundbreaking research that has transformed the lives of children worldwide.
Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization’s community and that community’s access to services related to those issues.

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury’s Office of the Assistant Secretary (“Secretary”) determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

This assessment is designed and intended to meet the IRS needs assessment requirement as it is currently understood and interpreted by Shriners Children's leadership.

Shriners Children’s Commitment to the Community

After consulting with experts regarding the IRS language pertaining to the CHNA, Shriners Children’s can meet the unmet health needs of their respective communities by virtue of the services that we already provide.

Shriners Children’s Hawai’i is committed to providing care within the scope of our mission without regard for a family’s ability to pay. We work collaboratively with our community partners to assess community needs and develop new clinical and community benefit programs that enhance health and well-being of children in our community. Shriners Children’s Hawai’i, like the other U.S.-based hospitals in the Shriners Children’s health care system, reaffirms its commitment to excellence of care through the development of our state’s Community Health Needs Assessment (CHNA) in partnership with the Healthcare Association of Hawaii (HAH). Based on the findings, we have developed an action plan to work alongside community stakeholders to address the health needs of our community.
Our Community

Shriners Children’s Hawai’i provides specialty pediatric orthopedic care to children throughout the state of Hawaii and the Pacific Basin.

Unique Populations

Geographic

Hawai’i County

Secondary data show Hawai’i County with many challenges in addition to the geographic challenges brought by the distinct demographic differences of the West and East sides.

Population growth in Hawai’i County was among the highest for the state from 2010 to 2020, at 8.2%. At the same time, data show Hawai’i County with the lowest median household income, highest percentage of adults reporting frequent mental stress, and the second highest suicide rate (just slightly behind Kaua’i). The teen birth rate is the highest in the state, and early/adequate prenatal care for all women with a recent birth was the lowest. The proportion of single parent households is the highest in the state. The challenges of rural health on Hawai’i’s largest island are currently being examined by the State Rural Health Association; State Department of Health, Office of
Primary Care and Rural Health; in conjunction with community partners.

On the positive side of the ledger, with the lowest median housing prices in the state, the homeless rate is lower than other counties, as is the percentage reporting severe housing issues (overcrowding, high housing costs, lack of a kitchen, lack of plumbing). A higher percentage of Hawaiʻi County teens spend less than 2 hrs a day online in activities other than school-related, with the hope that they spend more time outside.

Kauaʻi

Population growth in the past 10 years was the highest in the state, at 9.2%. This translates to an additional 6,200 people on this relatively small island, and contributes to traffic and congestion problems, escalating real estate prices, and housing challenges. The homeless rate on Kauaʻi is the highest in the state, and service providers often cannot get families into housing even if they have Section 8, Housing First, or other vouchers that will pay market rents (with the latter true on Maui, as well). At the same time as these indicators are showing challenges, many of Kauaʻi’s health indicators are showing improvement, such as the percentage of adults who have had a routine medical checkup in the prior 12 months (prior to the pandemic) and those saying . While cancer prevalence is low, some cancer death rates also are among the lowest in the state. Significantly, the incidence of breast cancer is the lowest in the state; and the death rate from breast cancer is lowest. The same is true for lung cancer. This suggests that it isn’t lack of screening that results in low prevalence, given the relatively lower death rates, as well.

Given the relatively small population of Kauaʻi, the lack of facilities and health care/service providers is a significant barrier, especially in the area of mental and behavioral health. Women domestic violence survivors in residential treatment on Oʻahu who were from Kauaʻi indicated they would have gotten help earlier if there were resources and facilities on-island.

Maui County

The distinct characteristics of each of Maui County’s tri-island population mask some of the challenges faced by residents. The map of areas of highest socioeconomic need in the state, for example, does not highlight any ZIPCodes on Maui, but rather multiple areas of Molokaʻi. It is likely the heterogeneity of Maui’s residential areas – defined by ZIPCodes – that masks this. The median home prices are second only to Oʻahu, with a high vacancy rate (i.e. vacation rentals)
rivaling that of Kaua‘i. Both Maui and Kaua‘i residents find themselves struggling with rising real estate costs due to increased demand from population growth and second home prices paid by outside buyers. The residual unemployment rate from the pandemic remains highest in Maui County and financial stresses (among other factors) likely contribute to the highest percentages of adults in the state reporting heavy drinking (two or more drinks per day) and intimate partner violence, both physical and sexual.

At the same time, Maui County reflects the lowest percentage of adults who did not participate in any physical activity or exercise outside of work in the 30 days prior to the survey. The mortality rate in the county is the lowest in the state. While cancer prevalence has fallen over the past several years, as it has around the state, Maui County’s prevalence remains the highest, with certain cancer death rates among the highest, as well. Coronary heart disease and congestive heart failure rates are among the lowest.

“As goes Native Hawaiian health on Moloka‘i, so goes health on Moloka‘i”, given that approximately 6 out of 10 residents of Moloka‘i have Native Hawaiian ancestry. The chronic conditions known to be overrepresented in the Native Hawaiian population all present challenges to health on Moloka‘i. So, too, does household income below 200% of the federal poverty level, which accounted for about 45% of the population before the pandemic. Subsistence farming, hunting, and fishing contribute to the family dinner table and serve to maintain the cultural connection to the ancestral way of life. The remoteness of Moloka‘i, combined with the population of approximately 7500, leads to a dearth of services and facilities for healthcare (and other goods). The people of Moloka‘i are extremely dependent on limited transportation services, especially for specialty care, much of which is extremely inconvenient and can be costly for accompanying caregivers.

City & County of Honolulu (O‘ahu)

As would be expected of an urban center, the stresses of long commute times, driving alone on a long commute and other urban lifestyle indicators are clear in the secondary data. Another example is air quality, which is much worse on O‘ahu than on the Neighbor Islands. Insufficient sleep, defined as 7 hours or less per 24-hour period, was much higher on O‘ahu (45% of adults, contrasted to 38-40% on Neighbor Islands).

Certain health outcomes data, however, are generally better for residents of O‘ahu than for those on the Neighbor Islands, likely due to greater access to screening and preventive care. With breast cancer, for example, the incidence is the highest in the state yet the death rate from breast cancer ranks among the lowest, which likely reflects greater access to care. The birth rate, which has fallen on O‘ahu and almost everywhere in the past several years, remains the highest in
the state, while the teen birth rate is among the lowest. Data for teens show levels of fruit/vegetable consumption and sufficient sleep to be lower on O'ahu than on the Neighbor Islands. However, the percentage of teens reporting being bullied or cyberbullied is lowest on O'ahu, as is the percentage who reported at least one suicide attempt in the 12 months prior to being surveyed (as part of the Hawai'i DOH Youth Risk Behavior Surveillance System). Levels of teen vaping and alcohol use are reportedly lowest on O'ahu, as well. This data may be a reflection of the highest median household income in the state and the proliferation of private schools on the island.

Healthy Women and Healthy Keiki

The old saying, it takes a village to raise a child can still be applied to modern society. However, in today’s society, it takes a community to raise a healthy child. Building special relationships based on trust will open doors from a young age. From vaccinations to nutrition and fitness, by providing the tools to help children develop a healthy foundation at a young age will support their social emotional health to guide them to make responsible decisions. Furthermore, good nutrition and physical activity/exercise leads to self-confidence.

In 2019, Hawai’i’s population included 304,638 children under age 18 and 560,761 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 (21.4%) was smaller than the U.S. overall (22.6%) as of 2019. Hawai’i’s female population is slightly older than the rest of the country, with a median age of 39.1 in 2019, compared to 38.1 for the nation.

Healthy Starts

The birth rate in the state and nationally has decreased since 2015. Hawai’i’s birth rate decreased to 11.9, while nationally the rate dropped to 11.6 per 1,000 total population in 2018. Unfortunately, Hawai’i had a higher rate of newborns at low birth weight than the national figure of 8.3%. Hawai’i County accounted for the highest at 8.6%, with Honolulu and Kaua‘i at 8.5%.

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 2015.
## BIRTH RATE (per 1,000 total population)

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>HAWAI'I</th>
<th>Hawai'i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua'i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>12.4</td>
<td>12.9</td>
<td>12.1</td>
<td>11.5</td>
<td>13.3</td>
<td>12.4</td>
</tr>
<tr>
<td>2018</td>
<td>11.6</td>
<td>11.9</td>
<td>11.1</td>
<td>10.9</td>
<td>12.4</td>
<td>10.4</td>
</tr>
</tbody>
</table>

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.


## TEEN BIRTH RATE (per 1,000 teen girls)

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Birth Rate</td>
<td>26.5</td>
<td>17.4</td>
</tr>
</tbody>
</table>

Rate of live births to resident mothers between the ages of 15 and 19 years.


## EARLY/ ADEQUATE PRENATAL CARE

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early/Adequate Prenatal Care</td>
<td>66.8%</td>
<td>66.8%</td>
</tr>
</tbody>
</table>

Percentage of women with a recent birth who had adequate prenatal care according to the Adequacy of Prenatal Care Utilization Index.

<table>
<thead>
<tr>
<th>Year</th>
<th>MOTHER SMOKED DURING PREGNANCY</th>
<th>2013</th>
<th>9.0%</th>
<th>4.3%</th>
<th>7.0%</th>
<th>2.1%</th>
<th>4.0%</th>
<th>7.3%</th>
</tr>
</thead>
</table>

Percentage of births to mothers who smoked during their pregnancy.

<table>
<thead>
<tr>
<th>Year</th>
<th>C-SECTION BIRTHS</th>
<th>2013</th>
<th>26.9%</th>
<th>25.6%</th>
<th>32.8%</th>
<th>29.7%</th>
<th>23.5%</th>
<th>28.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2017</td>
<td>32.0%</td>
<td>25.9%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Percentage of births to resident mothers delivered by a cesarean delivery, or a C-section.

<table>
<thead>
<tr>
<th>Year</th>
<th>EARLY PRETERM BIRTHS</th>
<th>2013-15</th>
<th>1.5%</th>
<th>1.3%</th>
<th>1.4%</th>
<th>1.1%</th>
<th>1.3%</th>
<th>1.1%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2016-18</td>
<td>1.2%</td>
<td>1.1%</td>
<td>1.2%</td>
<td>1.0%</td>
<td>1.1%</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

Percentage of births to resident mothers in which the baby had 32 to 33 weeks of gestation.

<table>
<thead>
<tr>
<th>Year</th>
<th>LOW BIRTH WEIGHT</th>
<th>2013-15</th>
<th>8.1%</th>
<th>8.3%</th>
<th>5.4%</th>
<th>4.6%</th>
<th>9.3%</th>
<th>4.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2016-18</td>
<td>8.3%</td>
<td>8.2%</td>
<td>8.6%</td>
<td>7.9%</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Percentage of births to resident mothers in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).
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.

Going into the pandemic, fewer Hawai‘i students were eligible for the Free Lunch Program and the percentage of children living below poverty level had improved. However, when the pandemic closed public schools, meals were not provided to school aged children who depended on the daily nutritious meals.

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 (74.2%) and its counties had more households with all parents holding down a job than was true nationally (71.5%), and, of course, multiple jobs are often necessary to keep up with the cost of living. Kaua‘i County (82.9%) had the highest among the counties; while, Honolulu was 72.9%.

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>HAWAI‘I</th>
<th>Hawa‘i‘i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua‘i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-16 STUDE</td>
<td>42.6%</td>
<td>40.1%</td>
<td>58.3%</td>
<td>40.7%</td>
<td>36.1%</td>
<td>38.4%</td>
</tr>
<tr>
<td>2019-20 STUD</td>
<td>41.2%</td>
<td>36.5%</td>
<td>53.9%</td>
<td>34.5%</td>
<td>32.6%</td>
<td>35.5%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2013-17</th>
<th>2015-17</th>
<th>2019-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILDREN BELOW</td>
<td>20.3%</td>
<td>12.9%</td>
<td>11.9%</td>
</tr>
<tr>
<td>POVERTY</td>
<td>12.9%</td>
<td>23.7%</td>
<td>22.9%</td>
</tr>
<tr>
<td></td>
<td>11.6%</td>
<td>10.7%</td>
<td>10.1%</td>
</tr>
<tr>
<td></td>
<td>8.3%</td>
<td>9.0%</td>
<td></td>
</tr>
</tbody>
</table>

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

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Stress

The percentage of children living in single parent households have remained steady since 2017. Today, single-parent families make up a large segment among family households at almost three out of ten. Overall, the state is below (28.7%) the national level (32.7%). However, three counties (Hawai‘i, Kaua‘i and Maui) are near or above the national figure.

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
Health Insurance

Before the pandemic, the state had observed a slight improvement among children under the age of 19 who were covered by health insurance.

Since the beginning of the pandemic, there has been an increase of residents enrolled in Medicaid coverage. Maui County (36%) had the highest portion of residents enrolled under Medicare since March 2020. It was recently reported on Hawaii News Now (dated September 29, 2021) that half of the children in Hawai`i are covered under Medicaid.

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>HAWAI <code>  </code>I</th>
<th>Haw ai`i Coun ty</th>
<th>Ma ui Cou nty</th>
<th>C&amp;C of Honol ulu</th>
<th>Kau a`i Coun ty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-17 CHILDREN w/o HEALTH INSURANCE</td>
<td>5.7%</td>
<td>2.5%</td>
<td>2.7%</td>
<td>3.2%</td>
<td>2.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>2015-19</td>
<td>5.1%</td>
<td>2.3%</td>
<td>2.6%</td>
<td>3.3%</td>
<td>2.0%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

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
Asthma

Asthma is a common chronic disease among young children. While the rates for childhood asthma are still relatively high (7.5%, state), it has improved since last reported (10.2%). Honolulu observed the most improvement from 10.1% to 7.2%. However, Kaua‘i County saw a rise to 12.5%, the highest among the counties.

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>HAWA'I'I</th>
<th>Haua‘i County</th>
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<th>Kaua‘i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>9.2%</td>
<td>10.2%</td>
<td>11.9%</td>
<td>10.0%</td>
<td>10.1%</td>
<td>8.2%</td>
</tr>
<tr>
<td>2019</td>
<td>N/A</td>
<td>7.5%</td>
<td>6.9%</td>
<td>9.1%</td>
<td>7.2%</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

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
Education

Before the pandemic, there was a slight improvement in early childhood education enrollment among three- and four-year olds for Hawai‘i and three of its counties. Only Maui County had experienced a downturn in enrollment, from 51.7% to 44.6%. The disruption in education caused by the pandemic prevented three- and four- year olds from being in a safe and nurturing environment to support their learning and developmental years. Thus, many childcare workers were faced with unemployment or termination as enrollment decreased or childcare centers closed. Before the pandemic, national (48.3%) and state (48.0%) figures for early childhood education enrollment remained stable and showed positive change.

Furthermore, 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 were 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.

<table>
<thead>
<tr>
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<th>Kaua‘i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-17</td>
<td>47.5%</td>
<td>47.6%</td>
<td>43.7%</td>
<td>51.7%</td>
<td>48.5%</td>
<td>35.8%</td>
</tr>
<tr>
<td>2015-19</td>
<td>48.3%</td>
<td>48.0%</td>
<td>44.1%</td>
<td>44.6%</td>
<td>49.9%</td>
<td>41.8%</td>
</tr>
</tbody>
</table>

Percentage of three- and four- year olds enrolled in school (public or private).


Results of the Strive Hawai‘i (DOE) testing in 2021 showed a sobering 26% decrease in math proficiency scores and a similar 20% drop in science scores. 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 (homeless, Micronesians, Pacific Islanders, and Native
Hawaiians), where many opted to keep their children home rather than return back to the classroom for in-person learning.

Many students described 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 learners (72%), and among Pacific Islanders (55%). The Department of Education conducted a study amongst 90,000 students in grades 1 through 8. The study showed similar results to earlier studies, with a higher percentage of students who were performing below their grade level.

Children Living with Disabilities

When schools shut down and distance learning took into effect, it proved 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.

<table>
<thead>
<tr>
<th>2013-17</th>
<th>CHILDREN W/DISABILITY &lt;5 YRS</th>
<th>US</th>
<th>HAWA’I</th>
<th>Hawai’i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua’i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-17</td>
<td>CHILDREN W/DISABILITY 5-17 YRS</td>
<td>US</td>
<td>HAWA’I</td>
<td>Hawai’i County</td>
<td>Maui County</td>
<td>C&amp;C of Honolulu</td>
<td>Kaua’i County</td>
</tr>
<tr>
<td>2015-19</td>
<td>5.5%</td>
<td>3.9%</td>
<td>5.3%</td>
<td>3.7%</td>
<td>3.8%</td>
<td>1.7%</td>
<td>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</td>
</tr>
</tbody>
</table>
Teens

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 higher respiratory problems, diabetes and high blood pressure at an earlier age. And 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 11.1% in 2018-2019 to 15.5% in the years 2019-2020.

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN EATING DISORDER</th>
<th>US</th>
<th>HAWAI‘I</th>
<th>HAWAI‘I COUNTY</th>
<th>MAUI COUNTY</th>
<th>C&amp;C OF HONOLULU</th>
<th>KAUAI COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>N/A</td>
<td>N/A</td>
<td>20.8%</td>
<td>18.1%</td>
<td>23.4%</td>
<td>21.0%</td>
<td>19.9%</td>
</tr>
<tr>
<td>2019</td>
<td>N/A</td>
<td>N/A</td>
<td>21.5%</td>
<td>22.0%</td>
<td>22.4%</td>
<td>21.2%</td>
<td>22.3%</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN FRUIT/VEG CONSUMPTION</th>
<th>US</th>
<th>HAWA’I</th>
<th>Hawai‘i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua‘i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>22.3%</td>
<td>14.2%</td>
<td>15.6%</td>
<td>15.6%</td>
<td>13.6%</td>
<td>14.1%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>22.3%</td>
<td>13.9%</td>
<td>16.6%</td>
<td>15.7%</td>
<td>13.2%</td>
<td>13.0%</td>
<td></td>
</tr>
</tbody>
</table>

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

Sufficient Sleep

Only one out of 4.5 Hawai‘i teens, on average, gets 8 or more hours of sleep per night. However, with the exception of Honolulu County (21.9%), the other counties reported a higher percentage of teens getting 8 or more hours of sleep on a school night than the national figure (22.1%).

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN w/SUFFICIENT SLEEP</th>
<th>US</th>
<th>HAWA’I</th>
<th>Hawai‘i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua‘i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>27.3%</td>
<td>22.8%</td>
<td>26.6%</td>
<td>21.8%</td>
<td>22.2%</td>
<td>23.8%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>22.1%</td>
<td>22.8%</td>
<td>25.7%</td>
<td>23.5%</td>
<td>21.9%</td>
<td>26.0%</td>
<td></td>
</tr>
</tbody>
</table>

Percentage of public school students in grades 9-12 who got 8 or more hours of sleep on an average school night.

Online

On the positive side, prior to the pandemic, data show that local teens were more likely to spend less than 2 hours a day online (on activities other than school-related) than were their Mainland counterparts.

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN &lt;2 HOURS SCREEN TIME</th>
<th>US %</th>
<th>HAWA`I</th>
<th>Hawai`i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua`i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td>58.3</td>
<td>59.3%</td>
<td>61.3%</td>
<td>55.3%</td>
<td>59.2%</td>
<td>63.5%</td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td>53.9</td>
<td>58.2%</td>
<td>63.8%</td>
<td>54.4%</td>
<td>57.4%</td>
<td>62.0%</td>
</tr>
</tbody>
</table>

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
Bullying and cyberbullying showed moderate signs of improvement, but remain a concern. In 2019, 17.0% of island teens reportedly experienced bullying; whereas, it was at 18.4% in 2017.

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN BULLIED</th>
<th>US</th>
<th>HAWAI'I</th>
<th>HAWAI'I COUNTY</th>
<th>MAUI COUNTY</th>
<th>C&amp;C OF HONOLULU</th>
<th>KAUA'I COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td>20.2%</td>
<td>18.4%</td>
<td>21.3%</td>
<td>21.7%</td>
<td>17.1%</td>
<td>19.9%</td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td>19.5%</td>
<td>17.0%</td>
<td>20.7%</td>
<td>18.1%</td>
<td>15.8%</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN CYBERBULLIED</th>
<th>US</th>
<th>HAWAI'I</th>
<th>HAWAI'I COUNTY</th>
<th>MAUI COUNTY</th>
<th>C&amp;C OF HONOLULU</th>
<th>KAUA'I COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td>15.5%</td>
<td>14.6%</td>
<td>15.1%</td>
<td>16.4%</td>
<td>14.0%</td>
<td>16.1%</td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td>15.7%</td>
<td>13.1%</td>
<td>15.8%</td>
<td>14.0%</td>
<td>12.2%</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

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
**Suicide**

A growing health concern is the increased numbers of teen suicide attempts in our island state. In 2019, the state surpassed the national figure, 3.2% versus 2.5%. In Hawai‘i County, 4.3% of their public school teens reported a suicide attempt that required medical attention within the past year. Maui County also reported a high percentage at 4.0%. While the U.S. overall reflected a decrease from 2017 to 2019, Hawai‘i’s rates increased.

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>HAWAʻI</th>
<th>Hawaiʻi County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kauaʻi County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2.8%</td>
<td>2.4%</td>
<td>3.5%</td>
<td>3.1%</td>
<td>2.1%</td>
<td>3.4%</td>
</tr>
<tr>
<td>2019</td>
<td>2.5%</td>
<td>3.2%</td>
<td>4.3%</td>
<td>4.0%</td>
<td>2.9%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

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
Trusted Adults and Role Models

Four out of five (79%) of Hawai‘i teens reported that they had an adult or teacher they could confide in. However, when compared with data from 2017, these percentages have decreased in all counties, except Kaua‘i, which remained the same.

![Table showing 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

Vaping
Currently, teen vaping is on the rise, both nationally and locally. It is a major health concern as numbers escalate for the state and each of the four counties. In 2017, Hawai‘i reported that 42.3% of teens had tried vaping. Jumping to 2019, that number increased significantly to 48.3%. Three out of the four counties surpassed the national rate of 50.1%; Maui County having the highest at 58.1%.

![Table showing 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
Alcohol

Alcohol use among teens showed improvement in 2019, with consumption across the Islands down to 20.4% from 24.5%. This decrease can be seen in all four counties.

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN ALCOHOL USE</th>
<th>US</th>
<th>HAWA’I</th>
<th>Hawai’i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua’i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
<td>32.8%</td>
<td>24.5%</td>
<td>32.1%</td>
<td>32.8%</td>
<td>21.0%</td>
<td>30.1%</td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td>29.2%</td>
<td>20.4%</td>
<td>27.9%</td>
<td>27.7%</td>
<td>17.3%</td>
<td>24.3%</td>
</tr>
</tbody>
</table>

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

Teen Meth

Hawai’i’s teen methamphetamine trial and usage is more than double the national rate, 4.5% and 2.1% respectively. While Neighbor Island counties reflected decreases, the percentage of O’ahu teens reporting using “ice” at least once in their life increased slightly. Similarly, the percentage of teens who reported being offered drugs at school is higher than is reported nationally.

<table>
<thead>
<tr>
<th>Year</th>
<th>TEEN METH USE</th>
<th>US</th>
<th>HAWA’I</th>
<th>Hawai’i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua’i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td></td>
<td>3.0%</td>
<td>4.8%</td>
<td>5.7%</td>
<td>6.2%</td>
<td>4.3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>2021</td>
<td></td>
<td>2.1%</td>
<td>4.5%</td>
<td>4.7%</td>
<td>4.6%</td>
<td>4.4%</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Year</th>
<th>OFFERED DRUGS AT SCHOOL</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>21.7%</td>
<td>25.4%</td>
<td>26.8%</td>
<td>26.5%</td>
<td>25.3%</td>
</tr>
</tbody>
</table>

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.


“*Our kids had a basic understanding of COVID but didn’t really realize how serious this disease could be. They were seeing their family members passing away right and left, but their public health understanding was very limited, so they would go to work, even if they had exposure. They also didn’t know that the eviction moratorium was in place.*

*We connected with a hospital to bring outreach workers to talk with our kids - that was great. The kids asked a lot of questions, and it was super helpful.*”

Youth Career Program Leader
Process and Methods

The research team has had the opportunity to engage with over 200 people across our state who care deeply about our Hawaii. Social workers, teachers, farmers, doctors, policy advocates, mothers and fathers, sons and daughters, survivors, students, and healthcare providers all 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 2018 Community Health Needs Assessment (CHNA) and adding the lens of the pandemic effects on the social determinants of health, the 2021 CHNA research team sought out a wide range of perspectives to understand the unique and Significant Health Needs facing Hawaii’s communities.

Strategies to collect input included: 82 key informant interviews, 18 community meetings, three expert panel webinars, four small focus groups, a literature review of CHNA reports from various U.S. markets, and a review of publicly available secondary data. 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 2018.

26 CFR §1.501(r)(3) requires that the CHNA process ensures that perspectives from “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. The following were identified as critical sub-populations to engage, often representing underserved populations, to ensure voices from a wide range of community perspectives:

<table>
<thead>
<tr>
<th>Ethnic Communities</th>
<th>Geographic Regions</th>
<th>Vulnerable Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Native Hawaiian</td>
<td>• Rural O'ahu</td>
<td>• Homeless households</td>
</tr>
<tr>
<td>• Pacific Islanders</td>
<td>• Kaua'i, Maui Nui,</td>
<td>• Developmentally</td>
</tr>
<tr>
<td>(especially COFA)</td>
<td>and Hawai'i Island</td>
<td>disabled persons</td>
</tr>
<tr>
<td>• Filipino</td>
<td>• Homestead</td>
<td>• ALICE families</td>
</tr>
<tr>
<td></td>
<td>communities</td>
<td>• Kūpuna⁶</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Persons with mental</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Domestic violence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>survivors</td>
</tr>
</tbody>
</table>

⁶Kūpuna: A Hawaiian term for elderly persons.
With the endorsement that the Statewide Priorities from 2018 were all still relevant and should remain as Significant Health Needs. These Significant Health Needs were in existence before the pandemic, with the COVID-19 experience exposing the urgency of addressing these basic needs. While the social determinants of health, by their very nature, are interdependent and must be viewed holistically, the “once in 100 years” COVID-19 physical and societal impacts require focused efforts.

The Ward Team developed a prioritization process influenced by a traditional Delphi Method structured for Hawaii 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 Hoʻolōkahi, “to bring into unison”. With the 2018 priorities as a basis, the Ward Team synthesized input from all sources and proposed prioritization options for feedback to the Steering Committee and CAC. The Ward Team guided this process by presenting progressive prioritizations for feedback, integrated input, refined the prioritization, and presented it again for feedback until agreed upon.
**Key Findings**

**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 - 2021 Priorities.** These five needs were elevated as the 2021 Priorities. 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 2021 Priorities are addressed and help to strengthen the resilience of Hawaiʻi’s communities.
FINANCIAL SECURITY

The Secondary Data Story

Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture will be even more critical.

Financial Hardship

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, as seen from the pandemic, technology. The high cost of living in Hawai‘i outweighs their salary, which often leads to being forced to make difficult choices for their ʻohana. The struggle of local families to survive on low-income, job instability, and limited access to build any financial cushion has caused many to fall into the ALICE category. Although only one indicator, financial stability is interconnected with community health through access and other barriers.

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 teacher assistants to health aides to hairstylists to sales clerks. These are residents who are employed but do not earn enough to provide basic needs for their families.

When you factor in ALICE with the poverty level, Hawai‘i was reported to have 148,771 ALICE households (33%) and nearly 9% (more than 41,619 people) living in poverty in 2018. Hawai‘i County (48%) continued to lead other counties in the proportion of ALICE households and those living below the federal poverty level. Estimates for 2020 are that ALICE households comprised 59% of Hawaii’s households post-shutdown, a shocking 17-point increase.

“I worry that we are hearing a lot about ‘budgeting’ for families. The reality is that the math doesn't work out for basic budgeting right now. It is a community responsibility, not an individual responsibility.”

Youth Policy Advocate
Fifty-nine percent of Hawaii households estimated to experience significant financial hardship by the end of 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>POVERTY</th>
<th>US</th>
<th>HAWAIʻI</th>
<th>Hawaiʻi County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kauaʻi County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-17</td>
<td>14.6%</td>
<td>10.3%</td>
<td>17.4%</td>
<td>10.0%</td>
<td>9.1%</td>
<td>9.1%</td>
<td></td>
</tr>
<tr>
<td>2015-19</td>
<td>13.4%</td>
<td>9.4%</td>
<td>15.6%</td>
<td>9.3%</td>
<td>8.3%</td>
<td>8.1%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>INSUFFICIENT LIQUID ASSETS</th>
<th>ALICE + POVERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>36.8%</td>
<td>N/A</td>
</tr>
<tr>
<td>2014</td>
<td>36.9%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>ALICE + POVERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>N/A</td>
</tr>
<tr>
<td>2018</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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.
https://www.unitedforalice.org/state-overview/Hawaii
### Unemployment

The state’s unemployment rate remains high at 6.4%, compared to 4.6% nationally. In May 2020, the state’s unemployment rate jumped to a peak of 21.9%. State mandates to curb the pandemic forced many local businesses to limit social interaction between the staff and business patrons. Businesses were faced with implementing social distancing measures by changing and scaling back operations, reducing business hours, and reducing staff.

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>HAWAI‘I</th>
<th>Hawai‘i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua‘i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>3.3%</td>
<td>2.8%</td>
<td>3.5%</td>
<td>2.7%</td>
<td>2.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>2020</td>
<td>7.7%</td>
<td>15.2%</td>
<td>13.5%</td>
<td>23.2%</td>
<td>13.6%</td>
<td>20.2%</td>
</tr>
<tr>
<td>2021</td>
<td>4.6%</td>
<td>6.4%</td>
<td>6.3%</td>
<td>8.1%</td>
<td>5.9%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Civilians, 16 years of age and over, who are unemployed as a percent of the civilian labor force. 

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“People just can’t afford to live here.”

Foundation Executive
Community voices shared the tremendous exacerbation of the financial strains upon all families, but especially those already struggling before the pandemic. Significant financial resources have poured into the state to deal with immediate impacts; however, community organizers expressed concerns over how their communities would fare as those state and county emergency relief programs draw to a close and families are left in a financial position that was already worsening before the pandemic and has been since compounded.

One of the areas of relief was Unemployment Insurance (UI), which provided some relief to over 564,972 residents from March 18, 2020, to January 7, 2022. However, the system was not prepared to handle the tremendous volume, and residents reported waiting months for benefits, spending hours every day on the phone trying to get through to provide information to staff. A number of organizers talked about the stress this added to the stressors already on families. There were some residents unable to receive benefits at all.

Immigrant and COFA13 migrant communities repeatedly discussed barriers to accessing UI, with many families never receiving financial assistance. Members of these communities were often filling essential worker jobs or had to take such positions because they were unable to access UI, and thus they and their families were further exposed to the spread of COVID-19. COFA communities across the state came together to support their families with food, quarantine housing, support in navigating programs, and all aspects of critical support systems. However, often, this work was done as volunteers with limited resources. The few paid positions were part-time or on-call and tended to focus on translation services alone rather than care coordination and helping to support community members to navigate processes. Those without access to family members or community leaders to assist them were often left behind.

“One of the reasons we formed the task force is that we would be left behind if we didn’t.
COVID exposed the health disparities. And we stood up to do something about it.”
COFA Community Leader

13 COFA refers to the Compact of Free Association between the United States and these countries. COFA communities includes those from the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
The 2021 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes, census tracts, 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. Red dots depict the highest levels (5) areas, while the blue dots represent the areas ranked as a 4.

The zip codes in Hawai‘i with the highest levels of socioeconomic need are found in the Maunaloa and Ho‘olehua areas in Maui County, the Nā‘ālehu, Kona, Pāhuk, Pāhala, Mountain View, Kurtistown, Papaikou, ‘Ō‘ōkāla, Pauuilo, Laupāhoehoe and Kapaa areas in Hawai‘i County, and the Wai‘anae and Urban Honolulu areas in Honolulu County. **Neither Kauai nor Maui Island had index values ranked as 5 or 4, based on ZIPCode data. This is most likely due to heterogeneous neighborhoods in ZIPCodes on those islands.**

Source: https://www.hawaihealthmatters.org/index.php?module=indicators&controller=index&action=socioneed
FOOD SECURITY

Recent natural disasters have shown just how vulnerable we are as a state, especially in rural areas and islands with varying periodic barge deliveries. It is estimated that 85-90% of Hawai‘i’s food is imported\(^{14}\), 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.

The Secondary Data Story

| Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture will be even more critical. |

Access to Food

Despite federal stimulus payments and programs to assist in rent and food, residents still faced difficulty in providing basic needs. According to Feeding America data from 2019, 162,220 residents face hunger, with 54,700 of them children. In 2019, prior to the pandemic, 11.5% 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. 13.1% of Hawai‘i County households were food insecure, as compared to 9.8 percent in Kaua‘i County.

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, Kalāhi-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.

“There are Medicare gaps among our Seniors, where they make a little too much income to qualify for Medicaid, so they make food versus medicine choices and don’t get the treatment they need or use the hospital for care services.”

Government Leader, Maui Nui

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). The State Department of Human Services reported that Hawai‘i had a total of 189,956 SNAP recipients in September 2021, which is down from the pandemic-era peak of 206,226 in July 2021 but higher than a pre-pandemic total of 152,252 in February 2020. 32.7% of households receiving SNAP benefits have children.

Prior to the pandemic, while the percentage of the statewide population that is classified as food insecure had fallen from 13.7% in 2014 to 11.5% in 2019, the proportion of food insecure individuals who qualified for SNAP benefits fell correspondingly from 57.0% to 48.0%.
<table>
<thead>
<tr>
<th>Year</th>
<th>Food Insecurity</th>
<th>US</th>
<th>HAWAʻI</th>
<th>Hawaiʻi County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kauaʻi County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>N/A</td>
<td>N/A</td>
<td>13.7%</td>
<td>13.1%</td>
<td>13.1%</td>
<td>13.0%</td>
<td>12.8%</td>
</tr>
<tr>
<td>2019</td>
<td>N/A</td>
<td>N/A</td>
<td>11.5%</td>
<td>13.1%</td>
<td>10.3%</td>
<td>10.5%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

Feeding America accounts for poverty, unemployment, and median income to project the number of “food insecure” individuals. (Data: 2014). Source: Hawaiʻi Community Foundation, Hunger in Hawaiʻi; Feeding America, Map the Meal Gap, 2016 (Data: 2019). Source: Feeding America, Map the Meal Gap, 2020 [https://map.feedingamerica.org/county/2019/overall/hawaii](https://map.feedingamerica.org/county/2019/overall/hawaii)

<table>
<thead>
<tr>
<th>Year</th>
<th>Food Insecurity, % SNAP Eligible</th>
<th>US</th>
<th>HAWAʻI</th>
<th>Hawaiʻi County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kauaʻi County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>N/A</td>
<td>N/A</td>
<td>57.0%</td>
<td>75.0%</td>
<td>65.0%</td>
<td>54.0%</td>
<td>66.0%</td>
</tr>
<tr>
<td>2019</td>
<td>N/A</td>
<td>N/A</td>
<td>48.0%</td>
<td>65.0%</td>
<td>52.0%</td>
<td>48.0%</td>
<td>56.0%</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Year</th>
<th>Food Insecurity, % Not SNAP Eligible</th>
<th>US</th>
<th>HAWAʻI</th>
<th>Hawaiʻi County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kauaʻi County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>N/A</td>
<td>N/A</td>
<td>43.0%</td>
<td>25.0%</td>
<td>35.0%</td>
<td>46.0%</td>
<td>34.0%</td>
</tr>
<tr>
<td>2019</td>
<td>N/A</td>
<td>N/A</td>
<td>52.0%</td>
<td>35.0%</td>
<td>48.0%</td>
<td>52.0%</td>
<td>44.0%</td>
</tr>
</tbody>
</table>


“When our State was considering closing schools due to COVID, the conversation quickly shifted to the kids that get their only meals from school. How would they eat? That was a lesson in the many fracture points prior to the pandemic.”

Education Policy Organizer
The 2021 Food Insecurity Index, created by Conduent Healthy Communities Institute, is a measure of food access that is correlated with economic and household hardship.

All zip codes, census tracts, 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. Red dots depict the highest levels (5) areas, while the blue dots represent the areas ranked as a 4.

The zip codes in Hawai‘i with the highest levels of food insecurity are found in the Central Oahu area in Honolulu County, the Papaikou, Pahoa, Puna, Kurtistown, Mountain View, Volcano, and Naalehu areas in Hawai‘i County, and Maunaloa, Kualapu‘u, Ho‘olehua and Kaunakakai areas in Maui County. Neither Kauai nor Maui Island had index values ranked as 5 or 4, based on ZIPCode data. This is most likely due to heterogeneous neighborhoods in ZIPCodes on those islands.

Source: https://www.hawaiihealthmatters.org/index.php?module=indicators&controller=index&action=foodinsecurity
Access to Healthy Food

In 2018, this was one of the 11 identified priorities, and there was robust discussion around access to healthy, locally grown, sustainable food. In 2021, with over a year of some families not being able to access food at all, the importance of both individual and household level food security and communitywide food security became heightened. Some community members expressed concerns around backsliding of keiki\textsuperscript{15} nutrition and interruptions to farmers markets.

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.\textsuperscript{16} Community participants in a number of rural areas noted that there were grocery stores in their communities during the pandemic that completely shut down due to supply chain issues.

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 two 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 ʻĀina 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.\textsuperscript{17}

\begin{footnotesize}
\textsuperscript{15} Keiki is the Hawaiian word for child or children
\textsuperscript{17} See: https://www.ainaalohafutures.com/.
\end{footnotesize}
Efforts like the Food Pantry, a no waste, healthy food resource using online ordering, helped to empower communities to come together. 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. 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, checking in for 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” helps 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 were enough families indicated in advance they were interested and would help care for a food garden if provided the opportunity.

“Many people have diabetes because of their unhealthy diet, where the only food that was fresh was fish or breadfruit. Everything else was canned - we did not grow up eating fruits and vegetables. You buy the food that is gonna feed your entire household.

It’s a matter of survival.”

COFA Community Leader, Maui
MENTAL & BEHAVIORAL HEALTH

The Secondary Data Story

Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture will be even more critical.

Severe Mental Illness and Addiction

In 2018, 10.3% of adults in Hawai’i lived with a mental health illness. This included residents who experienced stress, depression, and emotional problems which lasted for more than 14 days during the past month. While the national figure had decreased from 2016 (15.0% to 13.0%), Hawai’i’s population continued to see a moderate increase across the state. At 13.4%, Hawai’i County was slightly higher than the national average of (13.0%), while Honolulu County had the greatest percentage point increase of 2.5 points (from 8.5% to 11.0%).

<table>
<thead>
<tr>
<th>Year</th>
<th>US</th>
<th>Hawai’i County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kaua’i County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>FREQUENT MENTAL DISTRESS</td>
<td>15.0%</td>
<td>9.6%</td>
<td>11.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>2018</td>
<td>13.0%</td>
<td>10.3%</td>
<td>13.4%</td>
<td>11.8%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

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.
As stress and other emotional issues increased, substance abuse has increased, as well. Locally, heavy alcohol usage continues to outpace the national level, 8.3% and 6.5%, respectively. Maui County saw the highest percentage at 11.9% reporting heavy alcohol consumption, whereas Hawai‘i County decreased to 9.3%.

<table>
<thead>
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<th>US</th>
<th>HAWAI‘I</th>
<th>HAWAI‘I COUNTY</th>
<th>MAUI COUNTY</th>
<th>C&amp;C OF HONOLULU</th>
<th>KAUAI COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>6.5%</td>
<td>7.9%</td>
<td>11.6%</td>
<td>7.9%</td>
<td>7.4%</td>
<td>9.7%</td>
</tr>
<tr>
<td>2019</td>
<td>6.5%</td>
<td>8.3%</td>
<td>9.3%</td>
<td>11.9%</td>
<td>7.4%</td>
<td>8.9%</td>
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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).

Mortality rates from drug overdoses have escalated both nationally and locally. While the overall overdose rate in Hawai‘i is lower than the nationwide figure, it nevertheless still presents an ongoing and significant challenge for the state. The City and County of Honolulu (16.3%) and Kaua‘i County (16.2%) reported the highest overdose rates, while Hawai‘i County (10.8%) had the lowest.

<table>
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<th>US</th>
<th>HAWAI‘I</th>
<th>HAWAI‘I COUNTY</th>
<th>MAUI COUNTY</th>
<th>C&amp;C OF HONOLULU</th>
<th>KAUAI COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-16</td>
<td>16.9</td>
<td>12.1</td>
<td>10.9</td>
<td>12.8</td>
<td>12.2</td>
<td>12.1</td>
</tr>
<tr>
<td>2017-19</td>
<td>21.0</td>
<td>15.4</td>
<td>10.8</td>
<td>15.8</td>
<td>16.3</td>
<td>16.2</td>
</tr>
</tbody>
</table>

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
Suicide is an overwhelming problem in modern society. The daily stresses, addiction, and despair have led to the steady rise in adult suicides from 12.9 to 14.8 per 100,000 Hawaiʻi residents since it was last reported in 2019. Kauaʻi had the highest rate increase, from 14.6 to 22.0 suicides per 100,000 people.

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<th></th>
<th>US</th>
<th>HAWAIʻI</th>
<th>HAWAIʻI</th>
<th>HAWAIʻI</th>
<th>C&amp;C of Honolulu</th>
<th>KAUAI COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-15</td>
<td>13.3</td>
<td>12.9</td>
<td>20.4</td>
<td>15.9</td>
<td>10.3</td>
<td>14.6</td>
</tr>
<tr>
<td>2017-19</td>
<td>13.9</td>
<td>14.8</td>
<td>21.4</td>
<td>18.4</td>
<td>10.7</td>
<td>22.0</td>
</tr>
</tbody>
</table>


“Mental health will be the next great crisis.”

LGBTQIA Community Advocate, Oʻahu
A current public messaging campaign from a Native American community simply, but effectively demonstrates the connections between upstream determinants of health and suicidal ideations. One ad states that people think Suicide Prevention looks simply like a number for a hotline. Although important, it goes on to state that Suicide Prevention is actually: food security, affordable housing, youth suicide prevention courses, peer norm activities, affordable healthcare, housing stabilization policies, destigmatizing mental illnesses, community engagement activities, strengthening household financial security, increasing access and decreasing stigma to mental health care, parenting skills and family relationship programs, and family acceptance of individuals who identify as LGBTQIA+.

Among those interviewed, there was overwhelming agreement that the mental and behavioral health challenges that existed in Hawai‘i before the pandemic have only been exacerbated by the COVID-19 experience. Some hypothesized that it is in mental health where the greatest cracks in the system have long existed, with past cutbacks in state funding and a dearth of providers resulting in nowhere to send those screened and identified as needing assistance. Rebuilding the mental health system infrastructure was identified as critically necessary by a number of key informants.

Looking to the future, there is great concern about the long-term mental and behavioral health impacts of the pandemic experience, impacts that perhaps cannot yet be appreciated. The isolation and lack of social interaction on the part of school children, who may slow in social and academic development, likely will result in behavioral problems that manifest down the road. Kūpuna have suffered from limited social interaction, closure of senior daycares, and limited contact with their families. The stresses on families of parents working from home (if not laid off from their jobs), attending to their school-aged children struggling with distance learning, trying to manage financial needs, and dealing with healthcare challenges all will take a toll. Domestic violence and sexual abuse reports have increased. Reporting of child abuse cases declined dramatically when schools were closed, experts indicated, as schools were a primary source of identification.

“*The COVID impact on mental and behavioral health will be long-lasting. We don’t have a mental health hospital, no crisis center, etc. We don’t have the safety net to address the issues on hand now, and more will come.*”

Mental and Behavioral Health Service Provider, O‘ahu
Overall, communities across the state saw a decrease in the accessibility to mental health resources. Providers and patients alike shared an overall decrease in appointment availability, resulting in lengthy delays for patients needing to access mental health providers in the community. As appointments transitioned to telehealth, patients without access to a phone or computer, or with anxiety around use and lack of privacy at home, were negatively impacted.

Although a challenge for many, the growth of telehealth increased access for many as well. Community providers moved counseling sessions to video, breaking down geographic barriers.

Whereas a family might have needed to bring their child across an island for counseling, for example – if transportation and time permitted – this barrier was now removed. Without geographic barriers, experts related that some services available on the U.S. continent could be remotely accessed, helping to address the shortage of providers available in Hawai‘i.

Telemedicine also has the potential to help address the shortage of mental health professionals in Hawai‘i, because providers can be anywhere. It is believed by mental health experts that the move to telehealth can be combined with in-person services as we emerge from the pandemic; that it will be one of the lasting positive impacts of the COVID-19 experience on mental health.
“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
HOUSING

The Secondary Data Story

Note: Much of the data available at the time of report preparation is pre-pandemic. Experts in the field all agree that, when data are available, the picture painted will be even more critical.

Income, Home ownership, housing supply

According to the 2020 U.S. Census, 41.1% 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 43.8%. The pandemic has brought 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. 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.

The U.S. Census American Community Survey’s 5-year estimate for 2015-2019 reported the median housing unit value in Hawai‘i was $615,300, while nationally, it was $217,500. A recent study from Title Guaranty Hawai‘i reported that in May 2021, the median sales price for a single-family home on Oahu was $980,000, and it has since exceeded $1,000,000.

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 yearly since the study began. The most recent study in 2019 demonstrates that over 65,000 housing units are needed statewide to address housing needs by 2025. Housing is built at a rate of only a few thousand units per year. While just over half of those units are needed for families earning 80% or below the annual median income, considered low to moderate-income, it is clear that this is not a problem simply for low-income families.

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.”

18 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%23160;Housing+Handout.pdf
<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>HAWAIʻI</th>
<th>Hawaiʻi County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kauaʻi County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013-17 MEDIAN HOUSEHOLD INCOME</strong></td>
<td>$57,652</td>
<td>$74,923</td>
<td>$56,395</td>
<td>$72,762</td>
<td>$80,078</td>
<td>$72,330</td>
</tr>
<tr>
<td><strong>2015-19</strong></td>
<td>$62,843</td>
<td>$81,275</td>
<td>$62,409</td>
<td>$80,948</td>
<td>$85,857</td>
<td>$83,554</td>
</tr>
</tbody>
</table>

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.

| **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% |

Percentage of all housing units (i.e. occupied and unoccupied) that are occupied by homeowners.

| **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 |

Median housing unit value.

| **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% |

Percentage of total housing units that are vacant

| **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% |

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.
Housing is out of reach even for middle income working families. There has to be a major shift on housing - it is connected to everything. Soon, we will have no choice but to move away.”

Native Hawaiian Organization and Policy Leader

Nearly every key informant interview and community meeting included discussion on the need for housing, even where represented communities or organizations were not necessarily focused on housing. Some of the less obvious examples of the impact that were shared include:

- Domestic violence organizations talked about the lack of a place to go being a primary barrier in most survivors fleeing abusive households.
- Both Maui and Kaua‘i service providers shared a regular return of housing choice vouchers (Section 8) and other housing subsidies due to the inability to find a unit to rent, despite being able to pay market rent with the voucher.
- Overcrowded housing conditions for many families contributed to rapid and widespread COVID-19 impacts. Many low-income households were financially unable to afford to stop working or work remotely. These same families often struggled with being able to safely distance or quarantine within their home from family members when exposed to COVID-19. These compounding factors were identified as contributing to the disproportionate rate of death among Pacific Islander communities due to COVID-19.
- Hospitals reported holding patients who are homeless longer than medically necessary, unable to discharge because of lack of housing and no place to safely recover; adding to capacity issues at hospitals during COVID-19 surges.
- Every homeless provider discussed lack of housing as the most significant barrier in addressing houselessness. On O‘ahu alone, hundreds of individuals are considered "housing ready" and cannot even find rooms in a shared home or dorm-like dwelling to rent, much less a private unit.
- While many seniors and their families wish to age in place, the lack of affordable senior housing is a stated barrier for tens of thousands of local seniors. Senior housing and senior daycare can provide needed companionship and social opportunities for seniors who often face higher rates of depression, feelings of isolation, and suicide than the population.19

"COVID-19 made Kauaʻi itself a desirable location for people around the country to retreat to. This drove up housing prices and made purchasing a home almost unattainable for Kauaʻi locals. There is a perception that: ‘No matter how hard you work or how many jobs you have, we just can’t get ahead.’”

Hospital Administrator

Homelessness is an important and critically related element of the housing crisis. Homeless service providers across the state indicated that while other issues impact houseless communities, there is no greater barrier to their having healthier lives than the lack of available, affordable, and accessible housing. An estimated 25% of persons experiencing homelessness on O‘ahu live with a mental health problem, 28% live with a physical or developmental disability, and 17% are survivors of domestic violence, 4% of whom are actively fleeing.  These challenges further demonstrate the layered relationships between the 2021 Priorities and the importance of interconnected approaches.

Housing First models have been successfully implemented in Hawaiʻi and demonstrate positive health outcomes by high likelihood of staying housed, decreased use of drugs and emergent care, and increases in 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.  

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.

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.”  Two homeless service agencies have become or are in the process of becoming enrolled providers.

Going into the pandemic, in January 2020, the Point-in-Time Count performed by Partners in Care identified 6,458 individuals as homeless, with 3,650 of these unsheltered. Hawaiʻi’s homeless rate leads the nation in dramatic numbers, at 45.5 per 10,000 (HI) vs. 17.3 (nation).

21 Hawai‘i Pathways Project, State of Hawai‘i, see: https://homelessness.hawaii.gov/housing/.
22 Good Health Depends On Decent Housing, Hawai‘i Budget and Policy Center (December 2021).
23 Medicaid Community Integration Services, Homelessness Initiative, see: http://homelessness.hawaii.gov/cis/.
Many of the unsheltered individuals face major health issues caused by exposure to the elements and safety issues.

<table>
<thead>
<tr>
<th></th>
<th>US</th>
<th>HAWAIʻI</th>
<th>Hawaiʻi County</th>
<th>Maui County</th>
<th>C&amp;C of Honolulu</th>
<th>Kauaʻi County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>18.3</td>
<td>55.4</td>
<td>70.2</td>
<td>69.2</td>
<td>49.8</td>
<td>61.4</td>
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<tr>
<td>2020</td>
<td>17.3</td>
<td>45.5</td>
<td>39.7</td>
<td>47.2</td>
<td>45.4</td>
<td>58.8</td>
</tr>
</tbody>
</table>

Rate of homelessness per 10,000 population.  
(Data: 2016).  
National figure from 2015.  
(Data: 2020).  
National figure from 2019.

A sample of specific strategies recommended for potential hospital partnership included:

- Participate in workforce housing for hospital employees to provide affordable housing options, make existing inventory available to other families, and
- Support the integration of housing services into hospital programs now that it is an eligible Medicaid reimbursable expense
- Develop care coordinator relationships that create a “hand-off” from the hospital to the social service providers upon discharge
- Support existing street outreach programs that seek to meet people where they are

“I think that we have not yet seen the worst of what is coming for youth homelessness.

When the moratorium ends, they will lose housing.

It is hard for youth that were in job training programs that were shut down.

The youth are no longer getting ahead, just treading water.”

Youth Homeless Service Provider, Oʻahu
TRUST & EQUITABLE ACCESS

“Trust and access should really just be the theme for the entire report.”
Community Organizer, Hawai‘i Island

Both community members and hospitals highlighted various forms of access issues throughout the assessment process. Underserved communities are often so because there are barriers to accessing, understanding, or being aware of those 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 in Section III. B., hospitals’ inclusion of community health workers can help people navigate the healthcare system and also be connected to existing services, programs, and organizations.

Throughout the assessment, community organizers emphasized their interest in supporting connectivity between hospitals and community service providers. Hospitals can be seen as an important entry point to existing services and programs beyond healthcare. Developing and improving direct relationships to support warm handoffs during discharge can help to make meaningful progress in increasing access beyond healthcare.

When discussing access to medical care or the broader healthcare system with neighbor island, rural, 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
- Trust
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. Respondents on neighbor islands and rural areas of O‘ahu told stories of being discharged from the ER in the middle of the night and having no way to return home because they did not have a vehicle or a ride. Others talked about the difficulty of taking large chunks of time off from work to travel by bus to an appointment; making it less likely for them to keep up with recommended visits.

“If you are on Moloka‘i, then your options have gone backwards. You have to get on a very small plane. No available flights. If you use a wheelchair on Moloka‘i, they hoist you up on a forklift. Also, if you need nursing care, they have to ship you off island.”

Kūpuna Care Provider, Maui

Among Neighbor island residents, Lāna‘i and Moloka‘i respondents were especially vocal concerning the lack of specialists or routine care that they could access on-island. One registered nurse on Lāna‘i told the story of her own fight with breast cancer during the pandemic and needing to arrange flights during the inter-island travel ban or take a ferry to Maui. For those serving kūpuna on Moloka‘i, the consensus was that one could not age safely on-island due to the lack of complete care needs.

“I got breast cancer - I had a problem, needed to have radiation daily. I had to change providers so that I could go to Maui instead of O‘ahu, so that I could go by boat and not fly during the COVID restrictions. The ferries were only running two days a week, so I had to stay on Maui for my treatment. I had a place to stay with friends and access to a car - but not everyone has those things.”

Lāna‘i Caregiver

On Kaua‘i, the lack of residential 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. Domestic violence survivors in an off-island program talked about how not having a place to go on Kaua‘i was a significant factor in their not leaving their abusive situation earlier.
“Language barrier is the top, number one. At the hospitals when you’re visiting your doctor, a lot of interpreters don’t know what the doctor said, and it might be because the interpreter does not understand the medical terminology.

During COVID, when you had to get tested or you had to get the vaccine, everybody had to go online and pre-register. Well, not everybody has access and internet. And on top of that, they don’t understand the questions because they are all in English. We helped. We just told people - give me your information and we will sign you up.”

Kūpuna Care Provider, Maui

Language Access

Despite 18% of Hawai‘i residents being foreign-born, accounting for approximately 255,499 people, many of the Limited English Proficiency (LEP) communities that were interviewed for this survey felt that language access was the most significant barrier to receiving adequate care. Language access can be interpreted as shorthand for “culturally-competent, linguistically-appropriate care”. The stories that immigrant participants often regaled were of extreme confusion concerning diagnosis, decision-making, and outpatient care.

One Chuukese community leader and interpreter told a harrowing story of having to tell her aunt that her uncle was terminally ill because she was the only Chuukese interpreter available. Others commented on the challenges that arose due to lack of understanding of cultural protocols by medical staff. The importance of language and cultural representation among medical staff can be illustrated by one Thai farmer who participated in a community meeting; despite living in Kunia he would travel, by bus, into Kalihi to visit Kōkua Kalihi Valley where he could be seen by a Thai doctor.

“They look up your name and they hear your accent, and they know you Micronesian, so they don’t rush to take care of you.”

Chuukese participants, KKV, O‘ahu

Cultural Competence

Community members pointed to the State Department of Health, Office of Health Equity as an important resource that was shut down and is perhaps now being revived. They also pointed to the Pacific Islander community liaison position developed by the City & County of Honolulu as an example of progress for government institutions seeking to build relationships with community groups.

Stigma & Bias
In conversations with Native Hawaiian, COFA status, housing insecure, and former or current drug users, the issue of stigma was reiterated often. The feeling that care was being withheld or that they were being intentionally ignored by providers was common. For the Micronesian and houseless population, several participants asserted that they were receiving subpar care because the provider knew they didn’t have medical insurance. Such biases and feelings of exclusion work in both directions, creating a barrier for individuals to want to access care, even when it is desperately needed.

Behavioral health patients, as well as providers, sang a common refrain of clients receiving lower quality care due to judgments about addiction or mental health. The belief was that the stigma exists on the policy level as well, where resources, programs, and facilities are grossly lacking to provide the kind of care these populations need.

“One time I went to the hospital after my boyfriend bashed my head with a fishing rod. He told them it was an accident. The nurses knew me and knew he abused me, but I overheard them saying - ‘don’t worry, she’s just a chronic’.”

Domestic Violence Survivor
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 feel they cannot risk leaving.

Recommendations included requiring training on how to ask important questions, provide posters in every exam room, bathroom, or other potential location. Collaboration with domestic violence providers is an opportunity to create more warm handoffs for care, where there seems to be very little currently. Housing support services, an eligible Medicaid expense, can also be of value here to have within the hospital setting for these and other populations where housing support is a critical element of the individual’s health needs.

"You can’t strengthen families if you don’t know whether their family is a safe family. Kids living with families that are not safe do not have a healthy start at all. How do you treat the whole person if you are leaving out a whole portion of their reality?"
Shriners Children’s Hawai’i chose to focus its 2018 CHNA Action Plan on unmet community needs that relate to the following priorities, in alignment with our mission and the population we serve:

- Strengthen families (Goal 1.3)
- Build good food systems (Goal 1.5)
- Invest in teenagers and healthy starts (Goal 2.3)
- Provide accessible, proactive support for those with high needs (Goal 3.2)

<table>
<thead>
<tr>
<th>STATEWIDE PRIORITIES</th>
<th>Hawai’i</th>
<th>Maui</th>
<th>Moloka’i</th>
<th>Lāna’i</th>
<th>O’ahu</th>
<th>Kaua’i</th>
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<tbody>
<tr>
<td><strong>GOAL 1 - FOUNDATIONS</strong>: Provide the basic foundations so that people can have more control over their own health</td>
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<td>1.1 Address financial insecurity.</td>
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<td>1.2 Work together for equality and justice.</td>
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<td>1.3 Strengthen families.</td>
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<td>1.4 Prepare for emergencies.</td>
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<tr>
<td>1.5 Build good food systems.</td>
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<td><strong>GOAL 2 - COMMUNITY</strong>: Preserve, nurture, expand, and employ the healing properties of community</td>
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<td>2.1 Restore environment and sense of place.</td>
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<td>2.2 Nurture community identity and cohesiveness.</td>
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<tr>
<td>2.3 Invest in teenagers and healthy starts.</td>
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<tr>
<td>2.4 Shift kūpuna care away from “sick care.”</td>
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<tr>
<td><strong>GOAL 3 - HEALTHCARE</strong>: Improve the relationship between people and the healthcare system</td>
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<tr>
<td>3.1 Strengthen trust in healthcare.</td>
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<td>3.2 Provide accessible, proactive support for those with high needs.</td>
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2018 Action Plan Results

Goal 1.3 – Strengthen families

Shriners Children’s Hawai‘i is committed to strengthening families by providing the highest quality pediatric specialty care in Hawai‘i and throughout the Pacific Basin. We are equally committed to bringing families together through special programs, services and events tailored to our unique patient populations.

A couple unique examples of our efforts to strengthen families include our involvement in educational awareness days such as “Wishbone Day” (an awareness day for Osteogenesis Imperfecta) and “Arthrogryposis Awareness Day.” These educational awareness days bring our staff, our patients and their families, and our community together to help raise awareness of these rare conditions and support children and families living with them. In 2021, Shriners Children’s Hawai‘i staff coordinated a support group meeting for families with arthrogryposis where patients and families could gather for support through activities, food, and networking with other families living with the same diagnosis.

It is our hope that through the delivery of our specialized, quality care, that keiki (children) are able to live their best lives and families are then able to thrive. When we develop ways of increasing awareness and understanding around a myriad of pediatric conditions within our communities, we are able to build community support around those concerns and create an even larger environment for children and their families to draw upon for strength and support.
**Goal 1.5 – Build good food systems**

Shriners Children’s Hawai‘i’s Nutrition Services department continuously works toward the goal of “creating good food systems.” In addition to providing healthy food options to our patients and their families, this department also provides nutritious menu options to staff and community members, such as local schoolchildren, first responders and frontline workers, who often purchase meals from our cafeteria. Our Nutrition Services department makes it a priority to provide healthy options daily, and also regularly provides options for individuals with certain food restrictions or preferences (such as low carb meals, vegetarian options, etc.). Additionally, this department puts significant effort into ensuring that there are healthy options that suit the cultural preferences of our patients from the Pacific Basin. This is important and directly ties back to the goal of creating good food systems because it is critical that all of our patients have foods that are appealing to them in order to ensure they have the adequate nutrition needed to heal and recover quickly.

Shriners Children’s Hawai‘i also has nutritionists on staff to help educate patients about healthy foods and healthy food choices. Our nutritionists are accessible by referral and offer educational events like cooking classes for parents staying in our on-site housing accommodations to help them learn how to cook healthier with local foods.
Goal 2.3 – Invest in teenagers and healthy starts

Shriners Children’s Hawai‘i has made several advancements related to the goal of investing in teenagers and healthy starts, including recent implementations of multiple health-related screenings as well as the development of several research projects.

One important example of a new screening tool that has been widely implemented at Shriners Children’s Hawai‘i is related to suicide risk. In 2019, Shriners Children’s Hawai‘i began screening qualifying patients 10 years and older for suicide risk using the ASQ (Ask Suicide-Screening Questionnaire), which is a resource that helps medical professionals identify youth at-risk for suicide. Our nursing staff are trained in administering the tool and related procedures to ensure that patients at-risk of suicide are identified and kept safe. Additionally, Shriners Children’s Hawai‘i’s social workers and physicians are trained in suicide care practices and protocols, including safety planning and counseling, and they regularly provide support for patients who are identified as at-risk for suicide through the ASQ. By implementing these standardized procedures, our staff are able to discuss the patient’s status and work collaboratively to make plans for appropriate care. Between 2019 and 2020, Shriners Children’s Hawai‘i also widely implemented the utilization of patient reported outcomes measures (PROMs). PROMs provides data that comes directly from the patient regarding the status of the patient’s health condition, without interpretation of the patient’s response by anyone else (such as the clinician). PROMs are beneficial in measuring the effectiveness of treatments, assisting in patient self-management, supporting patient-provider communication, and quantifying the patient’s perception of how a disability or disease affects them from a physical, mental, and social perspective. Most importantly, PROMs aids in determining the value of healthcare providers to patients. In recent years, Shriners Children’s Hawai‘i has implemented PROMIS (Patient Reported Outcomes Measurement Information System) and two scoliosis-specific questionnaires (SRS-22r and Spine Appearance Questionnaire). Since 2019, over 3,000 PROMIS assessments have been completed for our patients.

Shriners Children’s Hawai‘i’s commitment to research is another example of our commitment to investing in teenagers and healthy starts. Our staff are actively involved in multiple ongoing research projects. Current research includes projects related to genomics, cerebral palsy, arthrogryposis, and more.
Goal 3.2 – Provide accessible, proactive support for those with high needs

Shriners Children’s Hawai‘i has made significant and consistent strides in our ongoing goal to “provide accessible, proactive support for those with high needs.” Demonstrable examples of this include our outreach program, which provides onsite medical care to high-needs patients throughout the Pacific Basin and neighbor islands. Between January 2019 and September 2021, our outreach program provided care to 4,885 patients and facilitated medical trips to the Philippines, American Samoa, Fiji, Kiritimati, Chuuk, Pohnpei, Kosrae, Guam, Palau, Saipan, Samoa, Tinian, Tonga and Yap. In addition to outreach trips to foreign countries and territories throughout the Pacific Basin, the program also involves medical trips to the neighbor islands, including the Island of Hawai‘i (Big Island), Kaua‘i, and Maui. Shriners Honolulu’s outreach program directly supports our hospital’s goal of providing accessible care by helping to ensure that patients who may otherwise go without suitable care receive the kind of quality care they need and deserve. Through our many outreach clinics throughout the year, it is our goal to reduce the barriers to care due to associated costs, limited medical resources in a community, transportation, and more.

In addition to Shriners Children’s Hawai‘i’s outreach program, the recent expansion of the hospital’s telehealth program directly ties back to the goal of providing accessible care. Between January 2019 and September 2021, Shriners Children’s Hawai‘i completed 1,295 telehealth appointments, which allowed us the opportunity to provide medical care to patients across the state and throughout the Pacific Basin. Telehealth appointments help to make medical care accessible by reducing barriers related to infection control, transportation and geographic location. Children with complex care are especially vulnerable and can present transport challenges in order to ensure patient safety. Telehealth directly to the home enables these children to be seen safely and efficiently. On average, approximately 65 patients participate in a telehealth appointment with a Shriners Children’s Hawai‘i provider each month.

The Shriners Children’s Hawai‘i patient portal is yet another example of how our hospital is working towards providing accessible care. The patient portal was implemented in 2014 and is a platform for patients and their parent(s) or guardian(s) to provide a safe, easy, and convenient way to obtain medical records, manage appointments, and stay updated on treatments and care plans. The patient portal allows patients and their parent(s) or guardian(s) to have access to lab results, vital signs, provider notes, and educational resources. It also enables direct communication with members of their care team. Our patient portal provides significant benefits to patients and as a result, we are deeply committed to ensuring every Shriners Children’s Hawai‘i patient and their parent(s) or guardian(s) is aware of the portal and is offered access to the tool. Between January 2021 and August 2021 alone, over 2,000 personal invitations to our patients were sent out to encourage access of the patient portal.
Goal 3.2 – Provide accessible, proactive support for those with high needs

In addition to Shriners Children’s Hawai’i continuously working towards expanding access to care, our hospital is also actively working towards providing proactive support to our patients by offering educational community events. For example, in October of 2019, we held our first “Scoliosis Information Night” – an educational event for parents and teens. With presentations facilitated by Shriners Children’s Hawai’i pediatric spine surgeons, brace makers, physical therapists, and nurse practitioners, participants learned common issues related to scoliosis and evidence-based, standardized spine care treatment options. Scoliosis patients and their families also shared their personal experiences with the condition. The event was a success – with over 100 participants – and overwhelmingly positive feedback from event attendees. Since the initial event, Shriners Children’s Hawai’i has held two additional “Scoliosis Information Nights” (September 2020 and June 2021) in our ongoing effort to provide accessible and proactive support for our patients.

Written Comments on 2018 Community Health Needs Assessment

Shriners Children’s Community Health Needs Assessment and implementation was made widely available to the public on Shriners Children’s website at https://www.shrinerschildrens.org/en/community-health-needs

In addition to posting the Community Health Needs Assessment, contact information including email were listed. No comments or questions were received.
2021 Action Plan and Performance Measures

Mental & Behavioral Health

Shriners Children’s Hawai‘i is committed to supporting efforts related to improving the mental and behavioral health of our community. More specifically, we aim to support the mental and behavioral health needs of the patients we serve, as well as our employees.

To support the mental health of our patients, the ASQ (Ask Suicide-Screening Questionnaire) will continue to be administered to screen for risk of suicide among eligible patients ages 10 years and older. Based on a patient’s answers to the ASQ, further mental health/suicide risk assessments by qualified and trained staff members may be necessary, in addition to referrals, safety planning, and resource sharing. Patients are eligible to complete the ASQ every 30 days. It should be noted that all LIPs, nurses, and social workers complete mandatory training regarding youth suicide awareness and resources, as well as the ASQ screening tool.

In addition to administering the ASQ, we will continue to administer other validated tools to our patients, including PROMIS and SRS-22r, which include questions related to mental health, peer relationships, and self-image. Depending on the patient’s answers and overall scores on these assessments, the patient will be provided the opportunity to speak to a social worker who will be able to further assess their mental health and behavioral health needs.

As part of our hospital’s mission, we are committed to conducting high-quality, innovative research. As such, not only are we committed to mental health screening and providing related referrals and support for patients, but we are also involved in related research projects. For example, our hospital’s research team has started to examine links between suicide ideation and diagnoses to further elevate mental health-related research and help improve the mental health care and quality of life of children around the world. Our ongoing commitment to research is aimed at helping us develop more effective, personalized treatment plans for our patients and children across the globe.

The mental and behavioral health needs of Shriners Children’s Hawai‘i employees will also continue to be a priority. Shriners Children’s will continue to offer a robust benefits package that includes access to the EAP (Employee Assistance Program). From online information to confidential consultations with licensed behavioral health professionals, employees as well as eligible household members have access to practical, solution-focused resources aimed at improving mental health and wellbeing. Topics that the EAP provides support for include, but are not limited to: chances in financial situations, family or relationship problems, overwork or conflicts at work, feeling depressed or anxious, quitting tobacco, alcohol, or drug use, caring for children or aging parents, and more. The EAP is accessible to employees and eligible household members 24 hours a day, seven days a week. There is no cost to employees for using the EAP.
Trust & Equitable Access

Shriners Children’s Hawai‘i is committed to supporting efforts related to improving the trust in healthcare within our community, and removing barriers in order to improve access to quality healthcare services for all keiki and families. Our unique mission affords us the ability to offer quality care to all children, regardless of a family’s ability to pay.

Our hospital’s outreach program provides onsite specialty medical care to patients throughout the neighbor islands and Pacific Basin. These patients and populations often lack access to necessary healthcare – especially specialty care. Shriners Children’s Hawai‘i’s outreach program directly supports our hospital’s goal of providing accessible care by helping to ensure that patients who may otherwise go without suitable care receive the kind of quality care they need and deserve. Through our many outreach clinics throughout the year, it is our goal to reduce the barriers to care due to associated costs, limited medical resources in a community, transportation, and more. When patients from the neighbor islands or Pacific Basin must come to our hospital in Honolulu for on-site care, we provide ground and flight transportation support to ensure children can receive the care they need and families do not have to worry about the financial burden of care away from their home.

In addition to Shriners Children’s Hawai‘i’s outreach program, the recent expansion of the hospital’s telehealth program directly ties back to the goal of providing accessible care. us the opportunity to provide medical care to patients across the state and throughout the Pacific Basin. Telehealth appointments help to make medical care accessible by reducing barriers related to infection control, transportation and geographic location. Children with complex care are especially vulnerable and can present transport challenges in order to ensure patient safety. Telehealth directly to the home enables these children to be seen safely and efficiently. On average, approximately 65 patients participate in a telehealth appointment with a Shriners Children’s Hawai‘i provider each month.

The culture of our island home, and that of our cousins throughout the Pacific Basin, are of great importance to our team. Annual cultural competence training for staff is required, and our staff actively promotes community-based living practices based on mutual respect and multiculturalism. Our on-site 17-room Family Center provides housing for our Pacific Basin or neighbor island patients and their parents who are here at our hospital for an extended stay. We assure language access for anyone with limited English proficiency requiring an interpreter. Shriners Children’s Hawai‘i has a stratus video monitor which we offer our patients and families and utilize in partnership with community agencies like Helping Hands Hawaii and Language Services of Hawaii.
Conclusion

2022 Community Health Needs Assessment Report Available Online or in Print

The 2022 Community Health Needs Assessment is available at:
https://www.shrinerschildrens.org/en/community-health-needs

06/28/2022

Date adopted by authorized body of hospital